

Eastern Healthcare Preparedness Coalition State - Medical Assistance Team II

Emergency Support Function - 8 Public Health and Medical Service



2025 Communications Best Practice Guide & Information Sharing Plan



This document describes the recommended Best Practice, Standards & Contact information for the Eastern Healthcare Preparedness Coalition with planning for communication interoperability with EMS, hospitals and other public safety agencies



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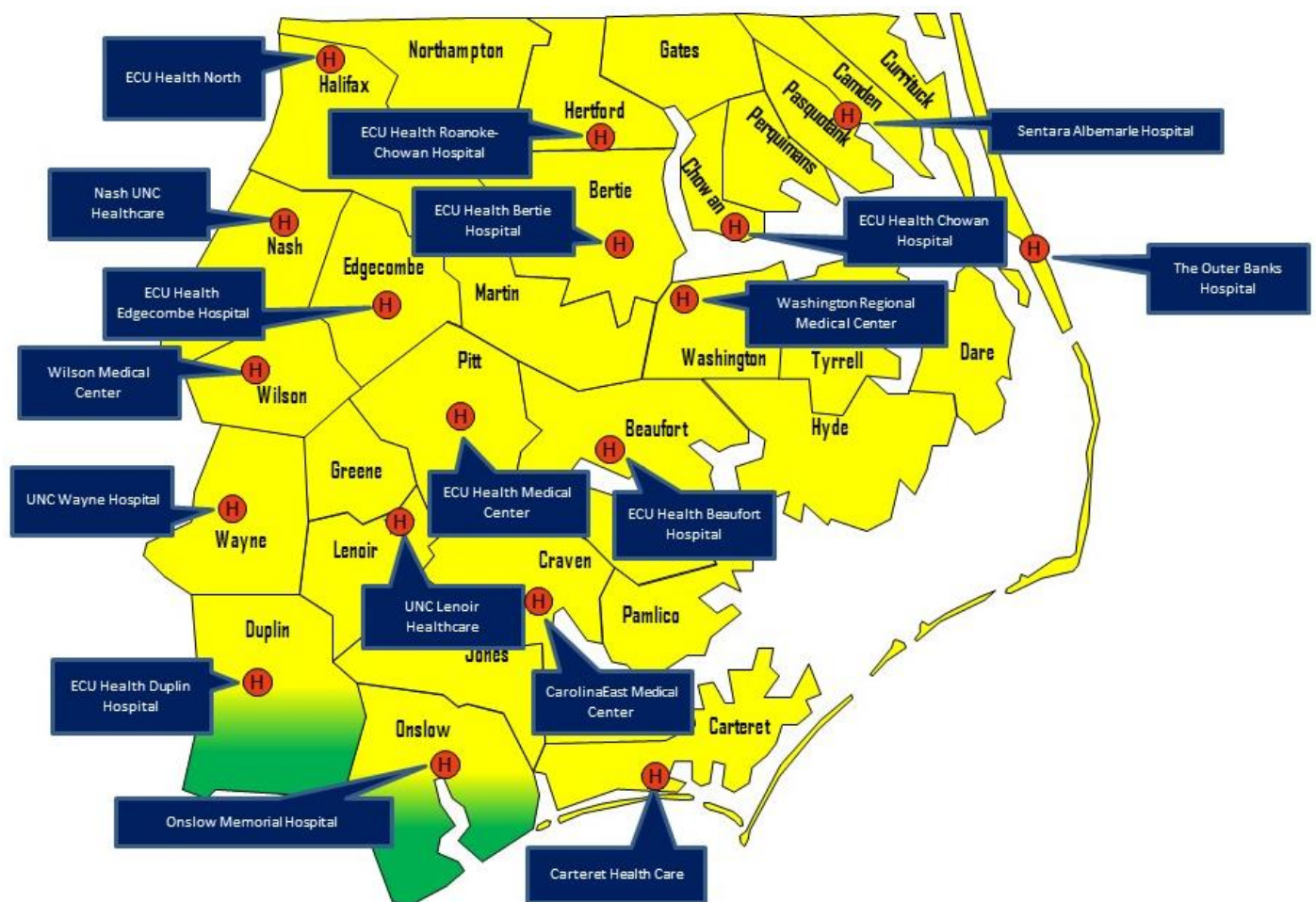
Regional Radio Communications Overview

EHPC utilizes the North Carolina Voice Interoperability Plan for First Responders Network (VIPER) for its main radio communication platform. This document is meant to specifically address EMS related issues and assist with planning for EMS Regions and agencies. Common healthcare communications paths include the following:

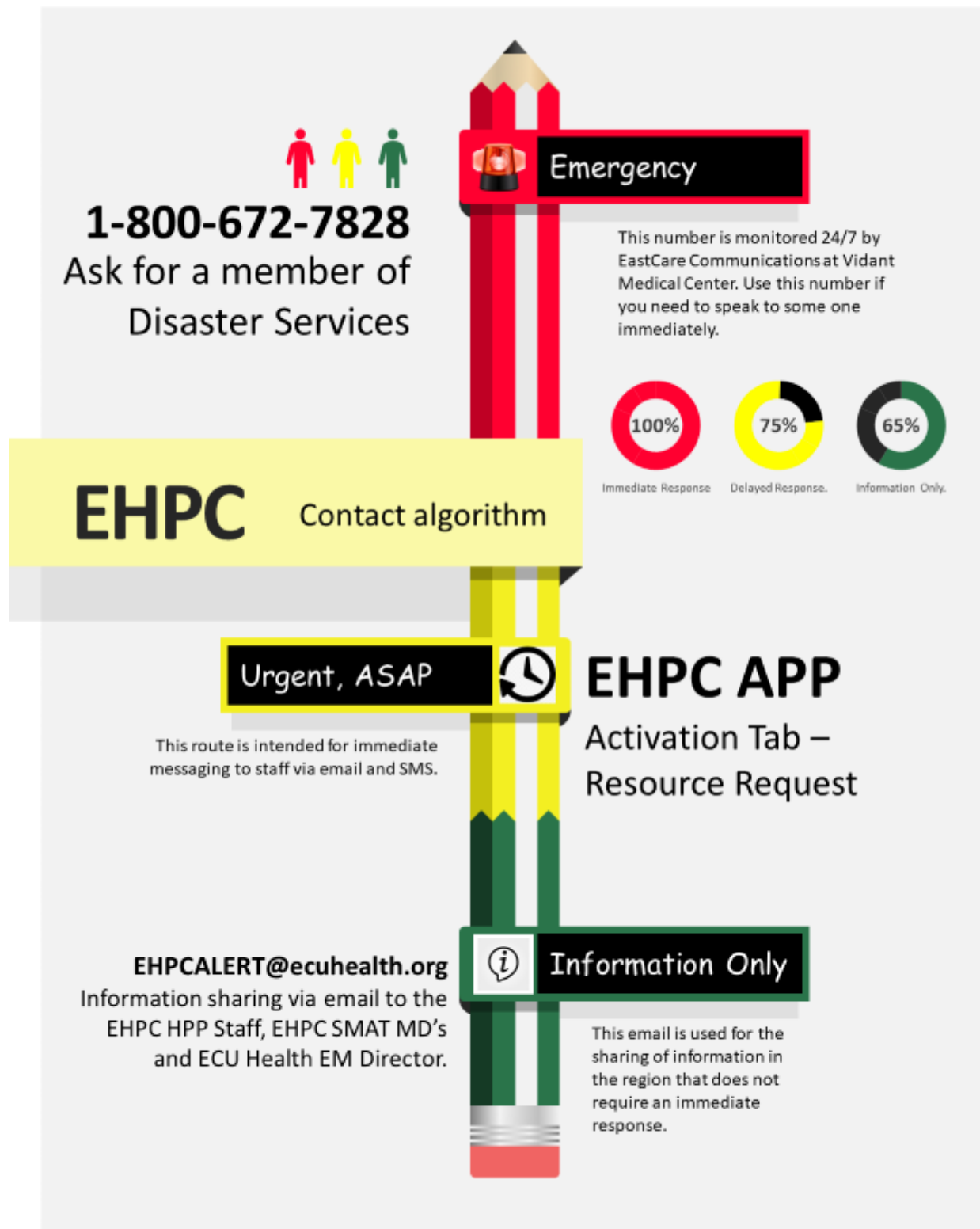
- Hospital to Ambulance
- Hospital to Hospital
- Hospital to First Responder
- Hospital to Air Ambulance

The highest and most effective level of interoperability is achieved when users share the same radio system and have shared talk groups directly accessible to them in their radios. Common communications paths for hospitals and public health will be discussed in further best practices documents. It is encouraged that all new facilities and vehicles being designed include VIPER capable radios in their budget.

EHPC Region



EHPC Contact algorithm



*Refer to the EHPC Information Sharing Plan for additional contact procedures.

www.EasternHPC.com
ehpcsmat@ecuhealth.org
252.847.7628





Beaufort	Bertie	Camden	Carteret	Chowan	Craven	Currituck	Dare	Duplin(Hosp)	Edgecombe
Gates	Greene	Halifax	Hertford	Hyde	Jones	Lenoir	Martin	Nash	Northampton
	Onslow (Hosp)	Pamlico	Pasquotank	Perquimans	Pitt	Tyrell	Wayne	Wilson	Washington

Participation in the NC VIPER Radio System

The decision to participate in VIPER must be made in conjunction with state and county officials, local public safety, adjacent EMS agencies and hospitals. This must also include an evaluation of interoperability with other radio systems. For questions, please utilize the points of contact in this document.

DEFAULT VIPER TALKGROUPS TO MONITOR WHEN OUTSIDE COMMUNICATIONS FAIL:
EHPC DISASTER (VMK79100) (For all Healthcare and EMS in EHPC region)
EMERGENCY ASSISTANCE VIPER TALKGROUPS:
NCEOC "STATE EOC" OR SW CALL "LOCAL COUNTY 911 CENTER"

Recommended Communication Training for EMS Responders and Hospitals

VIPER Medical Network (VMN), PACE and HEMS Aviation radio training:

<https://easternhpc.com/virtual-training/>

Available Communication systems for Hospitals in EHPC Region

- North Carolina Viper Medical Network (VMN)
- Legacy VHF (State EMS and Patient Report 155.340 / 155.280)
- National Public Safety Planning Advisory Committee (NPSPAC) Channels
- Individual county/city radio systems
- Satellite Telephone
- Amateur Radio (Auxcomm)
- Current landline telephone systems
- Cellular telephone systems / FirstNet

North Carolina Medical Communications Network (NCMCN) MED 8/10 overview (Discontinued)

The majority of the NCMCN system was demobilized in late 2018 and the system should generally not be considered a resource. The EHPC region still has three MED repeaters in operation. MED8 (Located on the roof of ECHI-ECU Health Greenville), MED 10 located at Farmville and MED 8 located on Columbia. All of these repeaters are in operation and available for Interoperability use. One site near Charlotte (Concord) also has MED8/10 operational. These sites are still overseen by NCOEMS and will continue operation as long as the equipment is functional. EHPC helps support the equipment in Eastern NC.

