SPARC

SHAWNEE PREPAREDNESS AND RESPONSE COALITION

Emergency Communications Plan

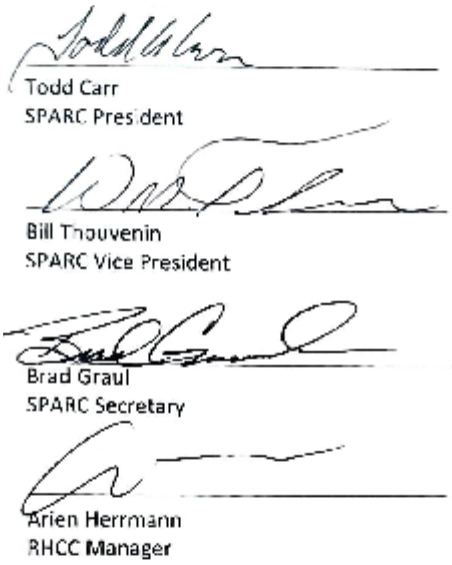
April 2024

Version 2.0

Signature Page

This Emergency Communications Plan has been reviewed and approved by the SPARC Executive Board and the coalition member organizations with authority to approve. This plan addresses the Hospital Preparedness Program (HPP) grant requirements and is compliant with the principles outlined in the National Incident Management System (NIMS); this plan relies on strong working relationships, and effective networking efforts between all coalition member organizations and partners to manage incidents.

Version 1.0 approved by the SPARC Executive Board on February 14, 2023.



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Record of Revision and Distribution

This document reflects the ongoing work and mission of the Shawnee Preparedness and Response Coalition (SPARC) regional strategies for emergency preparedness and disaster response. Proposed changes shall be reviewed and approved by the SPARC Executive Board. This document will be revised annually or as needed after exercises, planned events and real-world incidents to identify gaps and to define strategies to address gaps with a collaborative approach to regional emergency communications preparedness efforts that engages all members of SPARC.

The revised plan will be distributed electronically to each Executive Board Member. A copy of the plan will be posted for the general membership on http://www.sparccoalition.com.

Version Number	Description of Change	Date of Change	Individual Making Change
V2	Changed Plan title to Emergency Communications Plan	4/22/2024	Tamara Caffey-Bey
V2	Updated SPARC Vice President	4/22/2024	Tamara Caffey-Bey
V2	Added IEMA-OHS Region 11 & 9 Ham Radio Emergency Coordinator contacts	4/22/2024	Tamara Caffey-Bey
V2	Added SEC, DEC, EC to acronym list	4/22/2024	Tamara Caffey-Bey

Person/Title/Agency	Method of Delivery	Date

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Executive Summary

There is a lot to consider when planning, preparing for, responding to, and recovering from as a community of organizations and individuals working together during times of disaster. Communications is the key to making this work effectively. The manner in which SPARC organizations and community partners communicate will have an impact on response times and overall resiliency in the event of a natural or man-made disaster.

It is the role of SPARC to support communication methods for its regional hospitals and other facilities to exchange information during both planning and response; while addressing communication shortfalls that exist at the regional level. The ability to communicate with partner agencies to direct or take part in a coordinated response is critical. SPARC plans address the protocols, procedures, and organizational structure neccesary for healthcare entities to continue operations of essential services.

The sample PACE (Primary, Alternate, Contingency, and Emergency) Communications Chart in *Figure 1* outlines the ability to communicate with one another in the event of communication system failure(s). It represents a progression of communications methods. Refer to *Section F* for further explanation of PACE planning.

It is critical that all facilities examine communication methods as a first step in implementing and supporting the sharing of data and information across agencies and jurisdictions in an emergency. Facilities can use the sample PACE chart in *Appendix A* for communications process planning to help ensure continuity of communications between facilities within SPARC. It should be noted that one agency's PACE plan may change based on who their communications are directed to, as well as the availability of different communication systems.

It is the vision of the SPARC Planning Action Team that a completed PACE chart be shared within departments and coordinated with other departments or groups that need to communicate to continue operations.

Figure 1. Sample PACE Communications Chart

PACE COMMUNICATIONS PLAN

Primary, Alternate, Contingency, Emergency

	STAFF NOTIFICATION (This may vary by facility)	HOSPITAL TO EMS	HOSPITAL TO HOSPITAL	HOSPITAL TO RHCC	HOSPITAL TO HEALTH DEPARTMENT	HOSPITAL TO EMERGENCY MANAGEMENT
PRIMARY	Hospital Phone System/E-mail	Desk Phone/E-mail	Desk Phone/E-mail	Desk Phone/E-mail	Desk Phone/E-mail	Desk Phone/E-mail
ALTERNATE	Land Line / WPS-GETS	Cell Phones / WPS-GETS	Cell Phone / WPS-GETS	Cell Phones / WPS-GETS	Cell Phones / WPS-GETS	Cell Phones / WPS-GETS
CONTINGENCY	Cell Phone / WPS-GETS	MERCI Radio 155.340	STARCOM 21	STARCOM21	STARCOM 21	STARCOM 21
EMERGENCY	Social Media (Facebook/Twitter)	Runners	MERCI Radio 155.280 / HAM Radio	MERCI Radio 155.280 / HAM Radio	Runners	MERCI Radio 155.54

Notes:

*Staff notification may vary by facility.
*Hospital phone system may be VoIP (Voice over Internet Protocol) or Analog.
*Primary for staff notification may be a mass notification system (e.g., Groupcast).
*If calls fail to connect, try GETS/WPS first, before moving to next phase in chart.
*STARCOM21 Talk groups: EMS, EMS R5, EMS OPS 1-3, PH Marion, PUB HLTH 1-4, etc.
*MERCI Radio (150-159MHZ): Hospital to Hospital (155.280), Hospital to EMS (155.340).
*Depending on location, with MERCI Radio, you may need to have messages relayed via another hospital.
*Amateur Radio Frequency 2M=144MHZ – 148MHZ; HF=3MHZ – 30MHZ.
**Refer to *Appendix F* for SPARC Emergency Communication Capabilities and Acronyms.

