

Nonurban Missouri Healthcare Coalition Response Plan



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Introduction

Purpose

This plan provides the framework to guide the Nonurban Missouri Healthcare Coalition (HCC) to respond to all-hazard incidents among diverse health and medical entities supporting Emergency Support Function Eight (ESF 8) functions within the coalition's [boundaries](#).

The HCC's primary role in response is to represent member organizations through multi-agency coordination and to support organizational incident management through information and resource coordination, collaboration and communication. This requires coordination among a broad spectrum of health care providers to include but not limited to core members defined by the Administration for Strategic Preparedness and Response which include hospitals, local public health agencies, emergency medical services and emergency management. HCC preparedness and response structures also incorporate members from the 17 provider and supplier types outlined in the Centers for Medicare and Medicaid Conditions of Participation, mental/behavioral health providers, community and faith-based partners, state and local governments and other organizations involved in healthcare emergency management.

All emergencies require a coordinated approach in which multiple disciplines and organizations, both public and private, work together. The healthcare coalition serves as the body to coordinate, collaborate, and communicate the response among a diverse group of healthcare organizations. This role is essential given that disasters often necessitate public health and medical response.

Scope

This plan applies to all Nonurban Missouri Healthcare Coalition members when an event occurs that is beyond an individual healthcare organization's ability to manage the response. This plan does not dictate organizational response, nor does it supersede or conflict with jurisdictional or agency responsibilities, applicable laws and statutes. The Nonurban Missouri Healthcare Coalition facilitates information sharing and coordination, but not direction and control, as there is no statutory authority governing the HCC.

This plan is intended to support, not replace, existing facility and jurisdictional plans. Healthcare entities and jurisdictions should maintain and develop their own emergency management programs.

HCC Response Roles and Responsibilities

Missouri's ESF8 Structure

The Missouri Department of Health and Human Services (DHSS) is the lead ESF 8 agency for the state of Missouri and is responsible for coordinating response to emergencies stemming from communicable disease, sanitation problems, contamination of food or water, medical surge, and damage to licensed facilities such as hospitals, childcare, and long-term care facilities. The DHSS Emergency Response Center (ERC), part of the Office of Emergency Coordination (OEC), serves as the coordination point for all DHSS response to emergencies whether natural, accidental, or deliberate. It is operational at a non-threat level 24 hours a day, 7 days a week and can be staffed and function as a command-and-control center in the event of an emergency. The Public Health Emergency Response Coordinator staffs the ESF8 desk at the State Emergency Operations Center (SEOC) and coordinates with the ERC to share information bi-directionally. The DHSS Bureau of EMS coordinates with EMS Mutual Aid Coordinators, to facilitate needed ambulance services, strike teams, and other EMS resources. The Missouri Department

of Mental Health coordinates behavioral health care services during and after disasters for citizens and responders. DHSS works with HCCs to maintain situational awareness, promote information sharing, coordinate response efforts, and works with the State Emergency Management Agency (SEMA) to meet resource requests unable to be met at the regional level.

Member Roles and Responsibilities

HCC member organizations and current contact information is available on demand in eICS. Members [update](#) their contact information annually. Members maintain their normal organizational roles during a response in addition to these HCC member roles and responsibilities. Roles and responsibilities listed below are base responsibilities for response and may not include all roles and responsibilities needed during response. Members roles and responsibilities may change depending on the disaster and the organizations impacted.

- Provide situational updates on organization status, needs and ability to support the HCC and other organizations in eICS, or other identified place.
- Participate in HCC eICS event, or other identified platform.
- Participate in bi-directional communication.
- Communicate resource and technical assistance needs.
- Respond to resource or technical assistance needs if organization is able to assist or fill need.
- Be willing to serve in a role outside of typical daily role (ex. serve as liaison between an impacted facility's incident command and the HCC, assist with development of messaging)

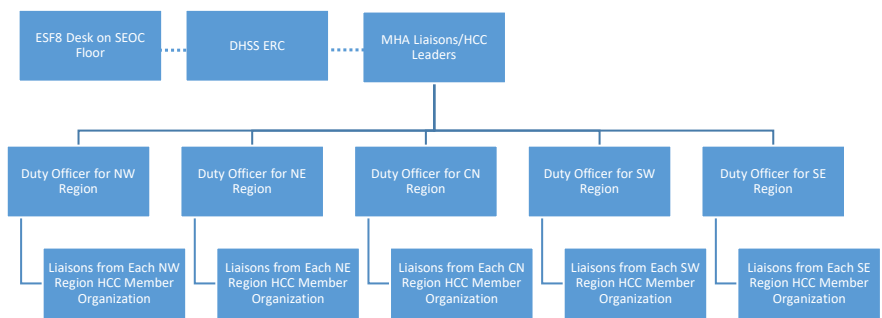
Juvaré

The Nonurban Missouri Leadership Board has adopted the Juvaré platforms EMResource® and eICS® for primary monitoring and notification tools for HCC members.

The Missouri Department of Health Senior Services and the Missouri Department of Public Safety's emergency response personnel have acknowledged EMResource® and eICS® as the medical platforms for web-based incident communication and coordination. The DHSS ERC monitors these systems daily. A bridge with WebEOC, the primary platform for emergency management response coordination, allows the sharing of the hospital emergency department status, facility status and incident command activation level from EMResource to a dedicated WebEOC board. Resource requests to the state follow the established process and should be entered in WebEOC.

All coalition members will have the ability to monitor the status of each coalition through EMResource® and eICS®.

Coalition Response Organizational Structure



The DHSS ERC may also receive information directly from health care organizations. Health care organizations are also asked to share this information with the HCC through the established communication platforms.

HCC Response Operations

This section describes the strategy for accomplishing a coordinated response within the nonurban Missouri health care coalition.

Recognition and Situational Awareness

Incident recognition will vary based on the nature, size, scope, and impact of an event. The coalition may become aware of a need to activate through a variety of mechanisms at the local, regional or state levels.

Local Level	
Incident – Member Request to Duty Officer	Event – Leadership Liaison Determination
<p>A request to monitor or activate the HCC in response to an incident can be made at any time by a coalition member through contacting the duty officer. Regional duty officers and current contact information is available on demand in EMResource. The duty officer will work with the member to determine the necessary level of response based on the incident.</p> <p>The following information should be communicated by a healthcare organization when requesting coalition assistance.</p> <ul style="list-style-type: none"> • situation status (brief description) • primary request — critical need • resources required • point of contact for delivery of resources and follow-up information/instruction • best mode of communication within the healthcare facility (based on current situation) • activation of any mutual aid agreements 	<p>Coalition leadership may deem it necessary to monitor or activate in response to a planned event, notification of potential weather impact (i.e. National Weather Service warning), or in response to an anticipated or actual significant public health and/or medical incident (i.e. multi-jurisdictional outbreak).</p>
Regional Level	
Multi-Agency Coordinating Center	EMS Regional Mutual Aid
<p>The coalition may receive notification of an incident that warrants monitoring or activation through the activation of or message from a regional MACC.</p>	<p>The regions of the coalition closely align with the work of the regional EMS mutual aid coordinators. The coalition may be placed on alert or may activate in response to the activation of regional mutual aid.</p>
State Level	
MHA Monitoring	Missouri Information Analysis Center (MIAC) Notification
<p>A coalition may become aware of an incident through a notification that MHA staff have transitioned to a monitoring or active coordination role. MHA staff proactively monitor real world incidents in anticipation of events that</p>	<p>MIAC is a fusion center that provides and collects incident reports of suspicious activities to be evaluated to identify potential terrorist or criminal activities in Missouri.</p>

may impact ESF-8 in non-urban Missouri or when multiple regions of the coalition have activated. MHA's status can be found in EMResource.	
Missouri Health Notification System (MO-HNS)	State Emergency Operations Center (SEOC)
<p>MO-HNS is a web-based communication system that provides a two-way flow of critical health information between the Missouri Department of Health and Senior Services and local personnel and healthcare professionals. Health information updates, advisories and alerts are sent out through MO-HNS are typically also sent out through EMResource.</p> <p><u>Categories of messages:</u></p> <ul style="list-style-type: none"> • Information: provides general health information that is not considered to be of an emergent nature. • Update: provides updated information regarding an incident or situation; unlikely to require immediate action. • Health Advisory: provides important information for a specific incident or situation; may not require immediate action. • Health Alert: conveys the highest level of importance; warrants immediate action or attention. 	<p>The State Emergency Operations Center activates in response to disasters and emergencies in Missouri. Stakeholders are notified of activations through the RAVE notification System.</p> <p><u>Levels of Activation:</u></p> <ul style="list-style-type: none"> • 4: Enhanced Monitoring – SEMA staff only • 3: Partial Activation – requested emergency support functions • 2: Full Activation – all emergency support functions • 1: Full State/Federal Response

Coalition Activation and Notification

The coalition will function in a decentralized nature during normal day-to-day activities. As an incident or event occurs with potential or actual impact to coalition members, the coalition may be placed on advisory, alert or activated status using the [EMResource](#)® and [eICS](#)® platforms. Notification to the HCC members through these systems is critical to ensure timely situational awareness and to inform other coalition members of real-time situations, activities, current and projected actions to mitigate the threat and/or manage the incident.