[illegible]

EXISTING MED SYSTEM WIDE AREA REPEATERS
FOR DISASTER USES:

MED 8 COLUMBIA – SUBSCRIBER
PROGRAMMING, RX 463.1750 @173.8 / TX
468.1750 PD Tone D (192.8)

MED 10 FARMVILLE- SUBSCRIBER PROGRAMMING,
RX-462.9750 @173.8 / TX 467.9750 Tone F 107.2

Both repeaters are linked 24x7. PACK or any manual radio can be used

VIPER is an 800 MHz medical radio system referred to as the “Viper Medical Network” or VMN. This system is within the 800 MHz state trunked VIPER radio network “Voice Interoperability Plan for Emergency Responders.” The VMN establishes a digital talk group for each hospital, military hospital, veteran’s hospital, state facilities, mobile hospital and community health center within the state. Provisions are included for the bio laboratories, poison center and the state medical assistance teams. When radio equipment is deployed for the VMN, any hospital, ambulance or field medical service unit anywhere in the state will be able to communicate throughout the system and across the entire state. For interoperability compatibility, every radio that functions as part of the VMN must have a common group of channels with standard channel names. The VMN radios must therefore be equipped with a series of “Talk Groups,” which are similar to channels in a conventional or “legacy” radio.

1. Statewide Medical Talk Groups
2. Statewide Calling Talk Groups
3. Statewide Event Talk Groups
4. State Highway Patrol Mutual Aid Talk Groups
5. North Carolina Emergency Management Approved Talk Groups
6. Domestic Preparedness Region (DPR) Talk Groups

Viper Statewide Medical VMN Talk Groups

Following is a description of the purpose and suggested operation for each of the classifications of VIPER Statewide Channels: The Viper Medical Network (VMN) provides a talk group “channel” for each hospital in the state thus enabling VMN VIPER users the ability to contact hospitals for medical or patient care communication from anywhere in the state. There are 185 statewide digital Viper Medical (VM) talk groups. Each of the hospital talk groups are identified by a 5-digit numeric address. The 5-digit hospital addresses are grouped into twelve radio zones or banks identified as the “VM” talk groups. These zones are established so the channels can be installed in mobile or portable radios, as well as hospital control stations.

The hospital talk groups are identified by three ZONE characters such as “VMA,” “VMB,” “VMC,” “VMD,” “VME,” etc. ... through to “VMM.” Within each of these twelve VM zones there are sixteen numeric 5-digit addresses which correspond to each hospital in the state. The 5-digit numeric address corresponds to the hospitals old NCMCN DTMF tone number. Each hospital has a pre-designated VM address which a hospital obtain by authorization when it installs a VIPER medical control radio. The authorization application form is included in the DTMF Reference document available from the web site listed below. The hospital VMN address becomes operational and will be listed in the hospital radio directory upon application.

All VMN mobile, portable and hospital control radios must have all of the VM talk group list programmed into the radio to insure operational compatibility when future hospitals are implemented. A VM hospital address can be obtained by submitting the VIPER MEDICAL NETWORK APPLICATION, which is included within the above noted publications.

Viper Statewide Calling Talk Groups

The VIPER Statewide Calling Talk Groups allow VIPER radio users to make contact with the 9-1-1 Center or Public Safety Answering Point (PSAP) in properly equipped counties across the state. This enables any VIPER radio to contact either their home 9-1-1 Center when they are out of their home county or to contact the 9-1-1 Center in the county that they may be in at the time assistance is needed. Contact can be established by installing a station to monitor these talk groups. There are FIVE Statewide Calling Talk Groups located within the radio in the zone identified as “SW”. These are listed below with the standard channel name used for programming:

BANK #	BANK NAME	
	STATEWD	
<u>CHANNEL</u>	<u>NAME</u>	<u>STATUS</u>
1	SW-CALL	Existing TG
2	SW-CONF	New TG
3	EM-EOC	Existing TG
4	EM-EBO	Existing TG
5	EM-CBO	Existing TG
6	EM-WBO	Existing TG
7	EM-RRT	Existing TG
8	EM-SAR	Existing TG
9	LZWEST1	Existing TG
10	LZWEST2	New TG
11	LZEAST1	Existing TG
12	LZEAST2	New TG
13	LZCENTRAL1	Existing TG
14	LZCENTRAL2	New TG
15	LZPDMONT1	New TG
16	LZPDMONT2	New TG



Statewide Viper Event Talk Groups

The VIPER Statewide Event Talk Groups are not assigned to any specific agency. They provide all VIPER users (128) statewide talk groups which can be directed in the event of a multi-agency response that exceeds the scope of a normal occurrence or covers a larger than normal geographic area. In the future it is anticipated that a centralized State operated communications center will serve as the clearinghouse for assignment of these talk groups based upon location and need. The Statewide Event Talk Groups are in a zone or bank in the radio identified as "EVENT" or "EVT". They have the standardized channel naming listed below:

BANK #	BANK NAME	BANK #	BANK NAME	BANK #	BANK NAME
	EVT A		EVT B		EVT C
CHANNEL	NAME	CHANNEL	NAME	CHANNEL	NAME
1	ALPHA1	1	ECHO1	1	INDIA1
2	ALPHA2	2	ECHO2	2	INDIA2
3	ALPHA3	3	ECHO3	3	INDIA3
4	ALPHA4	4	ECHO4	4	INDIA4
5	BRAVO1	5	FXTRT1	5	JULIET1
6	BRAVO2	6	FXTRT2	6	JULIET2
7	BRAVO3	7	FXTRT3	7	JULIET3
8	BRAVO4	8	FXTRT4	8	JULIET4
9	CHRLY1	9	GOLF1	9	KILO1
10	CHRLY2	10	GOLF2	10	KILO2
11	CHRLY3	11	GOLF3	11	KILO3
12	CHRLY4	12	GOLF4	12	KILO4
13	DELTA1	13	HOTEL1	13	LIMA1
14	DELTA2	14	HOTEL2	14	LIMA2
15	DELTA3	15	HOTEL3	15	LIMA3
16	DELTA4	16	HOTEL4	16	LIMA4

BANK #	BANK NAME	BANK #	BANK NAME
	EVT D		EVT E
CHANNEL	NAME	CHANNEL	NAME
1	MIKE1	1	QUEBEC1
2	MIKE2	2	QUEBEC2
3	MIKE3	3	QUEBEC3
4	MIKE4	4	QUEBEC4
5	NOVEMBR1	5	ROMEO1
6	NOVEMBR2	6	ROMEO2
7	NOVEMBR3	7	ROMEO3
8	NOVEMBR4	8	ROMEO4
9	OSCAR1	9	SIERRA1
10	OSCAR2	10	SIERRA2
11	OSCAR3	11	SIERRA3
12	OSCAR4	12	SIERRA4
13	PAPA1	13	TANGO1
14	PAPA2	14	TANGO2
15	PAPA3	15	TANGO3
16	PAPA4	16	TANGO4



Statewide Highway Patrol Mutual Aid Viper Talk Groups

The VIPER Statewide Highway Patrol Mutual Aid Talk Groups serve as a means for all VIPER users to have the ability to contact one of the State Highway Patrol's communications centers.

BANK #	BANK NAME
	TRP M/A CMN

CHANNEL	NAME	STATUS
1	TRPA M/A	Existing TG
2	TRPA CMN2	Existing TG
3	TRPB M/A	Existing TG
4	TRPB CMN2	Existing TG
5	TRPC M/A	Existing TG
6	TRPC CMN2	Existing TG
7	TRPD M/A	Existing TG
8	TRPD CMN2	Existing TG
9	TRPE M/A	Existing TG
10	TRPE CMN2	Existing TG
11	TRPF M/A	Existing TG
12	TRPF CMN2	Existing TG
13	TRPG M/A	Existing TG
14	TRPG CMN2	Existing TG
15	TRPH M/A	Existing TG
16	TRPH CMN2	Existing TG



Viper NC Emergency Management (NCEM) Talk Groups

North Carolina Emergency Management (NCEM) has authorized certain talk groups to be provided to local emergency officials to facilitate coordination between state emergency management staff, the State Emergency Operations Center (EOC) and local agencies. These four talk groups are to be used primarily by local emergency management representatives, however they may be used on a secondary basis by any duly authorized representative of any federal, state or local emergency response agency for the same purpose. The NCEM talk groups are listed below along with their standardized channel naming:

- NCEM Eastern Branch Office StaffNCEM-EBO
- NCEM Central Branch Office StaffNCEM-CBO
- NCEM Western Branch Office StaffNCEM-WBO
- NCEM State Emergency Operations Center (EOC)NCEM-EOC

Viper NC Emergency Management (DPR) Talk Groups

The DPR talkgroups will serve as the primary means for agencies and jurisdictions to establish voice interoperability at a regional level. These talkgroups, if operationally possible, should be used prior to requesting a state event talkgroup. The regional zone usage will be dictated by the location of where the event/incident/exercise/training is occurring. All radio traffic passed on the DPR talkgroups is "in the clear" and presumed to be monitored by members of the public. The "FREESPACE" (channel 16) can be used for agency specific needs. Examples of this could be:

- Agency specific dispatch talkgroup
- Specified local coordination talkgroup
- Conventional frequencies (repeated or simplex)

The DPR talkgroups will follow the geographic boundaries of the NCEM Branches as illustrated below.

Coordinating agency:

East – Pitt County Communications

Central – Moore County

West – Mitchell County Communications

Request process: VIPER users may contact the coordinating agency via telephone or email via the pathways provided by the NCEM Communications Branch. Talkgroups will be assigned based on certain criteria which includes, but is not limited to:

- Regional incident status
- Regional special event status
- Geographic proximity to other incidents/events
- Validation of need
- Whether the DPR talkgroup will need to be monitored for accountability

Requestor Information: The requestor will be required to provide the following information:

- Agency name
- POC first and last name
- POC contact information, should the talkgroup become compromised, interference is encountered, or the talkgroup needs to be retracted
- POC email address
- Duration of usage – From, To
- Event type – Incident, Event, Exercise, Training
- Brief explanation of the situation regarding the event type

The coordinating agency has the right to restrict, recall, or freeze DPR talkgroup assignments at any time based on regional incident status or no-notice regional incidents as outlined. The DPR talkgroup coordinating agencies will work with the NCEM 24Hr Watch to determine the best way to proceed if this occurs.