I. INTRODUCTION

A. Purpose

This Plan describes the guidelines for emergency communications before, during and after an emergency situation. It will serve to establish communication priorities and systems for the Shawnee Preparedness and Response Coalition regional hospitals, healthcare facilities and other non-healthcare facilities in a disaster or a large-scale catastrophic event.

B. Scope

This plan shall be activated upon notification to the RHCC that a disaster or a large-scale catastrophic event has occurred, and facilities are affected. This plan does not supersede any member agency's plan or local jurisdiction plans. Healthcare facilities should continue to identify and summarize individual communication plans to communicate with staff and external partners.

This Plan was created to work in accordance with the Illinois Department of Public Health PACE Plan. The guiding principle will be to quickly share critical information, updating information regularly as circumstances change, and to support the continued operation of essential services within the healthcare community.

C. Situations and Assumptions

SPARC is composed of the following counties: Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Washington, Wayne, White and Williamson. The SPARC geographical area serves Randolph County[1].

The Coalition conducts a Hazard Vulnerability Assessment on an annual basis to inform planning, training and exercises. Hazard identification and analysis concludes the region is vulnerable to a number of hazards that may require communications support. Despite damaged infrastructure, personal risks, inadequate communications, limited resources, and lack of information, the healthcare community must provide care to a large number of casualties, within a short timeframe.

Within the SPARC region, the means to communicate among organizations participating in an emergency response, including hospitals and local, state and federal agencies are high and low band radios, Radio Amateur Civil Emergency Services, Amateur Radio Emergency Services, telephone, cellular phones, STARCOM21, Health Alert Network (HAN)/SIREN, E-mail, fax, and other internet methods.

[1] Although in IEMA Region 11, Randolph County is primarily served by the Hope Coalition. In the event of a disaster, medical, or public health emergency, SPARC will coordinate response activities with the Hope Coalition to support Randolph County ensuring resources and assistance are available when needed.

Assumptions and Limitations

1. Communication equipment and access may vary greatly among the SPARC member organizations.
2. Many systems utilized by the SPARC organizations require internet/phone system.
3. Day-to-day communication may be severely interrupted during the early phases of an emergency or disaster.
4. Each SPARC member organization is responsible for communication within their own facility; ensuring they have the appropriate means of communication available.
5. SPARC member organizations are expected to participate in communication testing and drills.

II. CONCEPT OF OPERATIONS

A. General

All disasters are managed locally. When an incident occurs resulting in a significant impact to the region's communication technologies and infrastructure is expected or has occurred, local resources may become overwhelmed. A tiered system approach is used, moving from local, to county, to the region, to the state, and the federal level in order to secure needed resources.

B. Activation

The decision to activate this plan will be determined at the discretion of the RHCC, in consultation with the SPARC Executive Board President. At that time, situational awareness updates may be requested via a communication method outlined in *Section E* of this Plan.

C. Triggers

Triggers to activate of this plan include:

1. When a significant impact to the communication infrastructure is expected or has occurred.
2. Hospitals have activated their internal communication plans.

D. Notifications

1. The RHCC will provide initial notification of an actual or potential event to the IDPH Duty Officer, IEMA-OHS Duty Officer, SPARC Executive Board, and the coalition membership of this Plan's activation.
2. All SPARC members have access to and have shared the necessary landline telephone and/or cellular telephone and email contact information for inclusion on the SPARC contact information roster. Any member of the Coalition that becomes aware that a communications emergency exists, should contact the RHCC.
3. Depending on the disaster and the time of day, individual hospital notification of an incident will come through the Sheriff's dispatcher, local EMS, local EMA, other hospitals or IDPH via telephone, E-mail, or the Health Alert Network (HAN)/SIREN.

When reporting an incident, the message should include:

- Location of the disaster or event
- Type and extent of the situation
- Hazardous materials involvement
- Approximate number of victims involved
- Contact information
- Resources needed

4. Regardless of how the notification is received, when an incident is identified and an individual hospital in the SPARC region is in need of assistance and/or supplies they shall follow the RFMR process as outlined in the ESF-8 Plan and below. The RHCC has a very limited supply of STARCOM21 radios. In the event that the RHCC is not able to fulfill a member's request for communication assets, the request will have to be routed up to IEMA-OHS or ILEAS for further assistance.

Diagram 1: Request for Medical Resources

Local Hospital affected by disaster ⟶ Contacts Resource Hospital ⟶ If the Resource Hospital is unable to meet the needs ⟶ Contacts the RHCC. If the need is not met at this level, the RHCC will communicate this to the Resource Hospital, who will then communicate this information back to the local hospital affected by disaster. ⟶ The Local Hospital will then contact their local jurisdictional Health Department, who will then forward the request to the local EMA/ESDA, depending on the need.

E. Information Systems and Platforms

The ability to communicate between healthcare facilities within the same areas and throughout the entire SPARC region will be critical. Interoperable communication strategies have been developed and purchased to allow healthcare facilities', and the Coalition to communicate with each other and each facility's local and/or county EOC, as applicable.