Because of the widespread geography of nonurban Missouri and the main responsibilities of healthcare coalition members residing at the organization level, primary coalition communication and coordination should occur virtually through sequential and redundant methods of communication accessible to all HCC members. Depending on the incident and resource demands on the healthcare infrastructure, face-to-face coordination may be deemed appropriate to increase response effectiveness and efficiency.

The following are a description for each coalition status, listed in the order of escalation, with “active” being the most robust operational status. (MSCC, 2007; MSCC, 2009). Current statuses for regions of the coalition can be located in EMResource. The coalition can determine which Juvare systems are appropriate for response based on the nature of the incident. Coalition status should be updated in EMResource for each level. The coalition must use an eICS event for communication and coordination for an active status. The coalition may choose to use an eICS event for a monitoring or on alert status, if deemed appropriate for the situation. When notified of an activation in eICS, all coalition members are

expected to respond with their organizational status and availability through eICS and continue to monitor eICS for situational awareness through the duration of the event.

✓ **HCC Region - Operational Status:** Current operational status of the coalition.

- **Normal Operations:** Use this status during normal day to day operations of the coalition. Regular monitoring and preparedness activities, however no events are currently taking place.
- **On Alert:** Use this status to indicate when a Nonurban Missouri Coalition Region has been notified of potential events that may lead to full activation.
- **Active:** Use this status when a response from a Nonurban Missouri Coalition Region is required.
- **Monitoring:** This status indicates that a Nonurban Missouri Coalition Region is monitoring regional events or activities to maintain member awareness.

Monitoring

A monitoring status provides urgent information about an unusual occurrence or threat of an occurrence, but no action by the message recipient is expected. A monitoring status may include actionable information for individual personnel at healthcare organizations even though the organizations may not need to take emergency action.

Examples of When Monitoring Status Should be Utilized

- There is a critical shortage of medical and/or ancillary personnel (capacity).*
- There is a shortage of medical supplies and/or resources.*
- Critical healthcare organization utility systems and back-up systems are in use or not operational.*
- A local emergency, all-hazard incident, and/or planned event is occurring.
- A statewide or federal emergency is declared.
- Weather related alerts
- Regional EMS mutual aid has been activated

*indicates trigger can be found in multiple statuses

MHA monitors federal queries and activations including Midwest-1 DMAT and FEMA's national ambulance contact and will advise regions of any anticipated impacts.

On Alert

This status is used when coalition resources have been notified of potential events that may lead to full activation. An alert provides urgent information and indicates that some action on the part of the message recipient may be necessary. No immediate response or deployment is necessary. This category also may be used for ongoing notification during an emergency to convey urgent information and recommended actions.

Examples of When On Alert Status Should be Utilized

- A healthcare organization evacuation is imminent.
- There is a critical shortage of medical and/or ancillary personnel (capacity).*
- There is a shortage of medical supplies and/or resources.*
- A healthcare organization is damaged or compromised.
- Critical healthcare organization utility systems and back-up systems are in use or not operational.*
- Direct request from a coalition member.

Active

This status is used when a response from coalition members is required. Coalition procedure triggers the notification through EMResource® and the activation of eICS to assign coalition members to appropriate response roles.

Examples of When Activation Status Should be Utilized

- Resource sharing is occurring between members
- If the resources that have been requested exceeds the resources available locally
- Assistance is required beyond an organization's current capabilities.
- The incident or event will affect two or more members/jurisdictions in a region.
- The incident or event will affect multiple regions in the Nonurban Healthcare Coalition.
- Scarce resources are being requested from multiple facilities.
- The incident or event will last multiple operational periods.
- Highly infectious disease patient is being transported within the boundaries of the region/coalition
- Healthcare organization is evacuating

Established Triggers for Statewide Activation

All regions of the Nonurban Missouri Health Care Coalition will be activated in response to all-hazard incidents in which the available resources have been exceeded.

Examples of When Statewide Activation Should be Utilized

- One of the regions has requested a statewide activation.
- More than one region activates for the same purpose.
- MCI that exceeds available resources in a region.
- SEMA level 1 activation in which FEMA is on site.
- Specialty facilities (pediatric, burn, psychiatric) are impacted.

The Nonurban Missouri Healthcare Coalition and its regions will be activated in the event of a NMSZ earthquake above a 6.0 magnitude.

Coalition Communication

The primary communication method for the Nonurban Missouri Healthcare Coalition is Juvare's EMResource and eICS platforms and the secondary communication is MOSWIN radios. However, there are numerous modes of communication available to anyone at any time. If alternate systems are being used, the HCC will make every attempt to notify members of this change using available alternative communication systems (see list below). During emergency situations, communication systems may become overloaded because of an increased need for messaging, and a system failure can occur as a result.

All coalition members have access to and have shared the necessary landline telephone, cellular telephone and email contact information for inclusion in eICS and updated annually through the [HCC Member Information Form](#).

Following are the various modes of communication available to the HCC.

EMResource®

- EMResource® is a Web-based data management tool that is available to all healthcare organizations in Missouri. The tool is used for daily bed management, as well as for emergency preparedness and response. The regular use of the system helps ensure accurate and timely information sharing during unplanned events.
- EMResource® lists each healthcare organization as an individual resource, as well as each healthcare coalition and metropolitan coordinating entity.
- EMResource® users can request, in advance, automated notifications from the application when statuses change or when events occur.
- Hospitals can alert “followers” when their diversion or incident command activation status changes.
- Local public health agencies and federally qualified health centers can adjust their operational status, triggering a notification to those registered to receive the information.
- Furthermore, healthcare coalitions can alert members of changes in their activation status, whether providing an advisory, an alert, or activating the coalition.
- EMResource is accessible on cellular devices through the EMResource mobile application. Features include:
 - Mobile offers a key subset of the functions available in Web. No matter where you are, you can use this app to obtain the resource information you need. If you are a nurse in an ER, use the app to update your ER’s current operational status and to check the status of active incidents in your area. If you are a first responder at an incident site, use the app to check emergency room capacity and bed availability at nearby hospitals. Mobile provides access to critical information and its related interactive features can help you prepare for, respond to, and recover from isolated and large-scale incidents.
 - On a daily basis, use your EMResource app to view the overall operational statuses of your resources, as well as monitor individual resource conditions, including emergency department or EMS operational status, behavioral health and dialysis bed capacity, and medical staff availability. If your responsibilities include updating a resource’s status, use the app to make the update, which becomes instantly available to authorized users throughout your region.
 - Using the app, you can also easily accomplish other daily administrative tasks, including viewing a hospital’s current HAVBED counts, accessing users’ accounts, and changing a user’s password.
- EMResource has the ability to query hospitals. Established queries are deployed based on the situation and need including:

Query	Description
Advanced Bed Query	An Advanced Bed Query is initiated to gather data that will be used to determine bed availability for surge planning coordination.
Flu Query	Query to monitor flu activity.
Current Bed Availability (HAVBED)	Used to determine the current number of staffed and available beds
Infrastructure Query	Query to gain operational/situational assessment of health care facilities

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MCI Alert	An MCI or a potential MCI involving multiple patients exists
Notice	Used to share time critical information
Local Public Health Updates	This is used by local public health agencies to distribute information.
BOLO Events	BOLO = BE ON LOOK OUT. To be used when authorities are searching for an individual who may be in our area and/or may be seeking medical care. If individual is seen, local authorities should be called immediately.
Event Specific Query	Query can be developed to meet needs of event.

As the need arises, additional queries can be deployed through EMResource to collect information.

eICS®

Web-based application for incident management available to hospitals and healthcare coalitions. The application provides the following features:

- contact list and automated notification
- library for plans, standard operating guidelines and preparedness documentation
- incident response guides that facilitate an appropriate response based on pre-established
- response objectives and key action items
- post-event documentation and report generation
- eICS is accessible on cellular devices. Features include:
 - The Electronic ICS (eICS) Mobile app allows you to manage and create incidents from anywhere. After logging in to eICS Mobile, a list of active incidents helps you find the information you need quickly. The list also includes incidents that ended within the last 24 hours.
 - Incidents are represented with an icon, the color of which indicates whether it is an actual incident or an exercise. High-level information, such as the type of incident, facility, and start date and time, is also provided. From this screen, you can open an incident for more details, access User Settings to change your password or log out, or create an Incident.
 - When you tap an incident, the incident Summary opens with details about the incident and the Command Center.
 - On the Summary and all subsequent screens, the navigation bar at the bottom (iOS) or top (Android) of the screen provides access to the ICS Chart, Event Log, Objectives, Messages, and More, which includes access to the Status and Summary screens.