BANK #	BANK NAME	
	DPR EAST	
CHANNEL	NAME	STATUS
1	DPREAST1	(Ex: DPR1TG1)
2	DPREAST2	(Ex: DPR1TG2)
3	DPREAST3	(Ex: DPR1TG3)
4	DPREAST4	(Ex: DPR1TG4)
5	DPREAST5	(Ex: DPR1TG5)
6	DPREAST6	(Ex: DPR2TG1)
7	DPREAST7	(Ex: DPR2TG2)
8	DPREAST8	(Ex: DPR2TG3)
9	DPREAST9	(Ex: DPR2TG4)
10	DPREAST10	(Ex: DPR2TG5)
11	DPREAST11	(Ex: DPR3TG1)
12	DPREAST12	(Ex: DPR3TG2)
13	DPREAST13	(Ex: DPR3TG3)
14	DPREAST14	(Ex: DPR3TG4)
15	DPREAST15	(Ex: DPR3TG5)
16	FREE SPACE	USER TBD

BANK #	BANK NAME	
	DPR CENT	
CHANNEL	NAME	STATUS
1	DPRCENT1	(Ex: DPR4TG1)
2	DPRCENT2	(Ex: DPR4TG2)
3	DPRCENT3	(Ex: DPR4TG3)
4	DPRCENT4	(Ex: DPR4TG4)
5	DPRCENT5	(Ex: DPR4TG5)
6	DPRCENT6	(Ex: DPR5TG1)
7	DPRCENT7	(Ex: DPR5TG2)
8	DPRCENT8	(Ex: DPR5TG3)
9	DPRCENT9	(Ex: DPR5TG4)
10	DPRCENT10	(Ex: DPR5TG5)
11	DPRCENT11	(Ex: DPR6TG1)
12	DPRCENT12	(Ex: DPR6TG2)
13	DPRCENT13	(Ex: DPR6TG3)
14	DPRCENT14	(Ex: DPR6TG4)
15	DPRCENT15	(Ex: DPR6TG5)
16	FREESPACE	USER TBD

BANK #	BANK NAME	
	DPR-WEST	
CHANNEL	NAME	STATUS
1	DPRWEST1	(Ex: DPR7TG1)
2	DPRWEST2	(Ex: DPR7TG2)
3	DPRWEST3	(Ex: DPR7TG3)
4	DPRWEST4	(Ex: DPR7TG4)
5	DPRWEST5	(Ex: DPR7TG5)
6	DPRWEST6	(Ex: DPR8TG1)
7	DPRWEST7	(Ex: DPR8TG2)
8	DPRWEST8	(Ex: DPR8TG3)
9	DPRWEST9	(Ex: DPR8TG4)
10	DPRWEST10	(Ex: DPR8TG5)
11	DPRWEST11	(Ex: DPR9TG1)
12	DPRWEST12	(Ex: DPR9TG2)
13	DPRWEST13	(Ex: DPR9TG3)
14	DPRWEST14	(Ex: DPR9TG4)
15	DPRWEST15	(Ex: DPR9TG5)
16	FREESPACE	USER TBD

NEW NAME	OLD NAME	Alt OLD NAME	NEW NAME	OLD NAME	Alt OLD NAME	NEW NAME	OLD NAME	Alt OLD NAME
DPREAST1	DPR1TG1	DPR 1-1	DPRCENT1	DPR4TG1	DPR 4-1	DPRWEST1	DPR7TG1	DPR 7-1
DPREAST2	DPR1TG2	DPR 1-2	DPRCENT2	DPR4TG2	DPR 4-2	DPRWEST2	DPR7TG2	DPR 7-2
DPREAST3	DPR1TG3	DPR 1-3	DPRCENT3	DPR4TG3	DPR 4-3	DPRWEST3	DPR7TG3	DPR 7-3
DPREAST4	DPR1TG4	DPR 1-4	DPRCENT4	DPR4TG4	DPR 4-4	DPRWEST4	DPR7TG4	DPR 7-4
DPREAST5	DPR1TG5	DPR 1-5	DPRCENT5	DPR4TG5	DPR 4-5	DPRWEST5	DPR7TG5	DPR 7-5
DPREAST6	DPR2TG1	DPR 2-1	DPRCENT6	DPR5TG1	DPR 5-1	DPRWEST6	DPR8TG1	DPR 8-1
DPREAST7	DPR2TG2	DPR 2-2	DPRCENT7	DPR5TG2	DPR 5-2	DPRWEST7	DPR8TG2	DPR 8-2
DPREAST8	DPR2TG3	DPR 2-3	DPRCENT8	DPR5TG3	DPR 5-3	DPRWEST8	DPR8TG3	DPR 8-3
DPREAST9	DPR2TG4	DPR 2-4	DPRCENT9	DPR5TG4	DPR 5-4	DPRWEST9	DPR8TG4	DPR 8-4
DPREAST10	DPR2TG5	DPR 2-5	DPRCENT10	DPR5TG5	DPR 5-5	DPRWEST10	DPR8TG5	DPR 8-5
DPREAST11	DPR3TG1	DPR 3-1	DPRCENT11	DPR6TG1	DPR 6-1	DPRWEST11	DPR9TG1	DPR 9-1
DPREAST12	DPR3TG2	DPR 3-2	DPRCENT12	DPR6TG2	DPR 6-2	DPRWEST12	DPR9TG2	DPR 9-2
DPREAST13	DPR3TG3	DPR 3-3	DPRCENT13	DPR6TG3	DPR 6-3	DPRWEST13	DPR9TG3	DPR 9-3
DPREAST14	DPR3TG4	DPR 3-4	DPRCENT14	DPR6TG4	DPR 6-4	DPRWEST14	DPR9TG4	DPR 9-4
DPREAST15	DPR3TG5	DPR 3-5	DPRCENT15	DPR6TG5	DPR 6-5	DPRWEST15	DPR9TG5	DPR 9-5

DPR CROSSWALK NEW TO OLD FORMAT

Legacy VHF

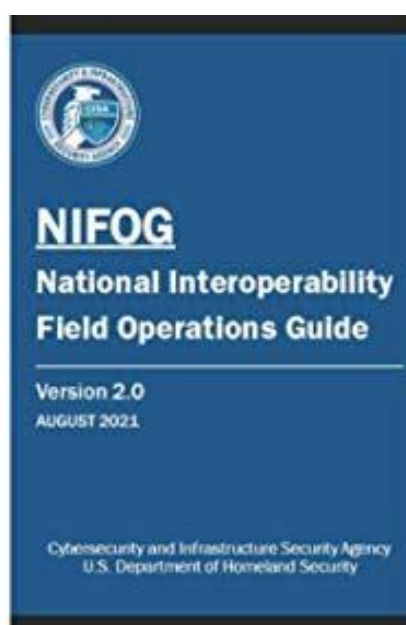
The VHF frequencies 155.280 MHz and 155.340 MHz have been selected as North Carolina statewide standard VHF frequencies. To assist in standardization of usage of these two frequencies, the following is required:

The frequency 155.280 MHz ("280") is designated primarily for mutual aid calls. It is preferred that the frequency not be used for dispatch purposes. For new or modified systems, it is suggested that an alternate frequency be selected for dispatching. The frequency 155.340 MHz ("340") is dedicated to communication between ambulance treatment teams and hospital personnel directing treatment of patients prior to arrival at a hospital or treatment facility. This frequency is to be used only for this purpose. This frequency is for emergency communication associated with the care or transport of sick or injured persons. Information exchanged on this frequency must be pertinent to the treatment of the patient at the scene or while enroute to the proper treatment center. This frequency is not to be used for dispatching, paging or interfacility communications.

NPS (National Public Safety Channels)

NPSPAC has designated national mutual aid channels to facilitate 800 MHz voice interoperability communications among local, state, and federal public safety agencies. Further information about NPS channels can be found at:

BANK #	BANK NAME
	NIFOG
CHANNEL	NAME
1	8CALL90
2	8TAC91
3	8TAC92
4	8TAC93
5	8TAC94
6	7TAC51
7	7TAC52
8	7TAC53
9	7TAC54
10	7TAC71
11	7TAC72
12	7TAC73
13	7TAC74
14	7LAW61
15	7FIRE63
16	7MED65



Aeromedical

AEROMEDICAL Landing Zone Guidance

The LZ (Statewide Landing Zone) talkgroups serve as a means for all users to have the ability to communicate with aircraft operated by Air Medical evacuation providers across North Carolina. The LZ talkgroups are assigned geographically based on the map below. These talkgroups are assigned ad-hoc, meaning use is coordinated on a case-by-case basis by those in need. Every attempt to coordinate the LZ talkgroups should be taken in order to maintain air and ground team safety.

LZ talkgroups notated as “1” are primary talkgroups for communications between scene responders and incoming aeromedical resources. LZ talkgroups notated as “2” are the primary talkgroups for the aeromedical assets to coordinate with receiving facilities, direct transfers to specialized areas and hospital landing pad coordination. LZ talkgroups notated as “2” can also be used as a secondary talkgroup for communications between scene responders and aeromedical resources as needed. All aeromedical patient reporting should be conducted on the receiving facilities VMN (Viper Medical Network) for patients heading directly to the Emergency Department. Flight following agencies are encouraged to program, monitor and record LZ 1 and LZ 2 in their respected zone.

LZ talkgroups are not to be used for specific aeromedical providers to carry out “flight following” activities, unless the primary means has become degraded.

BANK #	BANK NAME	
	STATEWD	
CHANNEL	NAME	STATUS
1	SW-CALL	Existing TG
2	SW-CONF	New TG
3	EM-EOC	Existing TG
4	EM-EBO	Existing TG
5	EM-CBO	Existing TG
6	EM-WBO	Existing TG
7	EM-RRT	Existing TG
8	EM-SAR	Existing TG
9	LZWEST1	Existing TG
10	LZWEST2	New TG
11	LZEAST1	Existing TG
12	LZEAST2	New TG
13	LZCENTRAL1	Existing TG
14	LZCENTRAL2	New TG
15	LZPDMONT1	New TG
16	LZPDMONT2	New TG



Air Operations (Air Ops) talkgroups

The Air Operations (Air Ops) talkgroups are used for incident-based air-to-ground or air-to-air usage. These talkgroups will be assigned by NCEM based on state activation level in coordination with the applicable SAR point of contact (POC). SAR aircraft (rotary and/or fixed-wing) are designated by NCEM

Emergency Services and should have access to VIPER based on their radio capabilities. These entities include, but aren't limited to:

- ☐ Law Enforcement aircraft (NCSHP, CMPD, etc.)
- ☐ North Carolina National Guard (UH-60, LUH-72)
- ☐ Civil Air Patrol (CAP)
- ☐ North Carolina Forestry
- ☐ North Carolina Wildlife
- ☐ United States Coast Guard

Air Ops talkgroups will be assigned based on incident, geographic area, and/or task. For example:

1. NC Helo-Aquatic Rescue Team (NCHART) mission to the Linville Gorge to extract an injured hiker.
2. Assignment of an Air Ops talkgroup to an operations-based sector in expectation of hurricane conditions.
3. Assignment of a talkgroup for airspace deconfliction base on a multi-airframe operation in a close geographic area. This task will be completed by authorized personnel that are approved to carry out this tasking.

The conventional frequencies contained in the Air Ops zone will follow the NIFOG programming information and be used for air-to-ground operations only. At no time will the usage of the talkgroups contained in this zone supersede, nor replace, the usage of required applicable Federal Aviation Administration (FAA) frequencies. Any specific questions pertaining to the manner for which aircraft communicate should be directed to NCEM Emergency Services or their designee.

BANK #	BANK NAME	
	AIR-OPS	
CHANNEL	NAME	STATUS
1	AIROPS1	Existing TG
2	AIROPS2	Existing TG
3	AIROPS3	Existing TG
4	AIROPS4	Existing TG
5	AIROPS5	Existing TG
6	AIROPS6	Existing TG
7	AIROPS7	Existing TG
8	AIROPS8	Existing TG
9	AIROPS9	Existing TG
10	AIROPS10	Existing TG
11	7AG58D	NIFOG
12	7AG60D	NIFOG
13	7AG67D	NIFOG
14	7AG68D	NIFOG
15	7AG88D	NIFOG
16	8TAC94D	NIFOG



HEMS Patient Movement Considerations during Disasters

Patient movement immediately prior to and following hurricanes remains to be a challenge across North Carolina. Once local HEMS medevac flight services stop flying, the North Carolina Emergency Management (Air Cell) becomes the lead aviation coordination authority having jurisdiction.