Multiple communication systems are the backbone of the Coalition and the RHCC. SPARC partners have implemented a number of communication systems to aid in their emergency response operations. Normal communication methods should be used, if available. These methods include land line telephones, cellular phones, and computer systems including the Health Alert Network (HAN)/SIREN. In the event of a natural or man-made disaster and normal communication methods are not available, additional communication methods to be used include, but are not limited to the following when possible:

MERCI Radio System	Hospital to Hospital (155.280) Hospital to EMS (155.340)
STARCOM21: Local Health Departments|IDPH IMERT Local Blood Services ARC Disaster and Recovery Operation Group RHCCs and Local Hospitals	Talk groups: **Zone A** PH Marion, PUB HLTH 1-4 IMERT EMS R5 or EMS RED CROSS Talk groups: **Zone B** EMS, EMS R5, EMS OPS 1-3 (new)
Amateur Radio Frequency Amateur Radio Organizations	(HF 3.905) (VHF 146.520) (AUXCOMM and/or ARES) Refer to *Appendix B*

IEMA-OHS / local EMA may designate specific control frequencies, talk groups, and/or communication systems, restrict access to specific control frequencies during disaster operations, and designate procedures for voice communications using the states STARCOM21 radio system in accordance with the local EMA plan. For the STARCOM21 Templates, refer to *Appendix C.*

F. Communications Continuity

To help strengthen emergency communications and response capabilities across the SPARC region, an assessment was sent out to the hospitals, LHDs, EMS and EMAs. The assessment helped to identify emergency communication activities, issues, gaps and constraints across the region. Refer to *Appendix D* for further details.

During a disaster, communications can be crippled. Most modern forms of communication require technology that is reliant on the internet, power or other critical forms of infrastructure. When those day-to-day systems fail, alternative means of communication need to be in place. ***P**rimary, **A**lternate, **C**ontingency, **E**mergency (PACE)* is a form of critical communications planning. It outlines what, when and how information will be shared with key partners and define the threshold for moving between them.

Primary Communication Modes – Day to day operating system or systems

Alternate Communication Modes – Secondary operating mode if the primary is not available or goes down

Contingency Communication Modes – Third option if the Primary and Alternate are not available

Emergency Communication Modes – All other systems are unavailable

The Coalition relies primarily upon phone communications when available. However, in the event of a natural or man-made disaster, cell phone communication may become saturated with users and become largely unavailable for an undetermined amount of time. At this time, other communication systems may be utilized in order to keep up with the demand and become the key connection for key decision makers at dispatch centers or command centers.

Each individual facility should consider how they will communicate issues such as transportation, patient care, staff, equipment, and other critical information. In addition to traditional modes such as land-based telephones, cell phones, faxes, and email, facilities should consider other means of communication that do not require internet access such as amateur radio system (HAM) or GETS/WPS (refer to *Appendix F*) as part of their facility's emergency communication.

- Hospitals and other health care facilities may consider establishing an agreement with a licensed HAM radio operator to run the radio for the facility during an emergency or disaster where all other communications methods have failed.

If communities need additional assistance, a new pilot technical assistance program is available for rural communities. O-RAP Rural Emergency Communications Operational Rapid Assistance Package examines communications barriers and identifies solutions that enhance existing emergency communications infrastructure to improve the delivery of rural medical care. For further details contact REMCDP@commscollabcenter.com.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Communications are vital to obtaining resources and services in an emergency situation and requires coordination across the SPARC membership. This section outlines the roles and responsibilities assigned to SPARC member organizations and partners to ensure activities are performed in an efficient and effective manner to support response and recovery. Communication incidents and requirements are handled in accordance with the National Incident Management System (NIMS). The organization and assignment of responsibilities may differ depending on the type and scope of the event and the necessary response.

PRIMARY Organization	**Roles and Responsibilities**
Shawnee Preparedness and Response Coalition (SPARC)	• Serves as a multi-agency coordinating group in disaster operations; • A hub for communication and coordination during disasters and public health emergencies to support its members and jurisdictions.
State Agencies	**Roles and Responsibilities**
Illinois Department of Public Health (IDPH)	• Primary agency for health & medical services.

Illinois Emergency Management Agency - Office of Homeland Security (IEMA-OHS)	• Coordinate resources necessary to respond to an incident that impacts the communications infrastructure; • Conduct periodic maintenance and equipment systems checks on all communications equipment.
Illinois Law Enforcement Alarm System (ILEAS)	• Provide appropriate communication resources, including radio communication systems to support incident response operations.
Support Agencies/Facilities/Organizations	**Roles and Responsibilities**
Regional Hospital Coordination Center (RHCC)	• Lead hospital and primary contact for communication and coordination of emergency response activities in the PHMSRR and/or EMS region; • The RHCC will remain in a communication mode, appropriate to the situation, for the duration of the incident, as well as after, to ensure transparency throughout the process; • Responsible for coordinating health and medical emergency response for hospitals in its region; • Responsible for disseminating accurate, timely information about the incident; • Functions as the central information source on regional hospital facilities status;
Resource, Associate and Participating Hospitals	• The Resource Hospital has the authority and responsibility for its EMS systems as outlined in the IDPH-approved EMS system program plans; • Responsible for maintaining current means of communication with local jurisdictional EMA, LHDs and other local response partners.
Emergency Medical Services (EMS)	• Provide ongoing situational awareness of medical disaster or emergency response to RHCC/designee and to the receiving health care facility.
Local Health Departments (LHD)	• ESF-8 lead in its local jurisdiction
Emergency Management Agency (EMA)	• County EMAs have communications equipment that may be available. emergency.