Missouri Statewide Interoperability Radio Network (MOSWIN)

A list of coalition members with MOSWIN radios can be found in Annex A: MOSWIN Standard Operating Guide. There is a standard programming list for all hospitals and LPHAs respectfully. There are talkgroups within both lists that gives hospitals, LPHAs and MHA ability to communicate. The Mobile Medical Assets are programmed with talkgroups for all regions.

HCCs members should have their radio reside at their home Region I/O talkgroup during normal operations and to contact each other. Once contact is made, the called party should move the conversation off the Region Call talkgroup to another talkgroup to continue the conversation. The Nonurban Healthcare Coalition recognizes that not all members have the MHA Talkgroups. Therefore, HCC members will utilize the “must carry” talkgroups for communication among all disciplines. Depending on availability, the Talkgroups MO Event 1, 2 ,3, 4 and 5 will be the primary talkgroup. If one of these is not available, MHA will work with DPS for permission to use another statewide talkgroup.

MHA also owns talkgroups that are programmed in the MHA or DHSS owned radios. These talkgroups provide private communication for specific groups.

- MHA 1: Primary communication among hospitals and public health. There may be a few other disciplines with this talkgroup.
- MHA 2: Primarily used by EMS Mutual Aid Coordinators
- MHA 3: Primary talkgroup for communications for hospitals only.

Refer to Annex A MOSWIN Standard Operating guide for additional guidance.

Hospital Emergency Administrative Radio (HEAR)

All acute care hospitals with emergency departments are able to monitor HEAR 155.340 with a dedicated receiver/base station to communicate with:

- incoming ambulances, as well as possible EMS commander at on-scene triage areas
- surrounding hospitals with similar capability within an estimated 30 mile range
- all Missouri HEAR radios were upgraded for narrowband compliance in 2012

VHF and 800 MHz Radio

All hospital command staff should have access to their local agencies and first responders via local radio systems.

ASPR HPP acquired HT-1250s (where applicable) to link healthcare organizations with:

- local IC
- local EOC
- local 911
- hospital emergency room

If VHF is not the system used by local agencies, hospital-specific emergency preparedness plans should include access to local agencies and any related mutual aid talk groups.

Amateur Radio

Healthcare coalition members should use amateur radio as a backup communications service, specifically for point-to-point communications.

Procedures and Actions for Coalition Communication

Response Actions

The regional nonurban healthcare coalition have adopted the following response objectives through facilitation of coordination, collaboration, and communication.

(Barbera & Macintyre, 2009, pg. 2-2)

- “Facilitate the interface between the healthcare coalition and relevant jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge.”
- “Facilitate the coordination of incident response actions for the participating healthcare organizations so incident objectives, strategy and tactics are consistent for the healthcare response.”
- “Facilitate information sharing among participating healthcare organizations and jurisdictional authorities to promote common situational awareness.”
- “Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among coalition members and supporting the request and receipt of assistance from local, State and Federal authorities.”

Initial HCC Actions

Information Gathering

The health care coalition establishes the necessary incident command structure based on the scale and scope of the incident and begins to gather essential elements of information from coalition members (see essential elements of information section). This information is either gathered through EMResource/eICS or is shared by the HCC in EMResource/eICS so all members have access to necessary information.

Situational Awareness

Information gathered is validated and shared to promote situational awareness of coalition members and other resource partners. The HCC continues to gather and validate information to determine if the situation has escalated or warrants additional action.

Ongoing HCC Actions

Information Sharing

As a response to an incident continues, the HCC continues their role in gathering and sharing appropriate information and needs to form two-way communication between healthcare organizations and the coalition. In large or prolonged events, the HCC may establish a regular briefing via phone or webinar to allow for information gathering and sharing.

Resource Coordination

As the response warrants, the HCC identifies resource needs of its members and helps coordinate filling those needs. Resource Coordination will follow guidelines in the resource coordination section of this plan.

Integration with Other Response Efforts

In addition to forming two-way communications between organizations and the coalition, the coalition serves as the liaison with other response efforts including other health care coalitions and at all levels of government.

Hazard Specific Response Actions

Evacuation and Relocation

The state of Missouri has a Patient Movement Plan that outlines the statewide plan that outlines how state agencies work with and support the orderly movement of patients from hospitals or a large-scale incident using EMS resources activated through state requests from hospitals, healthcare systems,

regional healthcare coalitions and/or local government emergency operations centers in response to a significant incident within Missouri. The plan is located in the EMResource document library.

The Nonurban Missouri Healthcare Coalition does not direct evacuation as this is directed by impacted healthcare facilities. The coalition provides situational awareness and can assist in initiating appropriate queries through EMResource such as a bed availability query (see pages 12-13 for list of queries). The coalition provides a source of information sharing and communication and coordination as appropriate to support the evacuation and relocation process.

[Patient Tracking](#)

The Nonurban Missouri Healthcare Coalition provides support in patient tracking as outlined in the Missouri Patient Movement Plan section 4.7.

Patient tracking is the responsibility of all transferring and receiving facilities and agencies supporting the transportation process to ensure individuals can be identified and reunited with their families. It is expected that all patients evacuated from an impacted area or facility or seeking care resulting from an injury or illness related to an incident, are tracked during the activation of this plan...each organization is responsible for the accountability of all its patients until they arrive at their destination. Patient tracking should be reported by all involved in the care continuum. Data collection and tracking should be forwarded to the healthcare coalition uses the electronic submission spreadsheet outlined in Appendix 6.12.

Throughout the operation and as patients are moved from any number of facilities to different destination facilities by ground and air, the Healthcare Coalition will serve as the central coordination point. The HCC will serve as the patient tracking repository gathering information from healthcare facilities and EMS providers through secure and compliant methods, collate the data, and provide aggregate reporting to SEMA and DHSS ERC, as appropriate to provide family reunification. Each HCC will ensure patient privacy standards operationally (e.g. policies, training) and technologically (e.g. data transmission, storage).

The state of Missouri does not have an electronic patient tracking system. Impacted facilities should utilize the patient tracking mechanism dictated in their individual plans and policies.

[Initial Patient Distribution](#)

The nonurban Missouri healthcare coalition is not responsible for patient distribution as that responsibility lies with the impacted healthcare facilities. The coalition plays a support role through providing situational awareness through EMResource queries (such as bed availability queries) and a communication platform between partners.

[Alternate Care Sites](#)

The Nonurban Missouri Healthcare Coalition is not responsible for maintaining alternate care sites. The coalition supports regional planning, but the responsibilities lie with impacted healthcare facilities.

Shelter Support

The Nonurban Missouri Healthcare Coalition is not responsible for supporting shelters, however, individual coalition members frequently support shelters. The coalition supports regional planning, but the responsibilities lie with impacted healthcare facilities.

Additional hazard specific responses are addressed in annexes. Annexes address strategies to implement specific to hazard and when regional capacity is overwhelmed by emergency.

- [Pediatric Annex](#)
- [Infectious Disease Annex](#)
- [Burn Annex](#)
- Chemical Annex - under development
- Radiation Annex

Essential Elements of Information

Healthcare coalitions, healthcare organizations, emergency management, relevant response partners and stakeholders coordinate to determine reportable healthcare incident specific information to be used during response. This information identifies the essential elements of information that can be reasonably shared during an incident. Based on the scope and scale of the incident, appropriate essential elements of information will be collected from local, regional and state partners to support the response needs. The primary tool to collect information from healthcare partners will be EMResource® and eICS. EMResource has pre-scripted queries to collect bed availability and resources at both the regional and state level. Members can contact the duty officer to request a query be initiated.

Throughout the COVID-19 pandemic, daily hospital reporting began and still occurs in NHSN. The federal Department of Health and Human Services is currently drafting federal hospital essential elements of information which will be incorporated into HCC EEIs when available.

It is critical that two-way communication of this information is established. Additional information may need to be shared depending on the nature of the incident.