Flight services are encouraged to collaborate with the NCEM air cell for when flight services can be restored in their region(s). EHPC along with NCEM has makes effort to provide an ESF8 representative to the NC AIR CELL during times of activation. Providing accurate facility status, appropriate care destinations along with proper transfer is critical for good patient outcomes. EHPC will provide the most up to date information on regional facilities information to the NCEM AIR CELL during events. EHPC also works closely with the NCEM AVIATION Communication group to ensure all communication modes are available to MEDEVAC aircraft.

Aeromedical Interoperability

Responder and Aircraft with VIPER capability:

If the aircraft and the personnel on the scene coordinating the landing both should both possess the "LZ" (Landing Zone) East/Central/West talk groups. If additional modes are needed for communication, contact the primary PSAP for coordination.

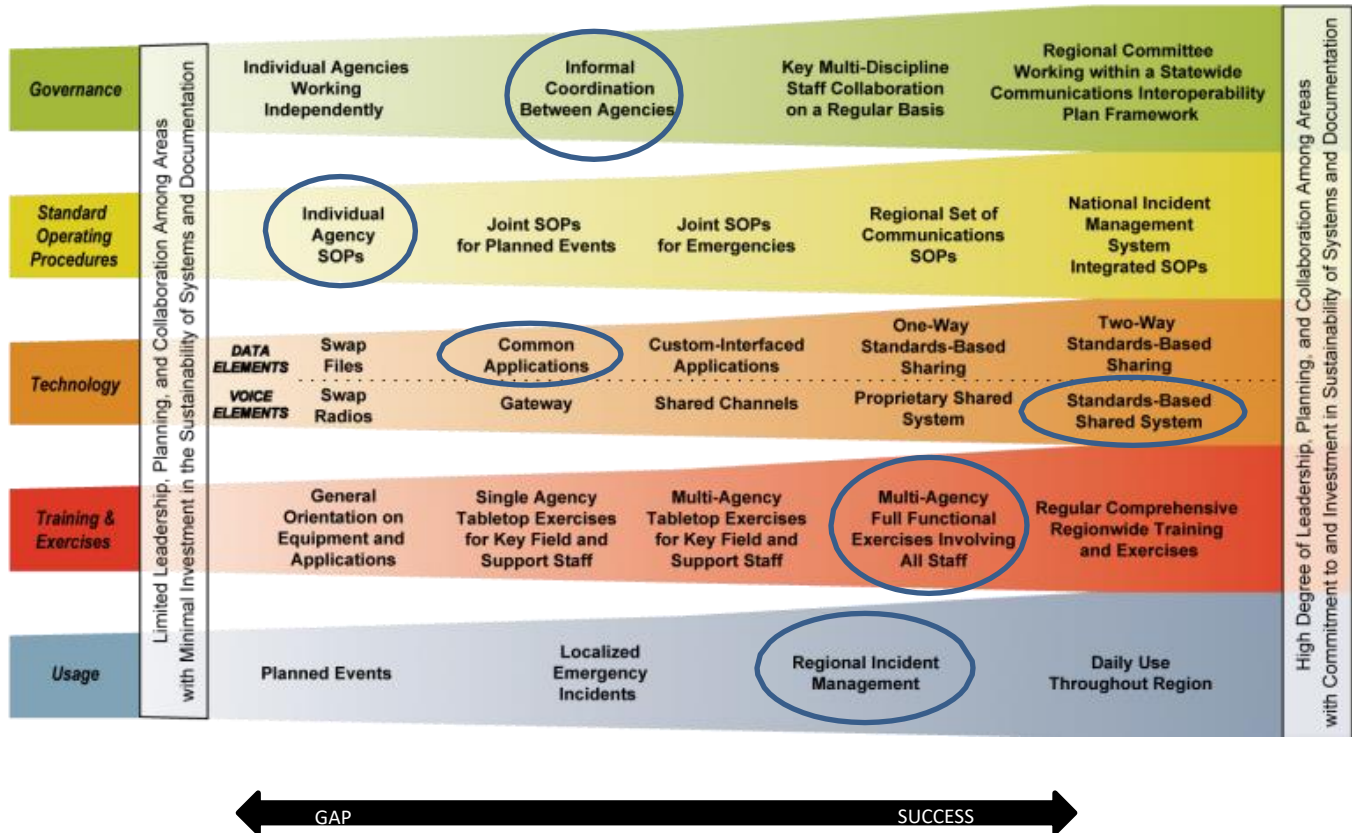
Whether an aircraft is equipped with VIPER or VHF/UHF radio, they may choose to contact responders and/or hospitals in several ways:

- Appropriate designated VIPER talk group (LZ EAST/CENTRAL/WEST), VML, State event TGetc
- NPS 90-94 Direct or repeater if known (Common to all 800MHz radios). Some counties also have established NPS700Mhz common channels.
- Legacy VHF State EMS 155.280 NO PL or State Fire 154.280 NO PL. It is preferable that. NO PL is used for interoperability communications. It may be necessary to enable the appropriate county PL if radios are not programmed appropriately. See county PL reference at the end of this document. The appropriate communication pathway is relative to the available resource in the aircraft and the hospital. It may also be dependent on the effective communication of what is needed between the aero medical crew and the dispatcher.

Hospital Interoperability

The highest and most effective level of interoperability is achieved when users share the same radio system and have shared talk groups directly accessible to them in their radios. Shared Interoperable talkgroup resources exist in a variety of forms and may be called common, pool or tactical. It is imperative that hospitals plan effectively with mutual aid, law enforcement, fire and hospital partners. Hospitals must be aware of local, regional and statewide interoperable radio resources and procedures. Best practice is to use shared interoperable resources by progression. Beginning with internal and progressing to local/county first, then to regional and statewide resources last.

EHPC Region Interoperability Grade 2023



Regional wide area communication fallbacks:

Amateur Radio (Auxcomm)

The usage of Amateur Radio still plays a vital backup role for hospital communications. A variety of equipment is strategically placed throughout the region. Equipment is tested on a regular basis through a variety of different oversight agencies (Down East Linking System, CARES and EHPC Cluster DMR). HF (High Frequency) data relay links are also available that link field operations with NCEM RCC's, EOC and the outside world. Additional information can be found in the EHPC COMMS CARD Reference.

Satellite telephone, VSAT and Starlink

Mobile Satellite (MSAT) units are strategically placed throughout the region in various hospitals and first responder agencies providing two way radio and telephone services. Some hospitals also have handheld satellite phones for emergency backup telephone contact. Very Small Aperture Terminal (VSAT) units and Starlink terminals are available through EHPC SMAT and partnering agencies for emergency broadband and VOIP capabilities. MSAT and VOIP VSAT numbers are available upon request and considered controlled classified. The following EHPC hospitals have satellite telephones:

- ② ECU Health Medical Center, Greenville
- ② Carolina East Medical Center, New Bern

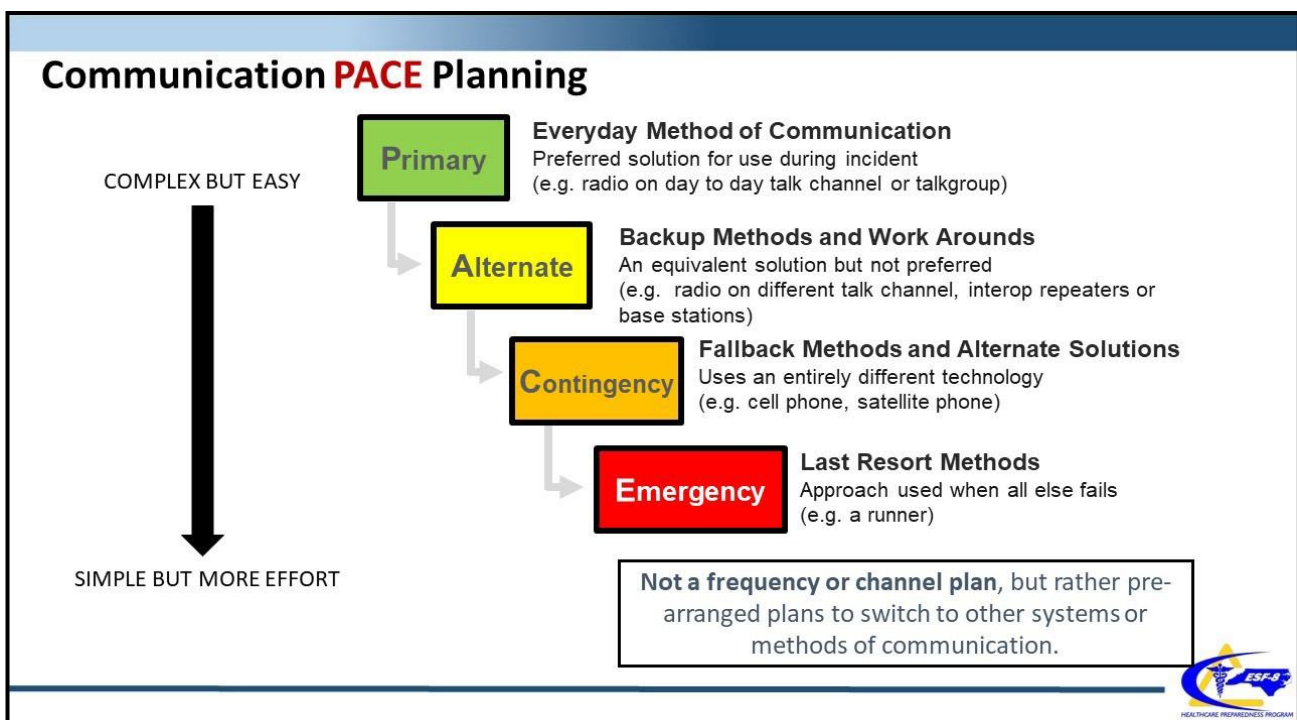
- Onslow Memorial Hospital, Jacksonville
- Carteret Health, Morehead City
- ECU Health Duplin Hospital
- UNC Wayne Hospital, Goldsboro

PACE Planning (Strategic – Wide Area)

Agencies throughout the EHPC region are encouraged to develop PACE (Primary, Alternate, Contingency, Emergency) communication pathways for redundancy. If your agency needs assistance with developing the flow, please reach out to us. At EHPC, our current PACE algorithm is:

1- Voice Communications	
P Primary	Landline and Cellular telephone (Consider- GETS, WPS)
A lternate	Viper radio (EHPC OPS talkgroup)
C ontingent	(In order) MED10 Tone F Farmville, UTAC41 ECHI, MSAT if available
E mergency	HF 3.947.500 KHz USB voice, other AUXC modes (DMR, Analog)
2- Data Communications	
P Primary	Terrestrial based connections (Cable, DSL etc)
A lternate	Cellular broadband (Consider band 14 options / multiple carriers)
C ontingent	Satellite broadband connectivity
E mergency	HF Winlink for message retrieval and relay
3- Intra-team Information Sharing Platforms	
P Primary	NC TERMS
A lternate	EHPC App along with Bridge4PS messaging
C ontingent	Email
E mergency	Voice phone. If this has failed, start into voice communications PACE

EHPC also maintains an internal PACE procedure for internal team communications



Communications during Disasters

Emergency response communications also requires pre-planning. Talkgroup progression should also be used and must be assigned by the controlling dispatcher based on availability. It is important to work closely with the local dispatch center(s) to ensure a shared resource is not already in use. Regional and state talkgroups need to be checked out appropriately. Based on the scope of the incident, the controlling dispatcher and the incident command structure must communicate effectively to ensure the most appropriate resource is assigned and matches the radio resource requirements of all responders. Dispatchers and incident commanders may choose to patch resources as an incident expands and it becomes necessary to change talkgroups based on the larger response.