Public Information Officer (PIO)	• Responsible for media contact and public information activities, including social media monitoring, rumor control, and emergency response and recovery information; • He or she will work with the hospital IC to finalize internal and external comments related to the emergency to ensure accuracy and consistency of all messages.
External Agencies	• May be called upon in a support role to provide communication assets.
Adjunct Agencies	**Roles and Responsibilities**
ARES/AUXCOMM	• Use amateur radio communications equipment to provide communications support between counties and emergency management personnel and other potential services.

IV. DIRECTION AND CONTROL

Local emergencies are the responsibility of local government. Within Illinois, the overall authority for direction and control of the response to an emergency medical incident rests with the Governor. The State Emergency Operations Center (EOC) is the strategic direction and control point for Illinois response to an emergency medical incident.

V. SUCCESSION OF COMMAND

Direction of various organizations, command structures, line of authority and information dissemination will comply with the operational concepts provided under and in support of the National Incident Management System (NIMS), the Unified Incident Command System (UCS) and Incident Command System (ICS) principles.

VI. READINESS

A. Drills and Exercises

The Coalition plans and practices for typical scenarios and a variety of magnitudes of events. Platforms are tested through reoccurring drills. Each hospital maintains a STARCOM21 radio for immediate use during an event.

- STARCOM21 drills are carried out on the 3rd Tuesday of the month at 10:00 am with all 22 hospitals in the SPARC region.
- IEMA-OHS Region 11 drills are carried out on the 1st Tuesday of the month at 10:30 am.

B. Equipment Testing and Maintenance

The RHCC has certain capabilities and resources that are available to SPARC members. All communication equipment is catalogued and inventoried, and it is the responsibility of each

hospital to do regular maintenance checks. This is done by monthly testing, preventive maintenance, and drills.

C. Training and Education

- Training opportunities are available if there is a need to train coalition members to effectively use notification systems or communication assets.
    - ARES training is every Sunday at 8:15 pm.
    - HAM radio license course – TBD.
- Hospital and Healthcare members can refer to the following actions listed below to achieve individual facility emergency communications preparedness:
    - Pre-emergency check list
        - ✓ Training in communication techniques will be provided
        - ✓ Each hospital will be responsible to have available at a minimum one licensed amateur radio operator
        - ✓ Primary and back-up communication equipment are maintained in ready condition
        - ✓ Radio checks between all hospitals in SPARC on STARCOM21 Radio will be done monthly
    - Response check list
        - ✓ Notify key officials (EMA, Health Department, RHCC Hospital)
        - ✓ Communication links will be established between Participating Hospitals, Resource Hospitals and the RHCC Hospital and other response agencies
        - ✓ Communication between hospitals will be by telephone, computer networks or radio

D. Communications Plan Testing and Maintenance

This Plan and the various applications for disseminating information will be tested on an annual basis to ensure functionality and ensure that Coalition members and response partners are aware of emergency notification methods and individual roles and responsibilities should this Plan be activated.

- Facilities are expected to test their Communications Plans annually.
- The Emergency Communications Plan is a living document and subject to regular review and updating including:
    - HAN/SIREN in emergency messaging delivery methods (equipment, software, etc.)
    - Key contacts
    - Additional supporting documents (templates, checklists, etc.).

VII. DEMOBILIZATION

The Hospital IC will determine when a disaster or emergency has concluded, and regular communications have been restored. Organizations will continue to monitor applicable platform until event concludes.

VIII. APPENDICES

Appendix A – Blank PACE Chart
Appendix B – ARES/AUXCOMM Chart
Appendix C – STARCOM21 Templates
Appendix D – Emergency Communications Preparedness Assessment
Appendix E – Plans and Resources
Appendix F – SPARC Communication Capabilities and Acronyms

Appendix A – Blank PACE Chart

PACE COMMUNICATIONS PLAN

Primary, Alternate, Contingency, Emergency

PRIMARY						
ALTERNATE						
CONTINGENCY						
EMERGENCY						

Appendix B – ARES/AUXCOMM

ARES/AUXCOMM		
Frequency	**Use**	**Settings**
HF		
3.908MHz	ARES Dist 11 Voice	USB
3.591MHz	IL ARES data gateway	USB
3.570MHz	IL ARES data simplex	USB
3.538MHz	IL ARES CW (Morse Code)	
VHF		
146.580MHz	ARES Dist 11 Inter-county simplex	No PL
147.090MHz	ARES Dist 11 repeater* Ava IL	PL88.5 +0.6MHz
146.880MHz	ARES Dist 11 repeater* Herod IL	PL88.5 -0.6MHz
147.135MHz	Mt Vernon repeater	PL88.5 +0.6MHz
	*The Dist 11 repeaters are linked together	