Healthcare Organization Status Information Needed by HCC

Healthcare organizations should share, but are not limited to, the following elements:

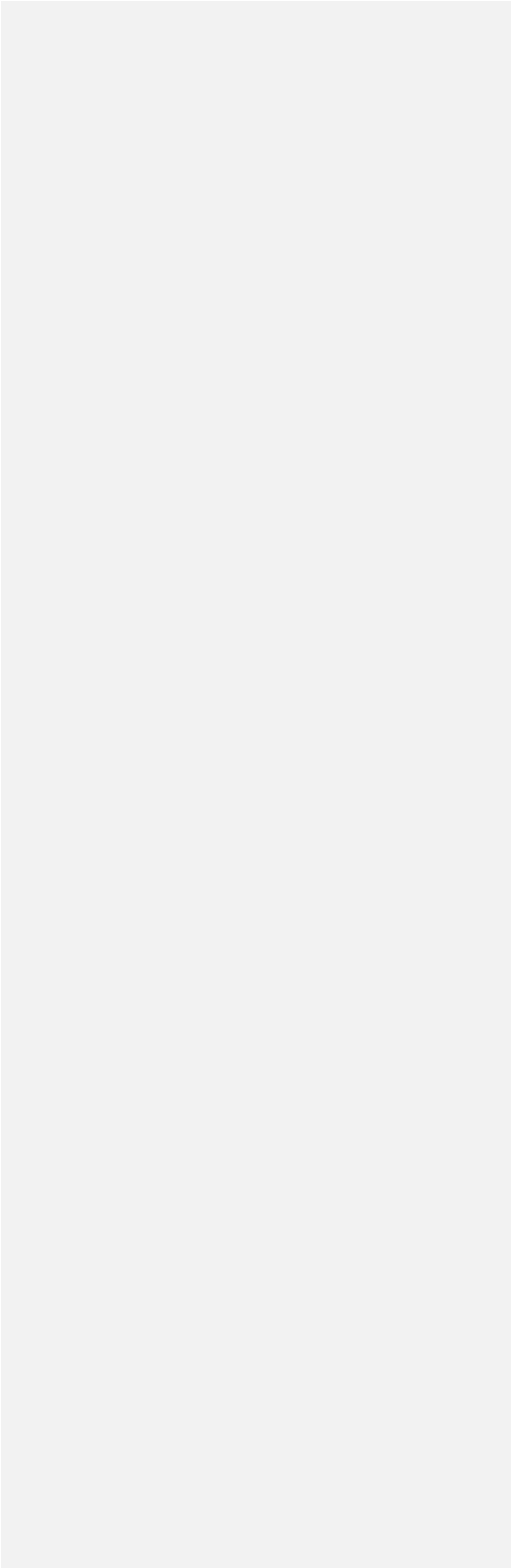
- Patient capacity
- Staffing levels
- Facility capabilities
- Casualty estimates
- Specialty services available or needed

Information Provided by HCC

The HCC should provide should share, but are not limited to, the following elements:

- Incident location and details
- Communication and reporting timeline
- ESF 8 objectives

Following a catastrophic incident resulting in long-term coordination, additional information needs to be shared. The chart below includes those pieces of essential elements of information that need to be shared by members to the coalition and from the coalition to members and the timeframe it should be shared within.



Information Provided from Members to Coalition Following Catastrophic Incidents

4 Hours Post Incident	12 Hours Post Incident	24 Hours Post Incident
<ul style="list-style-type: none"> •CAN Report (Current Condition, Actions Taken, Needs) •Operational Status - Are you remaining open? <ul style="list-style-type: none"> •Power/Fuel •Water •Oxygen (bulk, portable) •Life Safety/Infrastructure <ul style="list-style-type: none"> •Biohazard •Structural assessment •Functional communication platforms •Situational assessment (open-ended) 	<ul style="list-style-type: none"> •Facility Operations <ul style="list-style-type: none"> •Communications Infrastructure •Critical Facility Damages •Security On Scene - what needs secured/cyber •Facility Evacuation (coordinate due to surge - self transport and structured evacuation) •Patient Care <ul style="list-style-type: none"> •Capabilities <ul style="list-style-type: none"> •What can be shared? •Casualty Report •Self sustaining? Food/water •Location of Alternative Care Sites •Needs 	<ul style="list-style-type: none"> •Patient Rosters - movement or sustainment •Surge Information •Supplies Needed to Maintain Operations •Staff Needs and Rosters (with credentials)

Information Provided from Coalition to Members Following Catastrophic Incidents

4 Hours Post Incident	12 Hours Post Incident	24 Hours Post Incident
<ul style="list-style-type: none"> •Who have we not heard from? •Official Incidnet and Operational Periods •Summary Report •Transportation Routes •Arrival of Supplies (include push locations) 	<ul style="list-style-type: none"> •1135 Waivers •Collection Points •Talking Points to Distribute •State Situation Report •Public Shelter Locations •Transportation Routes •Arrival of Supplies •Summary of Facility Statuses and Bed Availability 	<ul style="list-style-type: none"> • Continued Situational Reports

Public Information Officer (PIO)/Joint Information Center (JIC)

The coalition does not have a formal PIO. The coalition should coordinate with the local and regional JIC, if activated, and individual healthcare organization PIOs.

Resource Coordination

Role of HCC in Resource Coordination

Healthcare organizations should first try to meet resource needs internally and at the local level. If resource needs cannot be met locally, the coalition should be notified and will assist in finding and coordinating resources. In accordance with NIMS, the HCC will coordinate all requests for additional assistance with the local jurisdiction. If the county cannot fulfill the request, the county will submit a request to the state. If the state cannot fulfill the request using its resources or through the Emergency Mutual Aid Compact (EMAC), they will submit a request to FEMA. Some resources have specific processes for requesting (ex. Ventilators from the state cache – see page 25).

Allocation of Scare Resources and Crisis Standards of Care

The Nonurban Missouri Healthcare Coalition does not direct the allocation of scare resources or implementation of crisis standards of care. The state of Missouri is responsible for allocation of resources. The coalition assists the state by providing requested information to aid their decision-making process. The decision to implement crisis standards of care is an individual facility-based decision. The coalition assists by providing support and a potential framework to facilities as requested.

Mutual Aid

The HCC does not direct or execute mutual aid activities; however, coalition members are encouraged to participate in mutual aid systems within their respective discipline to facilitate agreements to share staff and resources. The state of Missouri has a [Systems Concept of Operational Planning for Emergencies](#) (MoSCOPE) plan that provides the foundation for mutual aid in the state.

Hospital

Facilitated by: MHA
Mutual Aid Agreement

EMS

Facilitated by: MOSCOPE
Mutual Aid Plan

Local Public Health Agencies

Facilitated by: MOSCOPE
Under development

Emergency Management

Facilitated by: MOSCOPE
Under development

Special Populations Maps

The HCC has access to resources to assist with response in respect to special populations. The state of Missouri has developed maps using federal data. The [first map](#), emPOWER, includes de-identified information on Medicare beneficiaries that rely on electricity-dependent medical equipment to live in their homes. During an incident, identified information can be requested through DHSS under their [established process](#) (document includes information on type of data provided). The [second map](#) includes information from CDC's Social Vulnerability Index (SVI). This data uses 15 U.S. census variables to help local officials identify communities that may need additional support during a response.

Coordinating with City, County and State Emergency Operations

The healthcare response must be coordinated with the overall community response. Therefore, it is critical that healthcare organizations and HCCs work within the National Incident Management System (NIMS) framework and communicate to and through their local emergency operations center during an incident.

Local Emergency Operations Center (LEOC)

The LEOC is the official point of contact for command and control and is the conduit for resource requests and other assistance from the State Emergency Management Agency (SEMA) and federal agencies.

The following may serve as a conduit for collecting and disseminating current information about healthcare organization resources and needs, including equipment, bed capacity, personnel, supplies and other relevant matters.

- healthcare coalitions through EMResource®
- local/regional dispatch centers
- local emergency operations centers

Multi-Agency Coordination Center (MACC)

Incidents that exceed the resources of a local jurisdiction and require coordination among multiple jurisdictions may require a multi-agency coordination center (MACC). At this time, MACCs vary in scope and structure across the different Missouri regions. HCCs are able to serve as a unified voice at the MACC for healthcare organizations, including local public health agencies and emergency medical services. The regional HCCs may or may not represent the full ESF-8 health and medical response at a MACC, depending on the planning structure. The coordination between the HCC, ESF-8, and the MACC must be developed during planning and must be exercised to ensure coordinated communication and response during an incident. It is likely the MACC system in Missouri will continue to evolve and mature; HCCs must engage in ongoing planning and process improvement to remain aligned with the various regional MACC systems.

In some situations, a virtual MACC may be necessary. In this event, the ESF 8 coordination would occur in EMResource and eICS. There is an established bridge to WebEOC that would allow ESF 8 to coordinate with other emergency support functions in the MACC. The bridge is exercise and tested.