Regional Testing and Exercise

Monthly Regional Testing

Monthly regional testing of various RF equipment will be conducted for the following modes:

- ☐ VIPER VMN
- ☐ MSAT
- ☐ VSAT/ VOIP/STARLINK
- ☐ AUXCOMM modes
- ☐ GETS/WPS

The following items are tested once per quarter:

- ☐ EHPC Emergency 1-800 phone number and EASTCARE SMS delivery
- ☐ EHPC APP pushes
- ☐ EHPC ALERT email distribution
- ☐ Regional Mass Casualty email distribution

All hospitals are currently tested monthly. All emergency service and healthcare agencies are encouraged to participate. Please contact EHPC for the Monthly Testing Procedures.

Yearly Communication Exercises (COMMEX's)

EHPC started to provide yearly communication exercise training in late 2021. The strategic goal is to provide one Functional Exercise (FE) each year ahead of hurricane season. Either a tabletop exercise (TTX) or FE will be planned each fall based on current trends/gaps. The exercises are HSEEP compliant and open to any agency wishing to participate.

Regional Communication Considerations

Radio Encryption & HIPAA Considerations

Radio encryption use has been on the increase across the nation for a variety of reasons. Generally, NC does not use radio encryption across the VMN system. The communications should be considered “unsecured” and easily intercepted by the public. It is recommended that facilitates and agencies plan on including encryption into their radio feature sets. It is extremely important to consider multikey in the features to ensure intra-agency keys are not loaded in in SLN/CKR slots 1-20. Currently no encryption is required on any OEMS assigned talkgroups. All communication on a radio should be considered “in the clear” and treated as such related to patient privacy. North Carolina has recently adopted a statewide encryption plan. Additional information can be found in the plan regarding encryption best practices.

Triage System Used

In North Carolina, EMS uses the SMART triage tag. This is considered the standard across the state. In the EHPC region, most EMS agencies utilize the START and JumpSTART triage methods. Additional, NC OEMS has developed templates for STEMI, STROKE, Pediatric, Trauma, and Burn Triage and Destination Plans (<http://www.ncems.org/triageanddestination.html>). Below are the colors that may be referenced during a call-in report.

- ② **Minor** delayed care / can delay up to three hours
- ② **Delayed** urgent care / can delay up to one hour
- ② **Immediate** immediate care / life-threatening
- ② **Deceased** victim is dead or mortally wounded / no care required
- Blue** victim is expectant to become deceased / supportive – comfort measures



Training can be found at the SMART website (<http://www.smartmci.com/training.php>) or by contacting the EHPC Healthcare Preparedness Coordinator.

Hospital/EMS Diversion/Facility Disruption

Hospital diversion may be required for a variety of reasons. (Patient loading, power or critical infrastructure outages etc). Most hospitals in the region are geographically located and not in close proximity to each other thus making diverting difficult. EHPC currently oversees a Regional Diversion Dashboard/Notification process. Facility POCs can immediately update any issues related to diversion at the following:

DIVERSION NOTIFICATION LINK

<https://easternhpc.com/activation-resources/>

Possible reasons for diversion:

- **ED Saturation** (Hospital Emergency Department resources are fully committed to critically ill patients and not available for additional ALS care.
- **Specific Services Unavailable**
- **Physical Plant Casualty** (Fire, Bomb Threat, Loss of critical infrastructure and power)
- **Facility patient overload** (Hospital is not capable of holding any additional patients or out of monitoring equipment)

FACILITY DISRUPTION NOTIFICATION LINK

<https://easternhpc.com/activation-resources/>

Possible reasons for facility disruption:

- **Infrastructure Failure** (Power, Water, HVAC, Communications, Morgue)
- **Fire / Flooding at facility**
- **Supply Chain Challenges** (Oxygen, fuel, PPE, Medications)

General Recommended Exceptions for EMS transporting to facilities on diversion:

Obstetrics	Sexual Assault
Specialized Treatment	Unstable

Regional Mass Casualty Email Blast

EHPC in conjunction with ECU Health has established a blast email distribution list for notice of an MCI (Mass Casualty Incident) or high impact event causing large patient movements. This is for situational awareness of HPC staff and the larger hospital bed coordination centers. The email address to trigger notifications is REGIONALMASSCASUALTY@ecuhealth.org.

This email should only be used to trigger alerting for an actual event. This distribution list is tested quarterly to ensure functionality.

Additional radio communication resources in region

Additional equipment and manpower can be obtained from the North Carolina STR (Strategic Technology Reserve) provided by NCEM-SHP/TSU. Other regional communication assets are available through NCEM or OEMS by request. Statewide ComL's (Communication Unit Leaders) are available upon request for long duration or complex incident communications. If you need communication assistance or support- please contact the SEOC 24hr center which will notify the ESF-2section.

PSAPS (Public Safety Answering Points – Dispatch Centers)

A Primary PSAP, or Primary Public Safety Answering Point, is the first point of reception by a public safety agency of a 911 call. A PSAP must be capable of receiving and processing enhanced 911 calls from all voice communications service providers to be designated as a Primary PSAP. All PSAP centers in the EHPC region can be reached by dialing 911. Non-Emergency numbers can be found in the “EHPC COUNTY QUICK REFERENCE” in this document. All PSAPs should also be monitoring VIPER SW CALL.

EHPC County Quick Reference Information

EHPC QUICK REFERENCE FOR COUNTIES					
County	Hospital	Switchboard	VMN TG	COUNTY PL	PSAP
Beaufort	Vidant Beaufort	252-975-4100	VMA50242	151.4	(800) 682-0101
Bertie	Bertie Memorial	252-794-6600	VMH57984	162.2	(252)-794-5330
Camden	N/A	N/A	N/A	107.2	DARE/CURRITUCK
Carteret	Carteret General	252-808-6000	VMG57682	179.9	(252)726-1920
Chowan	Chowan Hospital	252-482-6481	VMB50682	123	(252) 482-4444
Craven	Craven Regional	252-633-8111	VMB50762	162.2	(252) 633-6620
Currituck	N/A	N/A	N/A	107.2	(252) 232-2424
Dare	Outer Banks Hosp	252-449-4500	VMD52701	107.2	(252) 473-3444
Duplin	Duplin General	910-296-0941	VMB50862	110.9	(910) 296-1911
Edgecombe	Heritage Hospital	(252) 641-7700	VMF56752	131.8	(252) 641-7911
Gates	N/A	N/A	N/A	118.8	(252) 357-0210
Greene	N/A	N/A	N/A	88.5	(252) 747-3411
Halifax	Our Community	252) 826-4144	VMB50599	203.5	(252) 583-1991
Hertford	Roanoke Chowan	(252) 209-3000	VMC52442	203.5	(252) 358-5341
Hyde	N/A	N/A	N/A	110.9	(252) 926-2781
Jones	N/A	N/A	N/A	110.9	(252) 448-7091
Lenoir	Lenoir Memorial	(252) 522-7797	VMD52552	94.8	(252) 527-7111
Nash	Nash General	(252) 443-8070	VMG57642	107.2	(252) 972-1414
Northampton	N/A	N/A	N/A	203.5	(252) 574-1041
Pamlico	N/A	N/A	N/A	NONE	(252) 745-3101
Pasquotank	Albemarle	252-335-0531	VMD52902	107.2	(252) 331-1500
Perquimans	N/A	N/A	N/A	173.8	(252) 426-5511
Pitt	Vidant/Pitt Mem	(252) 847-4100	VMD52952	107.2	(252) 902-2605
Tyrell	N/A	N/A	N/A	151.4	(252) 796-2251
Wayne	Wayne Memorial	(919) 736-1110	VMF56842	110.9	(919) 735-5588
Wilson	Wilson Memorial	(252) 399-8040	VMF54662	173.8	(252) 237-8300
Washington	Washington Co	(252) 793-4135	VMH57963	110.9	(252) 793-2422

Summary of information sharing platforms

Regional Conference Calls

PLATFORM	EHPC USE
WebEOC	Main information sharing platform for North Carolina Emergency Management. This platform handles resource tracking and assignment, along with situational awareness dashboards and common operating pictures. All major incidents in North Carolina are created and documented here across all ESFs. EHPC mainly uses for situational awareness across the region. Not HIPAA Complaint.
ReadyOp	ReadyOp is currently used by North Carolina Office of EMS. The platform is designed to fill in the gaps on WebEOC for the ESF8 section. Alerting, file sharing (both inbound and outbound), documentation along with other features make it a widely used platform for the HCCs. EHPC uses ReadyOp for daily operations. Almost all email distribution and file recording is conducted on ReadyOp. HIPAA Complaint
TERMS	NC TERMS is the main training coordination platform across NC. In addition to training, there is a response component that shows team affiliation and credentialing. NC TERMS also has an extensive alerting component that is used across NC. EHPC uses TERMS for all training activities and also team alerting. TERMS is considered the first alerting platform used for response notifications. Not HIPAA Compliant
EHPC App	The EHPC App serves as a one stop shop for all aspects of the HCC. The App can be thought of as a traffic director. Depending on the user's request, they may be directed to ReadyOp, WebEOC or a file sharing repository. This is a convenient way for HCC partners to access information whilemobile.
Social Media	EHPC utilizes a variety of social media including Facebook, Instagram and Twitter. EHPC regularly shares information across these platforms when appropriate.
Email	Email is one of our major information sharing tools. This comes from direct messaging and by various platform distribution lists.
SMS-Text	SMS/MMS messaging is used as one of EHPC's main alerting methods.
Conference Bridge (Voice)	EHPC maintains a standalone/backup audio conference bridge that can be taken on the road. The unit can operate over cellular or satellite if needed.
Conference Bridge (Video)	EHPC utilizes the TEAMS platform for its main video conferencing bridge. Session numbers will be disseminated once established.
HSIN	EHPC uses HSIN in the ESF2 Communication Unit section. HSIN provides a dashboard and conference bridge with state ESF2 representatives. Accurate infrastructure outage awareness is one major item the HCC uses.

Regional Conference Calls

Regional conference calls will be established **120 hours of a notice event starting at 11am EST daily** (or every 24hrs). Follow-up calls will be decided during the call. Examples of notice events can include, but not limited to:

- Tropical Storms, Hurricane, Winter Weather, Expected Flooding

Regional conference calls will be established **no-notice events starting at 11am EST following the event or on the following day at 11am EST.** Then they will occur daily (or every 24 hours) until deemed not needed. Follow up calls will be decided on the call. Examples of notice events can include, but not limited to:

- Tornado, man-made/technological events, etc...