Appendix C – STARCOM21 (New) Template

REVISED 4-28-2022

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

STARCOM-21 Template

IDPH LHD/Partner Agency Radios ONLY

Zone	IDPH A	IDPH B	CALLING	INCIDENT A	INCIDENT B	RESERVE A	SECURE A	SECURE B	NWS
Channel									
1	IDPH	IDPH	IL-CALL	IL-INC A1	IL-INC B1	IL-RSV 1	IL-SEC A1	IL-SEC B1	NWS-CHI
2	PH RKFRD	EMS	ILEAS	IL-INC A2	IL-INC B2	IL-RSV 2	IL-SEC A2	IL-SEC B2	NWS-QUAD
3	PH PEORIA	EMS R1	MABAS	IL-INC A3	IL-INC B3	IL-RSV 3	IL-SEC A3	IL-SEC B3	NWS-LINC
4	PH SPGRFLD	EMS R2	IDPH	IL-INC A4	IL-INC B4	IL-RSV 4	IL-SEC A4	IL-SEC B4	NWS-STL
5	PH EDWRDS	EMS R3	IPWMAN	IL-INC A5	IL-INC B5	IL-RSV 5	IL-SEC A5	IL-SEC B5	NWS-PDK
6	PH MARION	EMS R4	EMA	IL-INC A6	IL-INC B6	IL-RSV 6	IL-SEC A6	IL-SEC B6	NWS-MKE
7	PH CHMPGN	EMS R5	IL-RGN 2	IL-INC A7	IL-INC B7	IL-RSV 7	Reserved	IL-SEC B7	NWS-SW
8	PH BLLWD	EMS R6	IL-RGN 3	IL-INC A8	IL-INC B8	IL-RSV 8	Reserved	IL-SEC B8	Reserved
9	PH W.CHI	EMS R7	IL-RGN 4	IL-INC A9	IL-INC B9	IL-RSV 9	Reserved	IL-SEC B9	Reserved
10	PH CHI	EMS R8	IL-RGN 6	IL-INC A10	IL-INC B10	IL-RSV 10	Reserved	IL-SEC B10	Reserved
11	PUB HLTH 1	EMS R9	IL-RGN 7	IL-INC A11	IL-INC B11	IL-RSV 11	Reserved	IL-SEC B11	Reserved
12	PUB HLTH 2	EMS R10	IL-RGN 8	IL-INC A12	IL-INC B12	IL-RSV 12	Reserved	IL-SEC B12	Reserved
13	PUB HLTH 3	EMS R11	IL-RGN 9	IL-INC A13	IL-INC B13	IL-RSV 13	IL-SECEMA13	IL-SEC B13	Reserved
14	PUB HLTH 4	EMS Ops 1	IL-RGN11	IL-INC A14	IL-INC B14	IL-RSV 14	IL-SECEMA14	IL-SEC B14	Reserved
15	IMERT	EMS Ops 2	IL-102A	IL-INC A15	IL-INC B15	IL-RSV 15	IL-SECDOT15	IL-SEC B15	Reserved
16	REDCROSS	EMS Ops 3	IL-102B	IL-INC A16	IL-INC B16	IL-RSV 16	IL-SECDOT16	IL-SEC B16	Reserved

Conventional Analog Conventional P25 Digital P25 Secure

Page 1 of 2

STARCOM-21 Template

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH LHD/Partner Agency Radios ONLY

Zone	ITTF - BA	ITTF - BB	SWIT-BC	SWIT-BD	SWIT-BE	SWIT-BF	SWIT-BG	SWIT-BH	SWIT-BI	SWIT-BJ	SWIT-BY	ITTF - BZ
Channel												
1	IESMA	RGN 2A	8CALL90D	7CALL50D	7MOB59D	7CALL70D	7MOB79D	7FTAC1D	7MTAC9D	7AG58D	7MOB59DE	SECURE 1
2	ILEAS	RGN 2B	8TAC91D	7TAC51D	7DATA69D	7TAC71D	7DATA89D	7FTAC2D	A7-US-01D	7AG60D	7MOB79DE	SECURE 2
3	MABAS	RGN 3A	8TAC92D	7TAC52D	7LAW61D	7TAC72D	7LAW81D	7FTAC3D	A7-US-02D	7AG67D	Reserved	SECURE 3
4	Pub Hlth	RGN 3B	8TAC93D	7TAC53D	7LAW62D	7TAC73D	7LAW82D	7GTAC4D	A7-US-03D	7AG68D	Reserved	SECURE 4
5	IPWMAN	RGN 4A	8TAC94D	7TAC54D	7FIRE63D	7TAC74D	7FIRE83D	7GTAC5D	7MTAC9	7AG78D	7FIRE83DE	SECURE 5
6	Incidnt1	RGN 4B	8CALL90	7TAC55D	7FIRE64D	7TAC75D	7FIRE84D	7LTAC6D	A7-US-01	7AG80D	7FIRE84DE	SECURE 6
7	Incidnt2	RGN 6A	8TAC91	7TAC56D	7MED65D	7TAC76D	7MED86D	7LTAC7D	A7-US-02	7AG85D	7MED86DE	SECURE 7
8	Incidnt3	RGN 6B	8TAC92	7GTAC57D	7MED66D	7GTAC77D	7MED87D	7LTAC8D	A7-US-03	7AG88D	7MED87DE	SECURE 8
9	Incidnt4	RGN 7A	8TAC93	7CALL50	7MOB59	7CALL70	7MOB79	7FTAC1	7-US-01D	7AG58	7MOB59E	Reserved
10	Incidnt5	RGN 7B	8TAC94	7TAC51	7DATA69	7TAC71	7DATA89	7FTAC2	7-US-02D	7AG60	7MOB79E	Reserved
11	North A	RGN 8A	Reserved	7TAC52	7LAW61	7TAC72	7LAW81	7FTAC3	7-US-03D	7AG67	Reserved	Reserved
12	North B	RGN 8B	Reserved	7TAC53	7LAW62	7TAC73	7LAW82	7GTAC4	7-US-01	7AG68	Reserved	Reserved
13	Center A	RGN 9A	Reserved	7TAC54	7FIRE63	7TAC74	7FIRE83	7GTAC5	7-US-02	7AG78	7FIRE83E	SECEMA 1
14	Center B	RGN 9B	Reserved	7TAC55	7FIRE64	7TAC75	7FIRE84	7LTAC6	7-US-03	7AG80	7FIRE84E	SECEMA 2
15	South A	RGN 11A	Reserved	7TAC56	7MED65	7TAC76	7MED86	7LTAC7	Reserved	7AG85	7MED86E	SECDOT 1
16	South B	RGN 11B	Reserved	7GTAC57	7MED66	7GTAC77	7MED87	7LTAC8	Reserved	7AG88	7MED87E	SECDOT 2