State Emergency Operations Center (SEOC)

LEOC staff facilitate primary communication with the SEOC which is critical to ensure adequate resource request documentation and communication channels through WebEOC. To assist ESF8 operations, MHA staff communicate on behalf of the Non-urban HCC with the ESF8 desk when activated through the following channels:

DHSS Emergency Response Center (ERC)

During activation, the DHSS ERC will coordinate local public health response, field epidemiological and environmental investigations of disease outbreaks, gathering of surveillance data, response to medical surge in hospitals, wellness checks on elderly and disabled clients, and develop and distribute public health messages to the general public.

Medical Incident Coordination Team (M-ICT)

During response, the emergency preparedness staff from the Missouri Hospital Association, Mid-America Regional Center, the St. Louis Area Regional Response System, the State Emergency Management Agency, the Missouri Department of Health and Senior Services, the Missouri Department of Mental Health and other agencies share information to develop a common operating picture and coordinate resource and response requests across all Missouri regions. This system of coordination is

referred to as the Medical Incident Coordination Team (M-ICT). The M-ICT is not part of the official NIMS command and control structure that originates at the local jurisdiction or MACC. Rather, it is intended to support health and medical coordination during response. Anyone can request a M-ICT call by contacting the DHSS ERC or Office of Emergency Coordination. The M-ICT plan can be found in the EMResource document library.

Member Assets

Salamander is the recognized system for inventory in the state of Missouri. Facilities can enter any asset they own; however, they are not required to. Facilities are required to enter assets purchased with EMPG or RHSOC funding.

EMResource lists hospital bed capacity and attributes including emergency department designation, obstetrics level of care, neonatal level of care, neonatal specialty level of care, pediatric level of care, pediatric specialty care, resources limitations, specialties, and trauma level. As the Nonurban Missouri Healthcare Coalition continues to work through hazard specific response plan annexes including infectious disease, burn, chemical and radiation, the coalition will assess if additional hospital attributes should be listed in EMResource.

Regional and State Assets for Deployment

Nonurban HPP Assets

Members of the HCC maintain resources previously supported through HPP. These assets are listed in EMResource. And includes current asset status, inventory and contact information on the mobile medical asset view. Other assets may and can be listed in this view.

Communication Trailers

The catastrophic deployment plan for these assets is under development. Each communication asset maintains the following capabilities and may have additional capabilities:

- satellite connectivity for Internet and phone communication
- VHF/UHF radio
- radio scanner
- wireless internet
- voice over internet protocol
- radio over internet protocol/PCNXU software
- amateur radio (optional)
- MOSWIN
- 8 trailers also have MCI supplies which include medical supplies and equipment to support mass casualty incident response

Medical Surge Caches

These caches include durable medical equipment needed to support an expected patient surge. The caches are stored in either 250-bed or 500-bed capacity for a total of 5,500 beds in the nonurban regions of Missouri.

Mortuary Cache

The mortuary caches are temporary morgue units with the capacity to hold 8 decedents using a cooling system. They can be used in hospital surge or local/community fatality surge situations. These caches are portable and can be fully operational in less than 15 minutes upon arrival on site.

Highly Infectious Disease Cache

The HID caches include ISOPD units that can be used for the isolation, treatment and transport of patients with a highly infectious disease.

All ESF-8 Assets

Assets are maintained at the state level to assist in medical responses to emergencies and disasters. These include:

Strategic National Stockpile (SNS)

The SNS is a stockpile of prophylaxis and medical supplies to respond to large-scale public health threats such as anthrax or pandemic influenza. These supplies can be requested once all local, regional and state options have been exhausted. The state SNS plan, including the process for requesting, can be found in the EMResource document library.

CHEMPACK

CHEMPACKS are caches of deployable nerve agent antidotes that work on a variety of nerve agents. These can be used even if the agent is unknown. There are 38 containers in the state of Missouri pre-positioned at 23 host facilities (21 hospitals and two municipal buildings). Locations and contact information can be found in WebEOC.

Disaster Medical Assistance Team (DMAT)

MO DMAT-1 is a disaster medical assistance team housed under the State Emergency Management Agency (SEMA). The team is equipped to respond to a disaster location and set up a mobile emergency room, with equipment and medical staff. DMAT has three Rapid Response Units which are trailer based 5-bed units that have I-Stat labs and full advanced life support stabilization capabilities. A team of two advanced providers, one nurse, one paramedic and two support staff deploy with the trailer. The team also has three 24-bed units. In addition to the features of the smaller units, these have x-ray and ultrasound capability and have a medical team of up to 40 members. Units are self-sufficient for 48 hours. To request deployment of DMAT resources, contact your local emergency manager.

Disaster Mortuary Operations Response Team (DMORT)

MO MORT-1 is Missouri's disaster mortuary operations response team housed under SEMA. The team operates a Disaster Portable Mortuary Unit (DPMU), which may assist with victim identification during mass fatality events and supports the associated Family Assistance Center (FAC) Unit. To request deployment of MO MORT resources, contact your local emergency manager.

Mobile Medical Unit (MMU)

The MMU is a 60-bed field hospital housed by Taney County Ambulance District. The Mobile Medical Unit is a modular, scalable rapid response medical package that can be used to support any hospital in the State of Missouri that has been disabled or destroyed by natural disaster or fire or in need of expanded resource for surge capacity. The MMU is deployed and staffed by MO DMAT-1 until a transition can be made to local hospital staff and resources if appropriate. To request deployment of the MMU resources, contact your local emergency manager.

Ventilator Cache

The Missouri State-wide Ventilator Cache Program is a stockpile of 500 ventilators including Newport HT50 ventilators (adult/pediatric ≥ 10 kg), Eagle Impact II 731 Series ventilators (adult/pediatric ≥ 5 kg), and Ventec VOCSN Pro ventilators (adult/pediatric ≥ 5 kg). Ventilators can be requested after all other ventilator resources have been expended and the requesting facility must meet the criteria in the *state Ventilator Allocation Criteria and Flow Diagram* (located in EMResource). To request deployment of ventilators, use the *Online Ventilator Request Form* (located in EMResource). DHSS will make recommendations of which requesting organization will receive the ventilators. The state DMAT team will deploy the ventilators and will provide just-in-time training to at least one staff member at the receiving facility as outlined in the *Ventilator Deployment Plan* (located in EMResource). Ventilator specifications and training videos are located on the [DMAT website](#).

PAPR Cache

The state of Missouri maintains a PAPR Cache that include 100 PAPRs. For access to the cache, contact the DHSS ERC to get additional information.

Deactivation

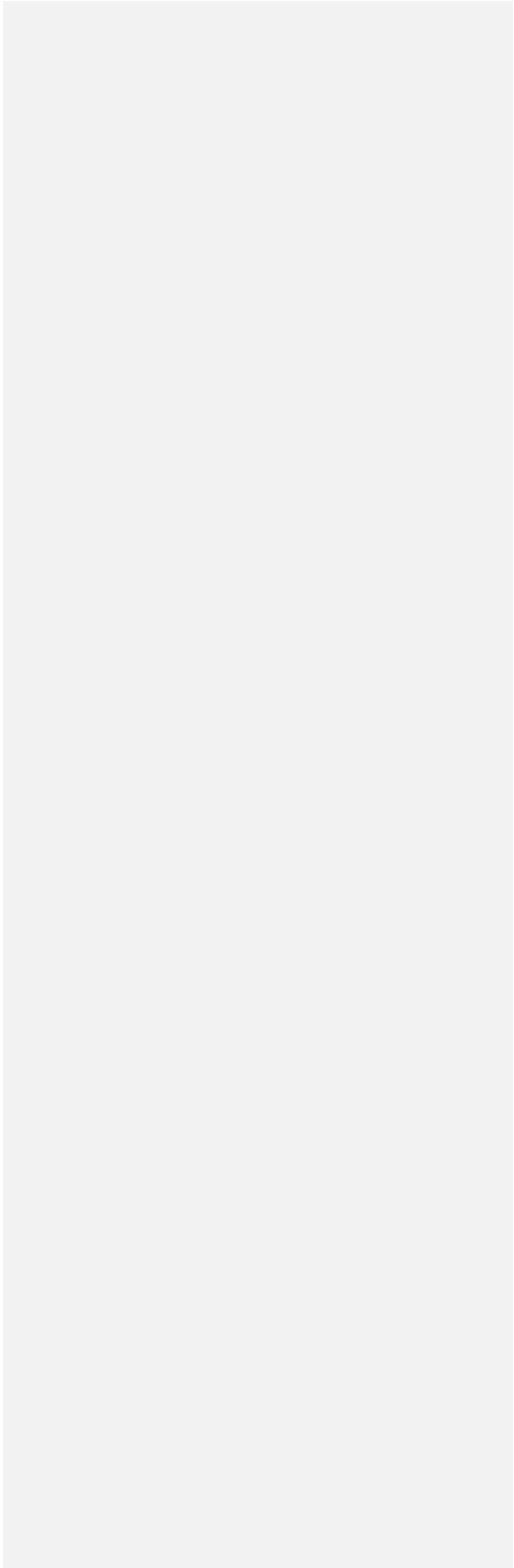
When the need for coalition response has ended, all coalition members should be notified that the incident has ended through EMResource and eICS, or through another appropriate communication channel. If a coalition activated, the HCC may choose to move to an advisory or alert before completely ending the event as there may be a need for additional monitoring. The HCC should conduct an After Action Process and should revise any necessary plans.