REGIONAL CONFERENCE BRIDGE: Microsoft TEAMS

[Join the meeting now](#)

Meeting ID: 266 623 293 548

Passcode: E4hkh3

Dial in by phone

+1 252-248-5291, 130896822# United States, Beaufort

Find a local number

Phone conference ID: 130 896 822#

Join on a video conferencing device

Tenant key: vidanthealth@m.webex.com

Video ID: 112 364 259 6

EMERGENCY CONF BRIDGE (VOICE ONLY) FALLBACK

1-252-558-0920 PIN 3472*

EEI (Essential Elements of Information):

EHPC will send out daily requests for up to date facility information during times of disaster to hospital emergency managers. This information should be shared with the healthcare coalition so we can assist and provide mission critical information to NCOEMS and federal DHHS partners. Updates may occur many times a day depending on changing impacts. When a facility has new impacts, it is recommended to send a new report. This reporting form can be found in multiple places to include the EHPC APP. Website link:

<https://easternhpc.com/activation-resources/>

Information needed for reporting on **PRE-EVENT 120hrs before/until impact (Abbreviated here):**

Trauma Designation	Full Street Address of Hospital	Hospital Emergency Manager
Facility Phone Number	Hospital Emergency Management 24/7 Number	Average Daily Inpatient Census
Licensed Operational Beds	Total Beds Staffed	Adult Med Surg Floor Beds Occupied
Intensive Care Beds Occupied	Pediatric Beds Occupied	Nursery Beds Occupied
NICU Beds Occupied	Pediatric ICU Beds Occupied	Psychiatric Beds Occupied
Rehab Beds Occupied	Nursing Facility Beds Occupied	Morgue Capacity
Average Daily Morgue Census	Gallons of Generator Fuel on Site	Number of hours your onsite fuel can power your generator(s):
Does your generator power your HVAC system	Communication Information	Oxygen Bar access Y/N

Information needed for reporting on **POST-IMPACT** (Abbreviated here):

Facility and County Name	Name of Person Completing the Form	Direct Contact Number
Email of Person Completing Form	Hospital EM Contact	Hospital EM Contact Number
Email of Hospital EM Contact	Is your Hospital EOC open	EOC Contact Number
What Viper talk group are you monitoring	Is your facility impacted	Does your facility have structural damage
What is your power status	How many gallons of fuel currently available for your generator(s)	What is the burn rate of fuel in the generator (if known)
How many hours of fuel are remaining	What is the cumulative fuel burn rate of all generators on site	Do you have any issues with your generators
Is your HVAC running on GENERATOR	Is your HVAC system water cooled	If so, is it supplied by commercial or well water
Is your water supply sufficient for HVAC	Are all necessary communication systems functioning	What is your water supply status
What is your 24 hour water consumption rate	Do you have a reliable water supply for dialysis	Sewer Status (can you flush toilets)
What is your Security Status	Do you have adequate Security Resources on Site	Is your morgue functioning
Overall Morgue Capacity	Current Morgue Census	Is your Operating Room functional
Number of Patients Currently in the ED	Number of Admitted Patients	Number of Patients Holding
Number of Behavioral Health Holds	Number of Patients being Boarded	Number of Patients on Ventilators
Number of Staff Currently in Facility	Number of Visitors Currently in Facility	

Social Media Usage:

Introduction: Information sharing by the Eastern Healthcare Preparedness Coalition through the use of social media can provide improved abilities to:

1. Engage in ongoing collaborative communications with community to help better prepare them and our first responders for emergencies; and
2. Gather and analyze real time information provided by the community and first responders to better enhance the regions emergency preparedness efforts.

The following are Social Media information sharing platforms utilized by the Eastern Healthcare Preparedness Coalition.

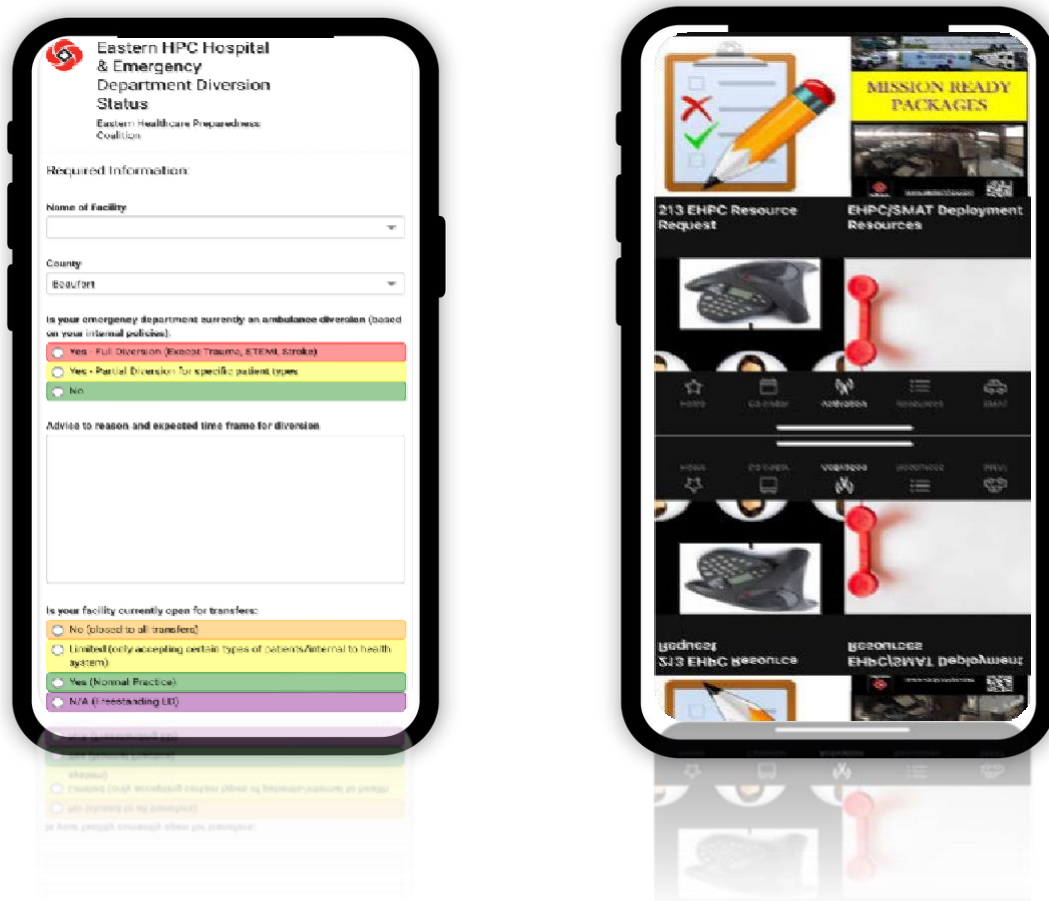
Website: EasternHPC.com

The EHPC Website is divided into four sections which cater to the four critical actors in Eastern North Carolina. The State Medical Assistance Team 100: Here team members can register for deployments, fill out deployment paperwork, keep current on trends and news, and register for any trainings or events in the region. Healthcare, Public Health, and Emergency Management: Here stakeholders are able to register to be a part of the coalition, gather resources for planning, keep current on any regional events, register for educational offerings, request resources, and understand how regional HPP funds are being allocated. A secure section contains documents, guidelines and controlled information for personnel.



Eastern HPC app

The EHPC app is one of the most powerful information sharing tools in the HCCs arsenal. The app can be thought of as a traffic director based on the need. If a facility disruption or diversion is needed, the app steers you directly to the ReadyOp forms needed. If you want to reference HCC documents, the app will steer you to the appropriate file sharing repository. References can easily be pulled up such as MRPs (Mission Resource Packages) along with live streaming. The app is also our secondary alerting platform outside of NCTERMS. This alerting process is stand alone and can be initiated from any HCC staff in the field. EEI reporting, Diversion and facility Disruption are easily completed from the app.



Stay up to date with EHPC, obtain documents and needed forms. Monthly calendar and training resources. Request assistance and receive alert notifications on our app:

Apple/iOS:

<https://apps.apple.com/us/app/eastern-hpc/id1465780397>

Android:

https://play.google.com/store/apps/details?id=com.subsplashconsulting.s_F4HMQF&hl=en_US

EHPC utilizes our app, website, YouTube, Facebook, Twitter, and Instagram to keep the coalition stakeholders and SMAT team members informed of regional events, trainings, and educational opportunities through which we can improve the overall resilience of Eastern North Carolina.

Twitter: [Twitter.com/EasternHPC](https://twitter.com/EasternHPC)

Facebook: <http://Facebook.com/EHPCSMAT100>

Instagram: [Instagram.com/EasternHPC](https://www.instagram.com/EasternHPC)

Youtube Channel: Eastern healthcare Preparedness Coalition

NC TERMS – Training & Exercise Registration Management System (Legacy system SERVNC):

OVERVIEW: SERVNC was utilized as the main communication platform to direct communications between Volunteer/Team Members and Team Administrators/Managers for information sharing requests, work details, emergency requests, response, or activations. TERMS was previously utilized for NCEM/NCOEMS statewide training course signups and a transcript history management system. SERVNC has been replaced with the addition of a Team Management module in TERMS. This will allow Team Administrators and Managers to manage aspects of NCEM and NC OEMS incident response teams. All team members will be required to add a Volunteer/Team Member profile in order to record and manage team member information. This data will be stored in the TERMS database under a Volunteer/Team Member profile and accessed when team communications are initiated for information sharing requests, work details, emergency requests, response, or activations. These two systems were merged into a centralized location to enhance cost efficient team communications, trainings, and management of team information.

PROFILE: It will be the responsibility of the Volunteer/Team Member to ensure the most up-to-date information is on file for direct communications and response activities. The system will also store and track previous/future trainings completed through the TERMS system. It is the member's responsibility to ensure all required trainings are current in the member's transcript. When it is noticed a particular certificate is missing, please complete a "Transcript Update Form", found under the Document Library tab and send the completed documentation along with a certification copy to the NCEM Training Branch (see TERMS website for specifics).

COMMUNICATIONS: The Team Administrator(s) and/or Team Manager(s) will have the capability to generate notifications to Volunteers/Team Members. This notification system will utilize the member's notification preferences under an individual's profile and deliver in their specific order. The system will allow internal email (TERMS), external email (work/personal), phone calls (landline/cell), and text messages. The system will allow for each member to respond to a phone number (POC) or enter a corresponding pre-defined response within the message.

ReadyOp

Is a secure web-based application that integrates multiple databases and a communications platform to support planning, response, and communications for agencies. ReadyOp is designed for fast, efficient access to information, as well as the ability to plan, coordinate, direct and communicate with multiple persons, groups and agencies.

If you are in need of Information System Platform Access (WebEOC or ReadyOp, please use the Information Systems Request: <https://nc.readyop.com/fs/4dBc/d280>

Additional tools in the Region

CDC/CHEMPACK Program

CDC/ASPR CHEMPACK Program in North Carolina

CHEMPACK Mission

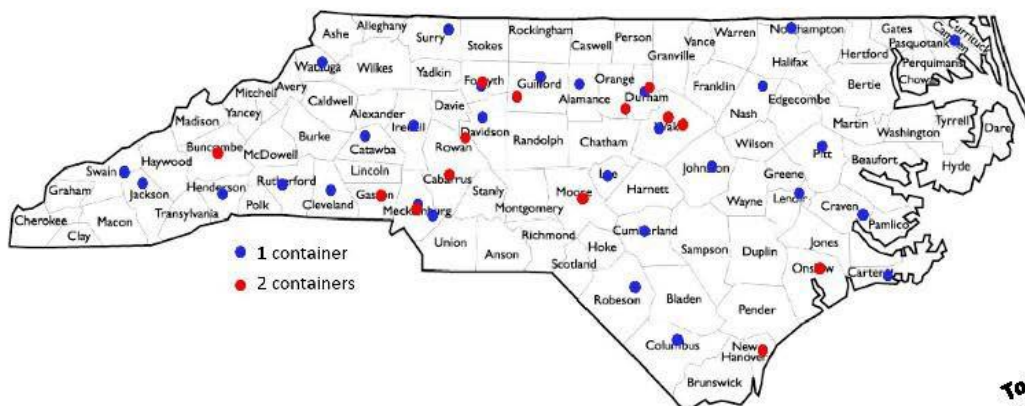
- Provide, monitor and maintain a nationwide program for the forward placement of nerve agent antidotes.
- To provide state and local governments a sustainable resource; and improve their capability to respond quickly to a nerve agent incident.