Conventional Analog | Conventional P25 Digital | P25 Secure

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STARCOM 21 (OLD) TEMPLATE

REVISED 2-11-2021

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

STARCOM-21 Template

Health Department and Partner Agency Radio's

	IDPH TALKGROUPS		IEMA		ANSI NATIONAL STANDARD TEMPLATE					ANALOG LOW POWER		Analog Air-Ground	ANSI NATIONAL SECURE	IEMA SECURE
Zone	A	B	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BY	BZ
1	PUB HLTH	PUB HLTH	IESMA	RGN 2A	8CAL-90D	7 CAL 50D	7 MOB 59D	7 CAL 70D	7 MOB 79D	7FTAC1D	7MTAC9D	7AG58D	7MOB59DE	SECURE 1
2	EMS	EMS	ILEAS	RGN 2B	8TAC-91D	7 TAC 51D	7 MOB 59D	7 TAC 71D	7 MOB 79D	7FTAC2D	7NTAC10D	7AG60D	7MOB79DE	SECURE 2
3	IMERT1	IMERT1	MABAS	RGN 3A	8TAC-92D	7 TAC 52D	7 LAW 61D	7 TAC 72D	7 LAW 81D	7FTAC3D	7NTAC11D	7AG67D	BLANK	SECURE 3
4	REDCROSS	REDCROSS	PUB HLTH	RGN 3B	8TAC-93D	7 TAC 53D	7 LAW 62D	7 TAC 73D	7 LAW 82D	7GTAC4D	7NTAC12D	7AG68D	BLANK	SECURE 4
5	PH RKFRD	EMS R1	IPWMAN	RGN 4A	8TAC-94D	7 TAC 54D	7 FIRE 63D	7 TAC 74D	7 FIRE 83D	7GTAC5D	7MTAC9	7AG78D	BLANK	SECURE 5
6	PH PEORIA	EMS R2	Incident 1	RGN 4B	8CAL-90	7 TAC 55D	7 FIRE 64D	7 TAC 75D	7 FIRE 84D	7LTAC6D	7NTAC10	7AG80D	BLANK	SECURE 6
7	PH SPGFLD	EMS R3	Incident 2	RGN 6A	8TAC-91	7 TAC 56D	7 MED 65D	7 TAC 76D	7 MED 86D	7LTAC7D	7NTAC11	7AG85D	7MED86DE	SECURE 7
8	PH EDWRS	EMS R4	Incident 3	RGN 6B	8TAC-92	7GTAC 57D	7 MED 66D	7GTAC 77D	7 MED 87D	7LTAC8D	7NTAC12	7AG88D	7MED57DE	SECURE 8
9	PH MARION	EMS R5	Incident 4	RGN 7A	8TAC-93	7 CAL 50	7 MOB 59	7 CAL 70	7 MOB 79	7FTAC1		7AG58	7MOB59E	BLANK
10	PH CHMPGN	EMS R6	Incident 5	RGN 7B	8TAC-94	7 TAC 51	7 MOB 59	7 TAC 71	7 MOB 79	7FTAC2		7AG60	7MOB79E	BLANK
11	PH BLLWD	EMS R7	North A	RGN 8A		7 TAC 52	7 LAW 61	7 TAC 72	7 LAW 81	7FTAC3		7AG67	BLANK	BLANK
12	PH WCHCGO	EMS R8	North B	RGN 8B		7 TAC 53	7 LAW 62	7 TAC 73	7 LAW 82	7GTAC4		7AG68	BLANK	BLANK
13	PH CHCGO	EMS R9	Center A	RGN 9A		7 TAC 54	7 FIRE 63	7 TAC 74	7 FIRE 83	7GTAC5		7AG78	BLANK	SECEMA 1
14	PUB HLTH 1	EMS R10	Center B	RGN 9B		7 TAC 55	7 FIRE 64	7 TAC 75	7 FIRE 84	7LTAC6		7AG80	BLANK	SECEMA 2
15	PUB HLTH 2	EMS R11	South A	RGN 11A		7 TAC 56	7 MED 65	7 TAC 76	7 MED 86	7LTAC7		7AG85	7MED86E	SECDOT 1
16	PUB HLTH 3	PUB HLTH 4	South B	RGN 11B		7GTAC 57	7 MED 66	7GTAC 77	7 MED 87	7LTAC8		7AG88	7MED87E	SECDOT 2

ALWAYS SECURE (ADP)	*ALWAYS SECURE (AES256)*

800 Calling	700 Calling	General Tacitcal	Mobile Repeater - Digital	Nationwide Law Enforcement	Nationwide Fire	Nationwide Medical	Nationwide Air to Ground

Appendix D – Emergency Communications Preparedness Assessment

SPARC Healthcare Organizations – Region V
Emergency Communication Preparedness Assessment

Directions: Use the checklist below to assess your facility's emergency communication preparedness. Please complete and return by: September 20, 2022.
Tamara.Caffey-Bey@sih.net

Hospital/Facility Name:	
Name/Title of Person Completing Assessment:	
Date:	Phone:
Email:	

