

SUBJECT: **AMATEUR RADIO COMMUNICATIONS**

PURPOSE: To provide guidelines on the use of Amateur Radio Operators (ARO) and equipment.

AUTHORITY: Code of Federal Regulations, Title 47, Part 97 Amateur Radio Service

DEFINITIONS:

Departmental Operations Center (DOC): Los Angeles County Department of Health Services Emergency Medical Services Agency's DOC.

In-Net: Radio communication within the Net.

Net: A group of radio operators that communicate with each other on a designated radio frequency to achieve a specific goal.

Net Control: Directs all radio communications of a "Net" and manages the sequence of radio traffic to achieve an efficient and orderly "Net" to accomplish the goal.

Out-of-Net: Radio communication outside of the Net.


PRINCIPLES:

1. AROs provide back-up communications for the EMS Agency and healthcare facilities when other communication equipment becomes inoperable.
2. AROs are unpaid volunteers and will function under the direction of the requesting facility's command structure. FCC regulations Part 97 prohibit AROs from charging fees for their services as communicators on amateur radio frequencies.
3. AROs can be hospital personnel with an amateur radio license, a member of Amateur Radio Emergency Service (ARES) organization or other amateur radio organizations.
4. AROs may deploy to the requesting facility with their own radio equipment.
5. AROs communicate using common terminology and clear text with all transmissions.
6. Medical and health related communication will be directed to the DOC whenever possible.
7. Non-medical and health related communication will be directed to the city Emergency Operations Center (EOC) where the facility is geographically located.

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

POLICY:

I. Personnel

A. AROs will complete the following recommended training:

1. IS-100, Introduction to Incident Command System or equivalent.
2. Standardized Emergency Management System (SEMS) course or equivalent.
3. Assigned healthcare facility specific training.

B. Amateur Radio Emergency Service (ARES) Organization will:

1. Provide a pool of specialized AROs dedicated to support the EMS Agency and healthcare facilities in LA County.
2. Pre-assign AROs to the EMS Agency and participating healthcare facilities.
3. Collaborate with authorized representatives of participating healthcare facilities to ensure the specialized AROs being pre-assigned meet the standards of the healthcare organization and have the healthcare organization's approval for assignment.
4. Coordinate the deployment of AROs to the EMS Agency and requesting healthcare facilities.
5. Encourage AROs to participate in drills and exercises at their assigned healthcare facilities.
6. AROs must display ARES and/or healthcare facility issued photo ID card per healthcare facility's policy.
7. Provide contact information to the EMS Agency and healthcare facility of AROs assigned to provide radio support to the agency and specific healthcare facility. These will include but not limited to:
 - a. Home phone number
 - b. Cell phone number
 - c. E-mail address

d. Amateur radio license number

II. Equipment

- A. AROs will deploy with their own radio equipment but may also use the requesting facility's radio equipment.
- B. Recommended healthcare facility equipment includes:
 - 1. Multi-band transceiver (2 meter and 70 centimeter)
 - 2. Antenna (for 2 meter and 70 centimeter bands)
 - 3. Radios with High Frequency capability for Disaster Resource Centers
 - 4. Appropriate 110 volts ac to 12 volts dc power supply, preferably with power pole connectors to allow connection to ARO provided radio equipment.

III. Activation

- A. EMS Agency DOC
 - 1. EMS Agency will request ARO through ARES using established notification protocol.
 - 2. ARES will dispatch an ARO(s) Net Control operator to the DOC.
 - 3. ARO will report to the DOC and function under the direction of the Medical Alert Center (MAC) Group Supervisor or designee.
- B. Healthcare Facility
 - 1. Facility will contact their assigned ARO.
 - 2. Facilities that have an internal amateur radio group, e.g., Kaiser Permanente Amateur Radio Network (KPARN), should follow their internal activation process.
 - 3. If these facilities do not have available AROs, they will submit a request to the DOC for ARO support.
 - 4. During a large scale incident, e.g. major earthquake, the ARO will contact their assigned healthcare facility. If the ARO is unable to contact their

assigned facility, they will self-deploy to the facility after notifying the ARES Net Control operator.

5. ARO will report to the facility command center and function under the directions of the communications unit leader or designee.

IV. Amateur Radio Traffic Flow

- A. Radio frequency designation will be determined by ARES and will primarily occur on the 2 meter or 70 centimeter bands.
- B. Net Control will be determined by the DOC based upon the location and nature of the incident. There will be a minimum of one Net Control operator per district impacted by the incident.
- C. AROs operating in healthcare facilities will communicate with their respective Net Control District.
- D. City of Long Beach (LBC):
 1. An ARO will be assigned to the City of Long Beach's Emergency Operations Center (EOC). All infrastructure related communication for healthcare facilities within the city will be directed to the LBC's EOC. Medical and Health related communications (hospital status, service level, bed availability, medical and health resource requests) will be directed to the DOC.
 2. The Southeast District Net Control ARO will provide status reports of all healthcare facilities within the city to LBC's EOC every six hours or as requested.
 3. The ARO assigned to LBC's EOC will have the ability, independent of the Southeast District Net Control ARO, to contact healthcare facilities within the city as determined by LBC's EOC.
 4. An ARO will be assigned to Long Beach Department of Health and Human Services as a direct link to LBC's EOC ARO.
 5. The LBC Traffic Flow process may be replicated by any city EOC as determined by their EOC manager.
- E. KPARN (or other Amateur Radio Groups)
 1. Hospital ARO groups shall follow their established internal process for activation and utilization AROs.

2. If a healthcare facility within this group needs to communicate with the DOC, they should communicate directly to their District Net Control ARO assigned to the DOC.
- F. ARO “in-Net” communications shall be strictly related to the mission as set forth by the DOC or their assigned healthcare facility. AROs can engage in communications authorized by ARES or their hospital ARO group as needed. ARES or the hospital ARO group will establish guidelines for “out-of-Net” communications.

CROSS REFERENCES:

Amateur Radio MCI Assessment Form
Amateur Radio Hospital Status Assessment Form