CHEMPACK Benefits

- Pre-positioned containers for faster response times during an emergency
- Extended shelf life of SNS-owned assets to save in overall costs
- Local control of critical life-saving assets to ensure assets are dispensed timely
- Federal management of product life cycle to ensure quality of products



EMS Type CHEMPACK Container 454 Person Treatment Capacity			
Product	Cases	Units per case	Total Units
Mark 1 Auto-injector	5	240	1,200
-OR-			
ATNAA Auto-injector	6	200	1,200
-OR-			
Atropen 2mg Auto-injector	9	136	1,224
Pralidoxime 300mg Auto-injector	5	240	1,200
-AND-			
Diazepam 10mg Auto-injector	2	300	600
Seizalam (Midazolam) 5mg/ml vial 10ml	1	100	100
Atropen 0.5mg Auto-injector	1	225	225
Atropen 1mg Auto-injector	1	225	225
Atropine Sulfate 0.4mg/ml vial 20ml	1	100	100
Pralidoxime 1gm inj. 20ml	1	276	276
Sterile Water 20ml vials	1	150	150



North Carolina has 57 EMS style containers housed in 43 locations

As a general rule, all NC citizens are within 50 miles of a CHEMPACK container

To learn more about CHEMPACK, Scan Me!



Weather station dashboard

During previous hurricanes, hospitals have lost commercial power and even data. In the absence of real time data feeds, hospitals have had to rely on known information to make critical decisions. EHPC works with high risk hospitals to ensure they have an accurate weather monitoring platform(s). Certain tactical decisions need up to the minute Intel on wind speeds and rain volumes. EHPC has started regional deployments of hardened weather stations at high risk facilities that do not have internal weather monitoring capabilities. If internet and voice connectivity has failed, hospital Emergency Managers can still utilize the technology locally to make critical decisions and ensure mission critical success. The stations have a dashboard and are accessible to HCC staff and others as appropriate. EHPC has a future outlook over the next four years to equip all high risk facilities (coastal and flood risk) with on-site weather monitoring independent from the internet if they do not already have equipment.

EHPC Columbia Orion Weather Regional Dashboard:

<http://ws.columbiaweather.com/Vidant/WeatherStations/>

No Log in required

EHPC CWS (Columbia Weather Station App:

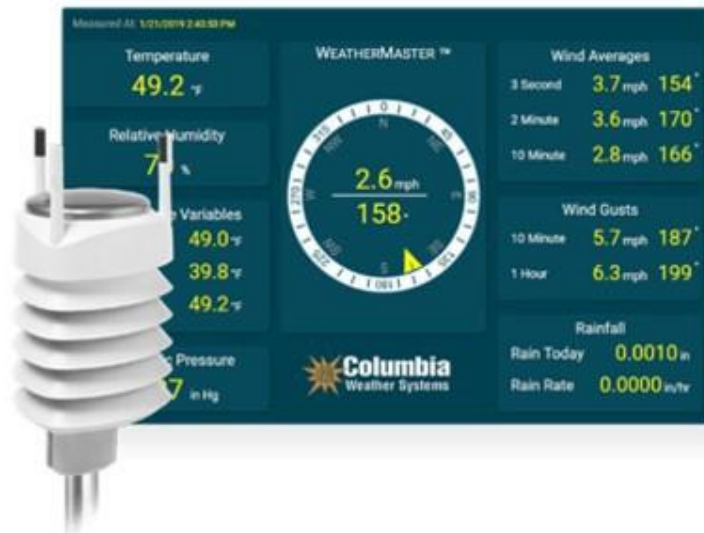
<https://columbiaweather.com/products/weather-monitoring/weather-app/>

Account name: Vidant

EHPC Weather Stations

- ECU Health Beaufort
- Onslow Memorial Hospital
- CarolinaEast Medical Center
- ECU Health Duplin

Web Dashboard:



IOS/Android App:



IOS



Google

Install the app, then enter username: Vidant

Click on the upper middle tab and select hospital. Use Main and AUX tabs in the menu.

FM Broadcast Band Public Address Capability

EHPC houses a commercial FM Broadcast transmitter that can be deployed for disaster and special purposes. This station serves as an alternative to public information sharing and can range from a small footprint (such as a drive through POD) up to covering a small town size footprint. This stations has strict rule usage in accordance with FCC PART 15 and requires special authorization for usage in most cases. Contact EHPC staff for additional information on this resource.



Amateur Radio Communication in Region (AUXCOMM)

Down East Hospital Network:

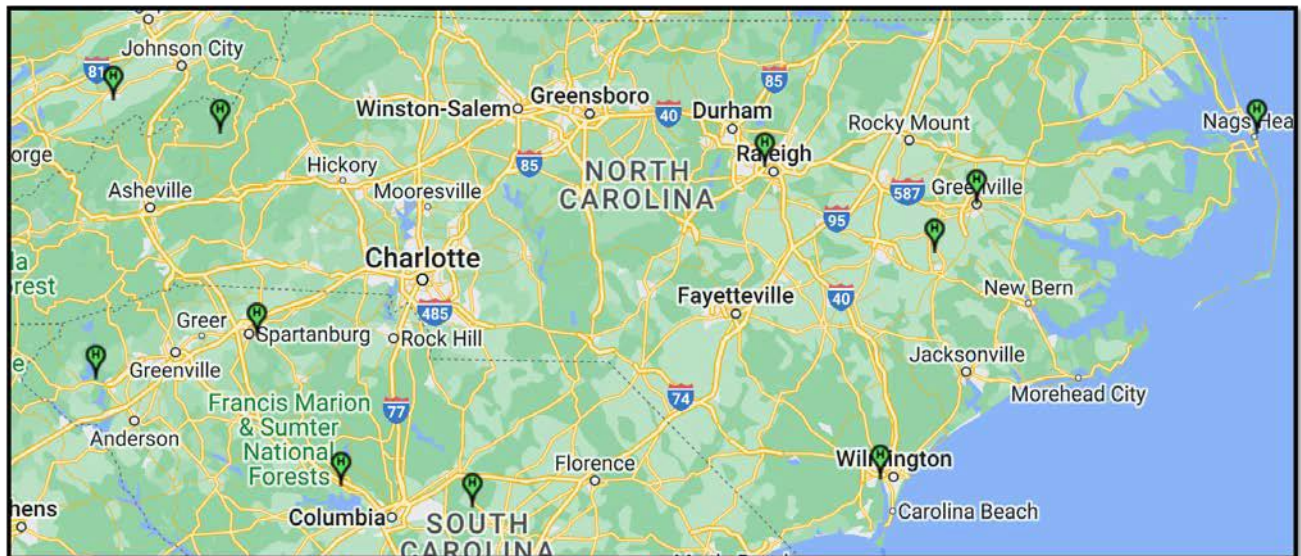
The Down East Hospital Network is comprised of UHF linked repeaters from Fountain NC to Jacksonville North Carolina. There are additional six repeaters north of US HWY 64 that are linked on demand for emergency communications.

DHS SHARES HIGH FREQUENCY NETWORK:

PACTOR 3,4 – ECU HEALTH MEDICAL CENTER, GREENVILLE NC CALLSIGN NND4NC
Frequencies are restricted. If you would like more information, please contact us.



FEMA Region SHARes RMS Gateways:

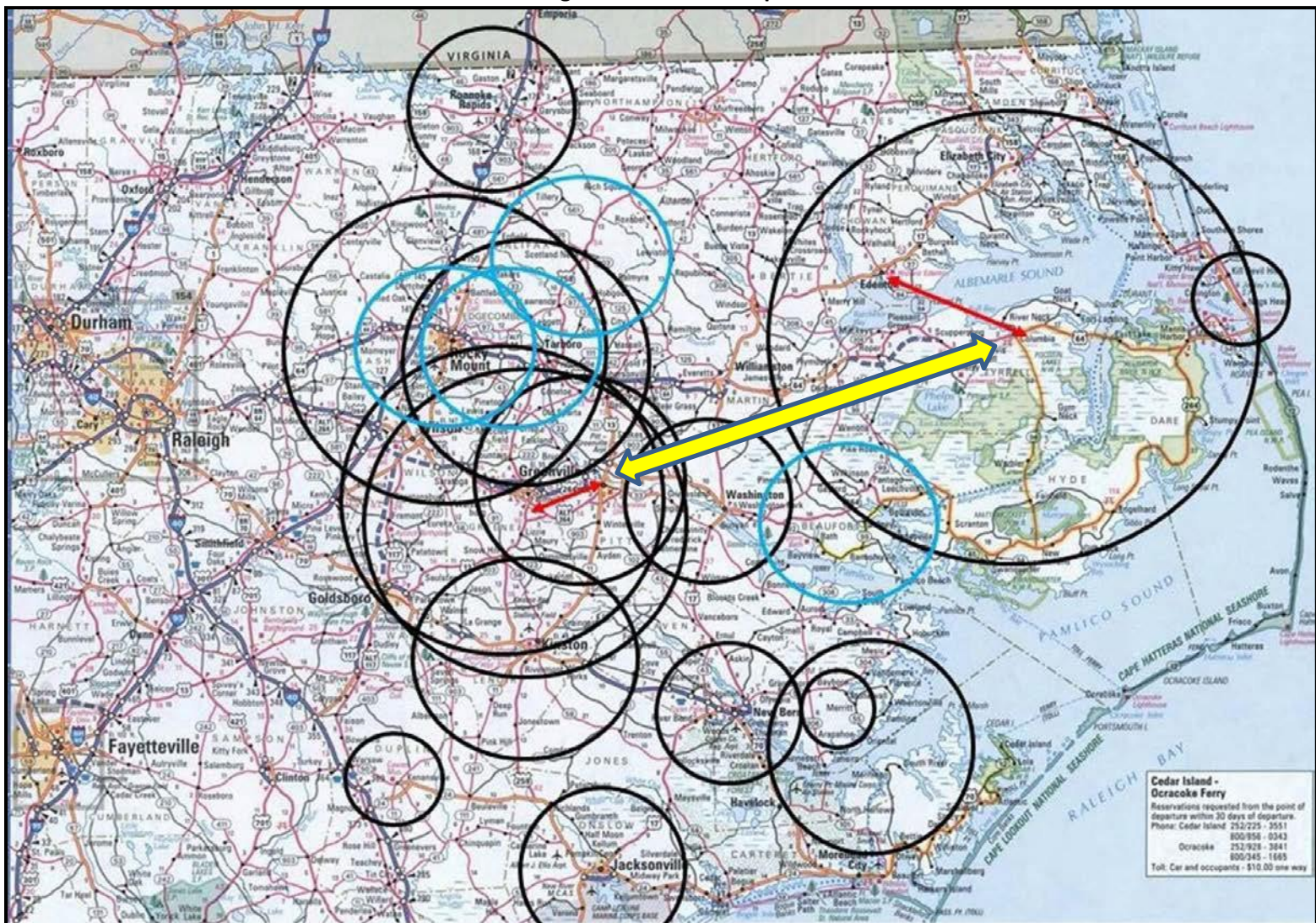


EHPC Digital Mobile Radio Network (AUXCOMM)

The Eastern Healthcare Preparedness Coalition AUXCOMM group (NC4ES) obtained a good portion of the decommissioned UHF North Carolina Medical Control Network in late 2018. The robust system consisted of high power Tait T800 II base stations along with supporting hardware. Currently, all EHPC regional hospitals have 2 meter/ 70 centimeter mobile radio go kits for disaster operations. Some hospitals have HF stations in addition to satellite telephones for communication redundancy. With the rapid growth of DMR communications, it was a natural progression to consider how to utilize a large amount of equipment in a modern way. By using a small computer and audio/data processing board, users are able to modify this older equipment to work in the newest digital TDMA (Time division Multiple Access) formats. TDMA digital communication offers numerous benefits to current practices- Double capacity from legacy modes, increased battery life, clearer communications for longer and the addition of data transfer (Text messaging). Equipment will use the preexisting DB408 antenna at each facility that was used for the NC Medical Control Network. Participation in the system is ultimately up to each facility and there is no requirement to install or use the link system.