Structure for Planning and Decision Making

Part 1: Please answer *Yes or No (check one).*

1. Emergency Communications planning has been incorporated into disaster planning and exercises for your facility? ☐ Yes ☐ No
2. Does your facility have a FCC license? ☐ Yes ☐ No. If yes, what is the license number? _____ What is the expiration date? _____
3. Does your facility have a GETS (Government Emergency Telecommunication Service) Administrator? ☐ Yes ☐ No. If yes, who is the administrator? _____
4. Redundant communication system is in place in the event that the primary system fails or is not available? ☐ Yes ☐ No
5. Is amateur radio system (HAM) part of your facility's emergency communication? ☐ Yes ☐ No. If yes, what kind of HAM radios do you have? 2Meter (144MHZ-148MHZ) and/or High frequency HF (3MHZ-30MHZ). Circle answer(s). Do you have an agreement with a licensed HAM radio operator to run the radio for your facility? ☐ Yes ☐ No. Do you know what frequency you're supposed to be on to communicate with others? ☐ Yes ☐ No
6. Does your facility have an alternate plan for when access to information channels becomes challenging? ☐ Yes ☐ No
7. Facility's communication protocols and channels documented? ☐ Yes ☐ No
8. Access to portable hand-held radios (walkie-talkie)? ☐ Yes ☐ No
9. Command uses STARCOM 21 and/or 150-159MHZ radios for communication with local agencies? ☐ Yes ☐ No. If yes, please circle type of radio used.
10. Multiple direct dial (not VOIP) phone lines? ☐ Yes ☐ No. If yes, are they separate for incoming and outgoing calls? ☐ Yes ☐ No
11. If all technology-based communication fail, staff members who will serve as 'runners' have been identified? ☐ Yes ☐ No
12. Does your facility use social media (Facebook, Twitter, Special apps, such as NIXLE) to communicate with the community? ☐ Yes ☐ No
13. Is your facility familiar with the IDPH Office of Preparedness and Response PACE (Primary, Alternate, Contingency, Emergency) Communications Plan? ☐ Yes ☐ No

Part 2: Please fill in the grid below. How does your facility communicate with staff and relevant partners in an emergency (i.e., landline, cell phone, STARCOM...)

Means of Communication				
Contact	Primary	Alternate	Contingency	Emergency
Staff				
Other Hospitals				
Emergency Medical Services				
Local Emergency Management Agency				
Local Health Departments				
Regional Hospital Coordinating Center				
Illinois Department of Public Health				
Illinois Emergency Management Agency				

Appendix E – Plans and Resources

Regional

- SPARC Regional Response and Recovery Plan

State

- Illinois Department of Public Health PACE Plan
- Illinois Statewide Communication Interoperability Plan (SCIP) – September 2016

Federal

- Emergency Support Function #2 – Communications Annex – September 2021

Appendix F– SPARC Communication Capabilities and Acronyms

The following is an inventory of communication capabilities for routine and emergency communications. Most events will not require the activation or employment of every communication method listed below:

Electronic Mail
SPARC member organizations currently utilizes Microsoft Outlook (e-mail) for normal day-to day communication: however, e-mail may be limited during a disaster or public health emergency event dependent on the size and scale of the event.

Health Alert Network (HAN)/State of Illinois Rapid Electronic Notification (SIREN)
Utilized to provide alert messages during normal day-to-day events; also can be utilized to provide health and medical information and updates during health and medical emergency events.

Health Alert Network (HAN/SIREN) information groups have been developed for the following agencies and disciplines for information dissemination:

- IDPH
- LHDs
- RHCCs
- Hospitals and hospital laboratories
- EMS systems
- Long-term care facilities
- Rural health centers
- Medical response teams
- State response agencies
- Blood banks
- Public Information Officers

HAN/SIREN messages can be sent to a particular group, any combination of groups or all groups dependent upon the message being sent.

State Wide Radio System
Statewide P-25, Trunked, radio network has been adopted as the primary state wireless communications network and by all state agencies and health community partners. Many county and local agencies have also adopted the use of STARCOM21. During any event the necessary radio nets will be initiated in order to support voice communications need for the healthcare community to provide notification and coordinate emergency response efforts. IDPH has developed a talk group configuration to allow for health community partners to communicate during all levels of incidents. Talk groups have been developed for the following entities:

- LHDs

- RHCCs and local hospitals
- IMERT
- Local blood services and ARC Disaster and Recovery Operation Group

GETS – Government Emergency Telecommunications Service
The Government Emergency Telecommunications Service is a White House directed emergency phone service provided by the National Communications System (NCS) in the Office of Cybersecurity and Communications Division, National Protection and Programs Directorate, Department of Homeland Security. GETS provides emergency access and priority processing in the local and long distance segments of the Public Switched Telephone network (PSTN). It is intended to be used in an emergency or crisis situation when the PSTN is congested and the probability of completing a call over normal or other alternate telecommunication means has significantly decreased.

WPS - Wireless Priority Services
Wireless Priority Services is a priority calling capability that greatly increases the probability of call completion during a national security and emergency preparedness (NS/EP) event while using their cellular phone. To make a WPS call, the user must first have the WPS feature added to their cellular service. Once established, the caller can dial *272 plus the destination telephone number to place an emergency wireless call.

NOTE: *WPS and GETS are requested through a secure on-line system. Before service can be requested, participating organizations must establish a Point of Contact (POC) account. The GETS/WPS POC serves as each organization's program administrator.*

Once an organization has an established POC, they can request GETS and WPS. The NCS recommends that each WPS user also have a GETS card.

Medical Emergency Radio Communications of Illinois (MERCI)
Medical Emergency Radio Communications of Illinois (MERCI) is a network of frequencies established to allow traffic for mobile-to-mobile, mobile-to-hospital, and hospital-to-hospital HAN/SIREN designated by IDPH.

MERCI allows ambulances throughout the state to communicate with hospital emergency departments and facilitates communications between hospitals on a point-to-point basis.

HAM or Satellite radio
In the event STARCOM21 radios or MERCI are inoperable, HAM or satellite radios may be used by LHDs, hospitals, or other emergency response agencies as a communication network for emergency purposes. Operations are voluntary and IDPH does not take an active role in coordination of these radios or networks. IEMA-OHS, through the Radio Amateur Civil Emergency Services (RACES) network group, provides the direction and support for these networks.