Demobilization

As the healthcare coalition starts planning for termination and demobilization of coordination personnel and assets, a detailed assessment of communications needs, resources and limitations should be performed by a coalition member. These recommendations should be included in the incident command objectives, and timelines for demobilization of MHA resources and mutual aid personnel should be maintained or released consistent with the best support for the incident.

Annexes

Annex A: MOSWIN Standard Operating Guide





Missouri Hospital Association

Standard Operating Guide

October 2019

MOSWIN STANDARD OPERATING GUIDE
MISSOURI HOSPITAL ASSOCIATION

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I. Purpose

The purpose of this operational procedure is to establish and prescribe the standards for the use of talk groups and conventional channels associated with the Missouri Statewide Interoperability Network (MOSWIN). The scope of this operational procedure includes Missouri Hospital Association, Missouri hospitals, 16 Mass Casualty Incident/Communications Trailers, Local Public Health Agencies, EMS

Services, EMS Mutual Aid Regional Coordinators, County Emergency Medical Directors and DHSS that have been provided MOSWIN communication equipment.

II. System Overview

MOSWIN is an initiative within the Missouri Department of Public Safety. The network consists of a Project 25 digital trunked VHF and 700 MHz infrastructure currently utilizing 116 tower sites, three master controller sites (including the City of St. Louis) and one network operations center in Jefferson City.

The system goal is to provide coverage throughout the state of Missouri so that users can provide essential governmental services and achieve local, regional and statewide interagency multidiscipline radio interoperability. *MOSWIN* is the statewide interoperable communications platform for mission-critical, life and public safety communications. **Non-mission critical, life and safety communications are prohibited by MO DPS *MOSWIN* System Administration.**

Operations

Radios are programmed with both *MOSWIN* talkgroups and conventional national interoperability radio channels such as the VTAC series.

Contacting another in-Region *MOSWIN* user:

MHA and other *MOSWIN* members sharing MHA talkgroups will utilize their home Region I/O "Call" talkgroup to contact each other. Once contact is made, the called party should move the conversation off the Region Call talkgroup to another talkgroup to continue the conversation.

Contacting another out-Region *MOSWIN* user:

MOSWIN radio traffic is limited to mission-critical public safety communications. When there is a mission critical need and *MOSWIN* is the most expedient communications method available; switch from Region I/O Call to MHA 1, MHA 2 or MHA 3, as appropriate, to make the call. Once the call/incident is completed, both parties will return to their Region Call.

One of the most common user errors is not waiting for the 'permission to talk' beeps to be heard before speaking. Before speaking, hold down the Push-To-Talk switch until the 'permission to talk' beeps are heard.

Mobile Operation

The *MOSWIN* radio network is designed for mobile coverage; portables will work on the system but will not have as large a coverage area as mobile radios.

Portable Operation

The radio network is not designed to provide coverage for portable radios. However, portable radios will be capable of communicating on the *MOSWIN* network when they are within the portable working range of a tower site. Because the power output of portables is much less than that of mobile radios their coverage area is significantly less than a mobile. Therefore, a portable must be significantly closer to a tower site than mobiles in order to reliably access *MOSWIN*.

III. MHA MOSWIN Radios

MHA Talkgroups

All the MHA-owned radios are programmed with MHA 1, MHA 2 or MHA 3 talkgroups, depending on the discipline.

MHA 1 is the first option in communicating among the Nonurban Healthcare Coalition regions.

MHA 2 is designated for communication among the EMS Statewide Coordinator and the Regional EMS Coordinators.

MHA 3 is the designated talkgroup for communication among the hospitals.

Control Station

A Motorola APX-7500 control station with desktop microphone is established in MHA's Jefferson City Conference Room.

The radio is programmed with 8 zones.

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Zone 7	Zone 8
HOME	MO IO	MO Hrh.Med IO	F REG IO	VHF IO	700 IO	700 EMS	800 IO
Cole Co All	MO IO CALL	MO MHA 1	F EMS 1	VMED28	7CALL50	7MED65	8CALL90
Cole Co Trvl	MO IO 1	MO MHA 2	F EMS 2	VMED29	7CALL50D	7MED65D	8CALL90D
	MO IO 2	MO MHA 3	F EMS 3	MED TAC 1	7TACS1	7MED66	8TAC91
	MO IO 3	DHSS COMMON	REGF IO CALL	Tx/RX 155.2200	7TACS1D	7MED66D	8TAC91D
	MO IO 4	DHSS TAC	REGF IO 1	MED TAC 2	7TACS2	7MED66	8TAC92
	MO EVENT 1	DHSS TEMP 1	REGF IO 2	Tx/RX 155.4000	7TACS2D	7MED66D	8TAC92D
	MO EVENT 2	DHSS TEMP 2	REGF IO 3	HEAR 160	7TACS3	7MED67	8TAC93
	MO EVENT 3	DHSS TEMP 3	REGF IO 4	155.160	7TACS3D	7MED67D	8TAC93D
	MO EVENT 4	MODRS COMMON	F EVENT 1	MTAC	7TACS4		8TAC94
	MO EVENT 5	MODRS TRVL	F EVENT 2	154.600 pl 156.7 both	7TACS4D		8TAC94D
		SNS TAC	F EVENT 3	VCALL10	7TACS5		
			F EVENT 4	VTAC11	7TACS5D		
				VTAC12	7TACS6		
				VTAC13	7TACS6D		
				VTAC14	7CALL70		
				VTAC 36	7CALL70D		
				VTAC 36 D	7TAC71		
				VTAC37	7TAC71D		
				VTAC 37 D	7TAC72		
				VLAW31	7TAC72D		
				Tx/Rx 155.4750	7TAC73		
				VLAW32	7TAC73D		
				Tx/Rx 155.4825	7TAC74		
				SHF NET	7TAC74D		
				Rx only 155.7300	7TAC75		
				MODRS RPT	7TAC75D		
				Rx 154.3475 CSQ	7TAC76		
				Tx 150.7825 PL 250.3	7TAC76D		
				MODRS DIRECT			
				TX/RX 154.3475 Both with PL 250.3			

IV. Hospital MOSWIN Radios

There are a total of 143 radios of a combination of Control Stations, Mobiles and Handhelds provided to 94 Missouri Hospitals. A list of those hospitals is available in the Appendix A.

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Zone 7
HOME	MO Hlth. Med IO	MO IO	700 IO	700 EMS	800 IO	VHF IO
Home Co All	MO MHA 1	MO IO CALL	7CALL50	7MED65	8CALL90	VMED28 TX/RX 155.3400
	MO MHA 2	MO IO 1	7CALL50D	7MED65D	8CALL90D	VMED29 TX/RX 155.3475
REGX EMS 1	MO MHA3	MO IO 2	7TACS1	7MED66	8TAC91	MED TAC 1 TX/RX 155.2200
REGX EMS 2	DHSS COMMON	MO IO 3	7TACS1D	7MED66D	8TAC91D	MED TAC 2 TX/RX 155.4000
REGX EMS 3	DHSS TAC	MO IO 4	7TACS2	7MED86	8TAC92	VCALL10 RX/TX 155.7525 PL 156.7
REGX IO CALL	DHSS TEMP 1	MO EVENT 1	7TACS2D	7MED86D	8TAC92D	VTAC11 RX/TX 151.1375 PL: 156.7
REGX IO 1	DHSS TEMP 2	MO EVENT 2	7TACS3	7MED87	8TAC93	VTAC12 RX/TX: 154.4525 PL: 156.7
REGX IO 2	DHSS TEMP 3	MO EVENT 3	7TACS3D	7MED87D	8TAC93D	VTAC13 RX/TX 158.7375 PL: 156.7
REGX IO 3		MO EVENT 4	7TACS4		8TAC94	VTAC14 RX/TX 159.4725 PL: 156.7
REGX IO 4		MO EVENT 5	7TACS4D		8TAC94D	VTAC 36 RX 151.1375 TX 159.4725 CSQ/136.5
REGX EVENT 1			7TACS5			VTAC 36 D RX/TX VTAC 37
REGX EVENT 2			7TACS5D			VTAC 37 D
REGX EVENT 3			7TACS6			MTAC 154.6800 PL 156.7 both
REGX EVENT 4			7TACS6D			
REGX EVENT 5			7CALL70			
			7CALL70D			
			7TAC71			
			7TAC71D			
			7TAC72			
			7TAC72D			
			7TAC73			
			7TAC73D			
			7TAC74			
			7TAC74D			
			7TAC75			
			7TAC75D			
			7TAC76			
			7TAC76D			

V. Mobile Communication Trailers MOSWIN Radios

MHA has 16 mobile communication trailers. Each asset is equipped with a fixed and handheld radio.

Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Zone 7	Zone 8
HOME	MO IO	MO Hlth.Med IO	F REG IO	VHF IO	700 IO	700 EMS	800 IO
Cole Co All	MO IO CALL	MO MHA 1	F EMS 1	VMED28 TX/RX 155.3400	7CALL50	7MED65	8CALL90
Cole Co Trvl	MO IO 1	MO MHA 2	F EMS 2	VMED29 TX/RX 155.3475	7CALL50D	7MED65D	8CALL90D
	MO IO 2	MO MHA 3	F EMS 3	MED TAC 1 TX/RX 155.2200	7TAC51	7MED66	8TAC91
	MO IO 3	DHSS COMMON	REGF IO CALL	MED TAC 2 TX/RX 155.4000	7TAC51D	7MED66D	8TAC91D
	MO IO 4	DHSS TAC	REGF IO 1	HEAR 160 155.160	7TAC52	7MED86	8TAC92
	MO EVENT 1	DHSS TEMP 1	REGF IO 2	MTAC	7TAC52D	7MED86D	8TAC92D
	MO EVENT 2	DHSS TEMP 2	REGF IO 3	154.680 pl 156.7 both	7TAC53	7MED87	8TAC93
	MO EVENT 3	DHSS TEMP 3	REGF IO 4	VCALL10	7TAC53D	7MED87D	8TAC93D
	MO EVENT 4	MODRS COMMON	F EVENT 1	VTAC11	7TAC54		8TAC94
	MO EVENT 5	MODRS TRVL	F EVENT 2	VTAC12	7TAC54D		8TAC94D
		SNS TAC	F EVENT 3	VTAC13	7TAC55		
			F EVENT 4	VTAC14	7TAC55D		
				VTAC 36	7TAC56		
				VTAC 36 D	7TAC56D		
				VTAC37	7CALL70		
				VTAC 37 D	7CALL70D		
				VLAW31 Tx/Rx 155.4750	7TAC71		
				VLAW32 Tx/Rx 155.4825	7TAC71D		
				SHF NET Rx only 155.7300	7TAC72		
				MODRS RPT	7TAC72D		
				See Comment	7TAC73		
				MODRS DIRECT			
				See Comment			
					7TAC73D		
					7TAC74		
					7TAC74D		
					7TAC75		
					7TAC75D		
					7TAC76		
					7TAC76D		

VI. Emergency Medical Services

The Statewide Mutual Aid EMS Coordinator and each Regional EMS Coordinator have a portable radio. A list of the contacts is available in Appendix B.

Within the nonurban regions, the local EMS services also have 293 mobile, 270 portable and 42 control station radios. A list of the EMS services is available in Appendix C.

VII. County Emergency Directors

The State Emergency Management Agency has provided the county EMDs with 175 mobile, 239 portable and 19 control station radios. A list of those counties is available in Appendix D.

VIII. Public Health Agencies

The Missouri Department of Health and Senior Services has provide local public health agencies with 12 mobile, 44, portable and 70 control station radios. Many of the counties have the MHA talkgroups. A list of health departments is in Appendix E.

IX. Interoperable Communications

Communications between agencies can be accomplished in several ways depending upon the capabilities of the agencies involved. Additional information regarding interoperable talkgroups is available in the Appendix.

Non-MOSWIN Conventional Interoperability Channels

Conventional **off-network, discipline-specific mutual aid** channels are still available to communicate with other user agencies. Every radio on the *MOSWIN* system is equipped with conventional state and national interoperability channels. Typically these include local **on-scene, incident based** channels as listed below.

MTAC can be used as a statewide calling/hailing channel for assistance or for coordination. MTAC is available statewide for public safety users who have an MOU with the state.

VCALL10 is the **on-scene, incident-based** calling channel, typically to an ICS Incident Commander (IC).

VTAC 11-14 (4 channels) are **on-scene, incident-based** tactical channels subject to assignment by the incident commander (IC). On larger incidents a *MOSWIN* regional or event talk group might be implemented in addition to the conventional channels to increase capacity or to meet other operational requirements

VTAC 36 and VTAC 37. VTAC 36 and VTAC 37 are for use with repeaters. Portable repeaters may be established at a scene or other operational venue to expand the radio coverage area. Various agencies throughout the state have these portable repeaters available. The *MOSWIN* deployable trailer is also equipped with onboard VTAC 36 and VTAC 37 repeaters.

Special access tones: With the exception of VCALL10, all VHF I/O channels are protected from extraneous interference and the reception of certain other on-channel users by the use of special access tones known as CTCSS (Continuous Tone Coded Squelch). Stations not using the same CTCSS special access tones will not be heard.

VCALL10 through VTAC 14 are also available in this zone but without the use of special access CTCSS tones on each channel as in the VHF I/O zone. Channels in this zone are provided to communicate with

users who may have special tones different from those used in radios programmed for use on the *MOSWIN* system. By default, VCALL10 does not use special access tones regardless of the zone.

VMED 28 and VMED 29, MED TAC 1, MED TAC 2 are for use among EMS providers.

HEAR 160, VLAW 31, VLAW 32, SHF NET, MODRS RPT, MODRS DIRECT are not authorized for MHA use.

700 I/O and 800 I/O (non-MOSWIN)

These are national interoperability channels in the 700-800 MHz range. The 700 MHz channels are all digital mode. The 800 MHz channels are all analog mode. Any channel in the 700-800 MHz range having a naming convention which includes the word 'Call' should be treated as a 'hailing' channel. All other channels may be considered as 'working' channels. **This does not apply to the Mobile Communication Trailers. They are equipped with radios to support this communication system.**

MOSWIN Trunked Statewide Interoperability Talk Groups

MO IO Talk Groups

Five **statewide** interoperable (I/O) talk groups are "must carry" in all radios on *MOSWIN*:

- MO I/O CALL Hailing talk group, scanned as secondary to regional calling channel
- MO I/O 1 Working talk group
- MO I/O 2 Working talk group
- MO I/O 3 Working talk group
- MO I/O 4 Working talk group

These talk groups can be used to communicate with any system user statewide. The statewide interoperability talk groups are intended for coordination of incidents and resources across multiple regions. Statewide interoperability talk groups have inter-regional coverage and can be used by users roaming outside their home region.

Control stations at PSAPS throughout the state are equipped with these talk groups to support statewide operations and to provide emergency support to out-of-region *MOSWIN* users.

Trunked Regional Interoperability Talk Groups

Region I/O Talk Groups

Each of the nine regions have five (5) **Regional** I/O talk groups specifically for operations in their region:

Examples:

REG F I/O CALL	Hailing talk group, scanned by PSAPS and MSHP
REG F I/O 1	Working talk group
REG F I/O 2	Working talk group
REG F I/O 3	Working talk group
REG F I/O 4	Working talk group

These are "must carry" in all radios on *MOSWIN* and can be used to communicate with other system users **region-wide**. Regional I/O talk groups are for emergency, mission-critical communications

Control stations at PSAPS throughout each region are equipped with these talk groups. Every PSAP must rest on their "Region I/O Call". If the PSAP borders another Region the PSAP may scan the bordering "Region I/O Call" as well.

Trunked Events Talk Groups

Region 'Event' Talk Groups

Located within their respective state or regional group zones.

Regional "Event" talk groups have been provisioned in the system for special events usage. These are "must carry" in all radios on MOSWIN. The Event talk groups are normally disabled but may be activated upon request to the MOSWIN System Administrator on a temporary basis and for a specific duration. Some examples of events might include the governor's inauguration, the Tour of Missouri, the Missouri state fair, local fairs or festivals, etc. Usage of these talk groups are subject to MOSWIN guidelines and directives of the event organizer or on-scene commander.