It is the desire of the NC4ES AUXCOMM group to have a site located at every hospital in the EHPC region. If connectivity is present at the facility, the repeaters will be linked into a “Cluster” that all hospitals are associated with on a talk group. Any user keying up on the talk group will be able to communicate with all 18 hospitals in the region instantaneously. In the event of a network or data backhaul outage, the repeaters will still continue to function in a standalone format. This will ensure a local communication system is available for each local area at a minimum. While we hope that power and data remains intact at all regional healthcare facilities, it is understandable network connectivity failures do occur. In the event of complete network failure, NC ESF2 Communication Unit (FIELDCOMM) support is available to backhaul connectivity over satellite as a last resort. It is important to remember that a total loss of connectivity does not make the system inoperative, it only isolates the radio site into a “LOCAL” only coverage. Each facility will have a variety of local coverage footprints based on system elevation.

EHPC Region AUXC Radio Repeaters



Regional AUXCOMM DMR Repeater Frequency Information:**NC4ES DMR Repeater Frequencies**

Site Name	TX Freq	RX Freq	Description
FC1	927.050000	902.050000	EHPC FC1 Mobile Communications Vehicle, Color Code 1
Arapahoe	147.285000	147.885000	Arapahoe Tower, Color Code 1
Columbia	440.687500	445.687500	UNC Tower, Color Code 1
Farmville	440.575000	445.575000	UNC Tower, Color Code 1
Farmville VHF	144.920000	147.420000	UNC Tower, Color Code 1
Greenville 440	444.625000	449.625000	Brody School of Medicine, Color Code 1
Greenville 900	927.050000	902.050000	Brody School of Medicine, Color Code 1
Jacksonville	440.700000	445.700000	Onslow Memorial Hospital, Color Code 1
Kenansville	440.537500	445.537500	Vidant Duplin Hospital, Color Code 1
Kinston	443.937500	448.937500	Kinston Tower, Color Code 1
Nags Head	440.637500	445.637500	The Outer Banks Hospital, Color Code 1
New Bern	444.600000	449.600000	Carolina East Medical Center, Color Code 1
Pamlico	440.662500	445.662500	Florence/Whortonsville Fire Dept, Color Code 1
Roanoke Rapids	440.625000	445.625000	Vidant North, Color Code 1
Rocky Mount	441.812500	446.812500	Brown Tower, Color Code 1
Rocky Mount VHF	145.240000	144.640000	Brown Tower, Color Code 1
Tarboro	444.500000	449.500000	Vidant Edgecombe Hospital, Color Code 1
Washington	440.525000	445.525000	Vidant Beaufort Hospital, Color Code 1

Regional AUXCOMM Repeater Analog Frequency Information:**NC4ES Analog (Not Linked) Repeater Frequencies**

Site Name	TX Freq	RX Freq	Description
Bath, NC	442.550000	447.550000	Bath, NC (Hunters Bridge Water Tower) 100.0 Tone
Rocky Mount, NC	444.700000	449.700000	Rocky Mount, NC (Nash General Hospital) 107.2 Tone
Scotland Neck, NC	440.075000	445.075000	Scotland Neck, NC (Brown Tower) 107.2 Tone

Regional AUXCOMM DMR Talkgroup Map:**Talk Groups: NC4ES RF Repeaters**

TG#	TS 1	TS 2	Description
TG 2		X	NC4ES Cluster: Area Wide
TG 31370	X		NC TAC
TG 31373	X		Eastern NC
TG 31377	X		OBX
TG 440	X		Carolina 440 Link
TG 43277	X		NC/VA HEARS Link
TG 27501	X		Point to Multi-Point CHAT 1
TG 27502	X		Point to Multi-Point CHAT 2
TG 27503	X		Point to Multi-Point AUXCOMM
TG 27504	X		NC4ES RF Link: Linked to Allstar Node 579852
TG 27505	X		EHPC
TG 27506	X		External Network Bridge
TG 31000	X		Echo Test

HOSPITAL REPEATER COVERAGE SUMMARY

ECU Health Beaufort Hospital	DMR LINKED – WX STATION ON SITE
ECU Health North Hospital	DMR LINKED – NPS ON STANDBY
ECU Health Chowan Hospital	NOT PLANNED (IN COLUMBIA COVERAGE)
CarolinaEast Medical Center	DMR LINKED – NPS ON STANDBY
ECU Health Duplin Hospital	DMR LINKED – NPS ON STANDNBY
ECU Health Roanoke-Chowan Hospital	POSSIBLE INSTALL IN FUTURE
The Outer Banks Hospital	DMR LINKED – NPS ON STANDNBY
Sentara Albemarle Healthcare	NOT PLANNED (IN COLUMBIA COVERAGE)
ECH Health Medical Center -	DMR LINKED – NPS ON STANDNBY – SHARES RMS
ECU Health Edgecombe Hospital	DMR LINKED
UNC Wayne Healthcare	NOT PLANNED (IN FARMVILLE COVERAGE)
UNC Nash General Hospital	NOT PLANNED (IN COLUMBIA COVERAGE)
ECU Health Bertie Hospital	NOT PLANNED DUE TO HEIGHT LIMITATIONS
Rocky Mount Master Site (Brown Towers)	DMR LINKED VHF/UHF
Onslow Memorial Hospital	DMR LINKED – NPS ON STANDNBY
Farmville UNC Tower (Greene)	DMR LINKED – MED 10 ACTIVE (Tone F)
Columbia UNC Tower	DMR LINKED – INSTALLED – MED 8 OOS as of 1/7/24
EHPC FIELDCOM1	DMR LINKED – STANDBY – NPS AVAILABLE V/U/9
UNC Lenoir (Central Ave Kinston Site)	DMR LINKED

Communication Related Training Material

National Emergency Communications Plan

http://www.dhs.gov/xlibrary/assets/national_emergency_communications_plan.pdf

National Interoperability Field Operations Guide

[https://www.cisa.gov/sites/default/files/publications/NIFOG_Ver_2.0_508_version_FINAL_9_23_2021.p df](https://www.cisa.gov/sites/default/files/publications/NIFOG_Ver_2.0_508_version_FINAL_9_23_2021.pdf)

EHPC online virtual training

<https://easternhpc.com/smat/events-training/virtual-training/>

NC OEMS Email Groups & List-Servs:

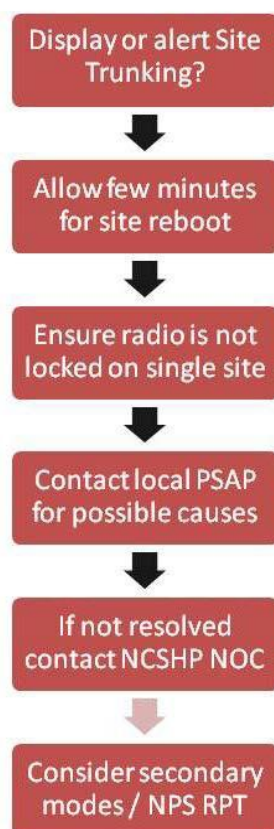
NCOEMS maintains a variety of email groups and list-servs to help ensure continuity of operations during an activation. These email addresses and list-servs hit a group of people to ensure the information is shared even when certain staff are off-duty. Primarily outgoing information is sent via ReadyOp but there are email groups and list-servs that can be utilized to share information with staff and partners:

- dhsr.ncoems.sdo@dhhs.nc.gov – this email group goes to all NC HPP Shift Duty Officers (SDOs) – anyone can send a message to this group email.
- dhsr.ems.esf8@dhhs.nc.gov – this email group goes to all NCOEMS deployable staff – anyone can send a message to this group email.
- hppsystemssupport@dhhs.nc.gov – this email group goes to the HPP Systems Support Team and can be used for system support requests (e.g. ReadyOp, WEBEOC, iCAMs etc.) – anyone can send a message to this group email.
- dhsr.oems.regional.hpp@lists.ncmail.net – this list-serv goes to all Regional Healthcare Preparedness Coalition Staff and Leadership. All NC HPP SDOs have the ability to send messages via this list-serv.
- OEMSSEOC@dhhs.nc.gov – this email group is used for any staff working at the State Emergency Operations Center during an activation

- oemssupportcell@dhhs.nc.gov– this email group is used for any staff working in the OEMS Support Cell during an activation – anyone can send a message to this group email.
- oemspatientmovement@dhhs.nc.gov– this email group is used for any staff working as part of the OEMS Patient Movement team during an activation – anyone can send a message to this group email.
- oemsstaffingsupport@dhhs.nc.gov– this email group is used for any staff working as part of the OEMS Staffing Support team during an activation – anyone can send a message to this group email.
- oemslogistics@dhhs.nc.gov – this email group is used for any staff working as part of the OEMS Logistics team during an activation – anyone can send a message to this group email.

Communication Difficulty with VIPER

General Site Trunking/Outage situation



1-888-928-4737

NOC@NCSHP.GOV

Frequently Needed Numbers

NCEOC (Emergency Operations Center)	1-800-858-0368
VIPER Network Operations Center (NOC)	1-888-928-4737
Eastern Branch Office (EBO)	252-520-4923
EHPC SMAT 24hr Contact Number	1-800-672-7828

EHPC and SMAT Contact Information

Emergency	Non-Emergency
1-800-672-7828	252-847-7628

Please note that when calling the emergency number, you will reach ECU Health EastCare (ECOM) Communications. Report to them the nature of your call and that you need to speak with someone from the State Medical Assistance Team, Disaster Services, or the Eastern Healthcare Preparedness Coalition.

COMMUNICATION QUICK REFERENCE QR LINKS



[VMN TALKGROUP BY POSITION](#)



[EHPC EEI LINK](#)



[VMN TALKGROUP BY COUNTY](#)



[MSAT USER GUIDE](#)



[VMN TALKGROUP BY FACILITY NAME](#)

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REGIONALMASSCASUALTY: regionalmasscasualty@ecuhealth.org

COMMUNICATION UNIT (COMU) EMAIL: [:SMAT100COMU@gmail.com](mailto:SMAT100COMU@gmail.com)



TLP:GREEN



TLP: Green

Limited disclosure, restricted to the community.