ARES/AUXCOMM
Communications support from amateur radio operators is often utilized before, during and after a disaster where normal communications are not functional. ARES operators ensure that requests for state assistance are received so that personnel in the State ECC can coordinate the requested assistance. RACES is used only when the President places a restriction on radio contact. ARES/AUXCOMM may support ESF 2 through the following activities:

Social Media
Social Media tools can be useful in disseminating important information to a large number of individuals, almost instantaneously, and tracking what others are saying about the incident. Facebook, Twitter and Instagram are the main tools which can be used.

- Not all incidents will warrant a social media presence. Facilities will determine whether an announcement is warranted. Any posting during an emergency disaster, or catastrophic incident will be approved by the PIO or their designee.

- Once information about a crisis is implemented, it must be updated in a timely and consistent fashion throughout the remainder of the event, to include additional updates as to what members of the community impacted should be doing.

Runner
Staff members who have been identified to relay information between facilities if all technology-based communication fails.

Acronyms

ARES	Amateur Radio Emergency Service
AUXCOMM	Auxiliary Communications
DEC	District Emergency Coordinator
EC	Emergency Coordinator
EMA	Emergency Management Agency
EMS	Emergency Medical Services
ESDA	Emergency Services and Disaster Agency
ESF	Emergency Support Function
GETS/WPS	Government Emergency Telecommunication Service/Wireless Priority Services
HAM	High-Frequency Amateur
HAN	Health Alert Network
HF	High Frequency
IDPH	Illinois Department of Public Health
IEMA-OHS	Illinois Emergency Management Agency – Office of Homeland Security
ILEAS	Illinois Law Enforcement Alarm System
IMERT	Illinois Medical Emergency Response Team
LHD	Local Health Department
MERCI	Medical Emergency Communications of Illinois
PACE	Primary, Alternate, Contingency, and Emergency

RHCC	Regional Hospital Coordinating Center
R5	Region V
SEC	Section Emergency Coordinator
SIREN	State of Illinois Rapid Electronic Notification
SPARC	Shawnee Preparedness and Response Coalition
TBD	To Be Determined
VHF	Very High Frequency

ADDENDUM

HAM Radio Volunteer List

Below is a list of amateur radio operators who have volunteered to assist the hospitals.

CALL SIGN	NAME	LICENSE	PHONE	EMAIL	TOWN
KD9JOU	Kevin Belt	Tech	618-926-4165	kd9jou@gmail.com	Harrisburg
KD9FRQ	Ed Bloom	General	814-254-6800	ewbloom@verizon.net	Marion
KD9MTR	Charlie Rodriguez	General	618-534-1105	docrod55@yahoo.com	Murphysboro
KD9MNX	Bill Barnes	General	618-201-0449	wgbarnes1@frontier.com	Tamaroa
K9BJA	Buddy Adelsberge	Extra	618-923-3039	budrow6@frontier.com	West Frankfort
W9BA	Navreet Kang	Extra	618-201-0449	ccw@shawneetrainingacademy.com	Carbondale
N9VN	Jay Smock	Extra	618-521-9739	jaysmock@gmail.com	Carbondale
WA9APQ	Bruce Talley	Extra	618-925-6391	Mabas45@frontier.com	Carterville
N9RRM	Tim Moloney	Extra	618-201-7637	medsubcommo@gmail.com	Carbondale
KD9JAM	Jeff Tecklenburg	Extra	618-790-8287	Jeffteclenburg@gmail.com	DuQuoin
KD9ZXS	Samuel Powell	Tech	618-559-9295	samuelpowell35@gmail.com	Murphysboro
KC9LPN	Melissa Glasscock	Tech		mglasscock.019@gmail.com	Harrisburg
KD9ZXC	David Myers	Tech	618-534-7987	myerschicago@gmail.com	Carbondale
N9VKO	Bob Giacoma	Extra	618-790-3303		Pinckneyville
K9BJA	Buddy Adelesberger	Extra	618-923-3039		West Frankfort
KB9CB	Chuck Bonifield	Extra	618-559-1050		Grand Chain
WA9SWW	Steve Warner	Extra	618-315-0968		Mt. Vernon

Below is a list of HAM radio County Emergency Coordinators.

In IEMA-OHS Region 11/IDPH Region 5:

CALL SIGN	NAME	SEC/DEC/EC	PHONE	COUNTY
W9DSR	Robert Littler	Section Emergency Coordinator	618-630-1856	
N9VKO (Ham call)	Bob Giacomo	County Emergency Coordinator	618-790-3303	Perry
K9BJA	Buddy Adelsberger	County Emergency Coordinator	618-923-3039	Franklin
WA9APQ	Bruce Talley	District Emergency Coordinator	618-925-6391	Williamson
N9RRM	Tim Moloney	County Emergency Coordinator	618-201-7637	Jackson
KB9CB	Chuck Bonifield	County Emergency Coordinator	618-559-1050	Pulaski
WA9SWW	Steve Warner	County Emergency Coordinator	618-315-0968	Jefferson

WA9APQ	Bruce Talley	District Emergency Coordinator	618-925-6391	Randolph, Hamilton, White, Gallatin, Saline, Union, Johnson, Pope, Hardin, Massac, and Alexander

In IEMA-OHS Region 9/IDPH Region 5:

CALL SIGN	NAME	SEC/DEC/EC	PHONE	COUNTY
WB9QPM	Jim Hudson	District Emergency Coordinator	217-259-7703	Marion, Jefferson, Clay, Wayne, Wabash, Richland, and Edwards