County ALL Talk Groups

HOME

The "County ALL" talk group is located in the HOME zone. The appropriate 'County ALL' talk group is determined by the primary geographic location of the radio.

"County ALL" talk groups are intended to facilitate agency to agency, multi-discipline Interoperable communication within a specific county. Traffic is permitted on this channel without MOSWIN coordination. It should be noted this is a countywide talk group utilized by all users in the county. As such, this talk group will support traffic from all disciplines so there should be no expectation by users that this talk group is private.

X. Operational Matters

Standard Radio Operation Procedures

MHA is considered a Level 2 *MOSWIN* agency and is subject to MOSWIN System Administration Interoperable Talkgroup Procedures Policy.

MHA talk groups will not be allowed to be shared with agencies other than those which have existing talk group sharing agreements with MHA.

Contacting another in-Region MOSWIN user:

MOSWIN members will utilize their home Region I/O "Call" talkgroup to contact each other. Once contact is made, the called party should move the conversation off the Region Call talkgroup to another talkgroup to continue the conversation.

Contacting another out-of-Region MOSWIN user

MOSWIN radio traffic is limited to mission-critical public safety communications. When there is a mission critical need and *MOSWIN* is the most expedient communications method available; switch from Region I/O Call to another talkgroup to make the call. Once the call/incident is completed, both parties will return to their Region Call.

Semi-Annual communications exercise.

SEMA conducts a semi-annual communications network exercise for all regions with an MHA or DHSS provided radio, which includes hospitals and LPHAs. The exercise will be conducted using the respective Region IQ talkgroup.

Emergency button

The orange emergency button has Priority Level One system access. This data signal overrides any other communication on the currently selected talk group. The activation of an emergency button will be heard by all users on the talk group plus any *MOSWIN* consoles configured with that talk group. The identity of the *radio* (not the radio operator) is transmitted along with the emergency 'text' and tone. The exact physical location of the *radio* cannot be determined except by voice announcement of the radio user.

IMPORTANT: The radio that initiates the emergency must clear the emergency. Otherwise the radio will continue to issue emergency notifications at pre-programmed intervals. To exit emergency press and hold the Orange emergency button for about one second. The word 'emergency' will disappear from the radio screen when the radio is reset to normal operation.

The emergency button will NOT report an emergency to the *MOSWIN* network if the radio is on a conventional 'off-network' channel, such as one of the VTAC channels. Stations on the conventional channel may hear the alert tone and the momentary microphone audio (if this feature is activated) but will not decode the radio ID.

Interoperability with State and Local Agencies

Communicating with other agencies on the *MOSWIN* system may be achieved **On Network** or **Off Network**.

On Network

- Sharing agency talk groups - An agency allows another agency access to one of its talk groups.
- Sharing statewide, regional and event interoperability zones - All *MOSWIN* user radios are preprogrammed to operate in these zones.
- Console patching – Console patching is a function of a dispatch console that allows the console operator to temporarily join multiple talk groups together to operationally act as one. For example, a console with access to multiple agencies could patch together talk groups from these disparate agencies for temporary operations. Although DHSS is not equipped with consoles some agencies, such as SEMA, have this capability. [See the MOSWIN Intersystem Connection Policy in the Appendix for more information on patching.](#)

- Dynamic Regrouping – Dynamic regrouping is a system function that allows the *MOSWIN* network operations center (NOC) to temporarily combine selected radios into a new predefined talk group. Regrouping is only enacted under extraordinary circumstances.

Off Network

MOSWIN users may communicate with other *MOSWIN* users and non-*MOSWIN* users on the legacy conventional channels such as VLAW31 (former Law Mutual Aid), Point-to-Point, MTAC, VCALL/VTAC and similar interoperable channels.

Accessing **Off Network** (*conventional*) channels requires leaving the *MOSWIN* network. Users will not be able to hear or communicate on any *MOSWIN* talk groups while in **Off Network** status. A one or two second delay will be experienced when returning to the *MOSWIN* network while the radio re-affiliates itself with the network.

XI. Specialized Communication

There are inevitably situations that fall beyond the normal communications procedures that require specialized communications preparation or reaction. The following are some categorizations of circumstances and possible preparations or reactions.

Normal Operations

Under normal circumstances individual agencies operate on their routine talk groups.

ACTION - Normal radio traffic is handled on talk groups between field units and dispatch.

Planned Event Operations

Often there is a need to enhance communications capabilities for a specific event that is known well in advance. In these situations communications enhancements may be implemented to support a higher volume of routine traffic.

ACTION - For planned events, the EVENTS talk groups can be activated in advance for the area surrounding the event to allow additional talk paths for personnel working the event and for those responding to incidents within the event. Event communications may be partially or entirely carried on *MOSWIN* 'EVENT' talk groups. Event talk groups may be activated on a temporary basis and for a specific duration upon request to the *MOSWIN* Network Operations Center (NOC). Two weeks advanced notice and a completed ICS-205 form is required for activating planned event talkgroups.

Urgent Situations

Urgent situations may require special communications resources and assignments.

ACTION - An incident that may produce a large amount of radio traffic or demand a great deal of focus without interruption should be moved to a talk group specifically assigned for that purpose. This allows other personnel to continue with routine traffic while urgent traffic is handled separately. Instances in which a large number of users occupy one *MOSWIN* talk group or one conventional channel may require a person to 'control' the traffic flow in an orderly fashion. Such a person would be entitled 'net control.'

Emergency Situations

Emergency situations may require a coordinated response of several responders from multiple agencies.

ACTION - In a localized incident on-scene shared talk groups or conventional interoperability channels should be used by the incident commander to facilitate communications within the incident perimeter and back to dispatch. In a large scale wide area incident, such as a tornado, wide area regional interoperability talk groups, and statewide interoperability talk groups are available to incident commanders for response coordination.

Deployment Situations

In prolonged incidents or incidents in areas requiring enhanced communications it may be necessary to deploy additional communications equipment or processes at or near the incident scene.

ACTION - Off network/On Network, Cross-banding and increased capacity communications architectures may be necessary to support an operation. DPS deployable equipment may be utilized to support these types of operations. Such 'On Network' activities must be authorized and coordinated with the MOSWIN system administrator.

XII. Contingency Plans

Capacity Overload

A site that is temporarily overloaded with users will send a "busy" tone to the radio. Capacity overload conditions are usually of short duration but during an incident the conditions may persist.

To overcome overload conditions in the short term, traffic should be restricted to emergency traffic only. Agencies with a large number of users may employ an announcement talk group to broadcast special notices. Note: DHSS radios are not programmed with an announcement talk group.

XIII. MOSWIN Failure Modes

Site Trunking

If a *MOSWIN* site loses communication with its zone controller it will go into **Site Trunking** mode. Users may communicate with each other on their trunked talk groups but only in the area normally served by the site. Regional or statewide communication will not be possible during site trunking.

Failsoft

If a *MOSWIN* site fails due to complete trunking system failure it will go into Failsoft mode. Channels will no longer be 'trunked' but will revert to a conventional repeater style of operation for localized communications. Each radio using the site will automatically switch to its predesignated Failsoft channel. Unlike normal trunking operation, the failsoft channel will only accommodate one person speaking at a time. Wide area multi-site operations will not be possible from this site under this condition.

Contingent method

During a localized outage it may still be possible to stay **On Network** through an adjacent tower site. However, if the user is not within range of another tower site it will be necessary to relay radio traffic to a working site or to another agency by making contact on conventional interoperable radio channels.

XIV. Radio Etiquette

- Plain talk is by MOSWIN policy the standard for all radio communications.
- Usage of 10 codes or acronyms is discouraged when utilizing the MOSWIN Interoperable Talkgroups.
- MOSWIN suggests the phonetic spelling.

A - Adam	J - John	S - Sam
B - Boy	K - King	T - Tom
C - Charles	L - Lincoln	U - Union
D - David	M - Mary	V - Victor
E - Edward	N - Nora	W - William
F - Frank	O - Ocean	X - X-Ray
G - George	P - Paul	Y - Young
H - Henry	Q - Queen	Z - Zebra
I - Ida	R - Robert	

Exercise Radio Role Call Exercise Script

Starting the MOSWIN Radio Test: "This is the (date) Region H Healthcare Emergency Preparedness Coalition MOSWIN Radio Test (exercise name) on (talk group)".

Calling for agencies: "Nodaway County Health Department (calling agency) to (agency) on (talk group) do you copy?"

Once the Agency replies: "Confirmed (agency) on (talk group) thank you"

If agency member does not reply after a second call out: "Nodaway County Health Department (calling agency) to (agency), Negative Contact." *(The agency may hear you, but you cannot hear them and this lets them know).*

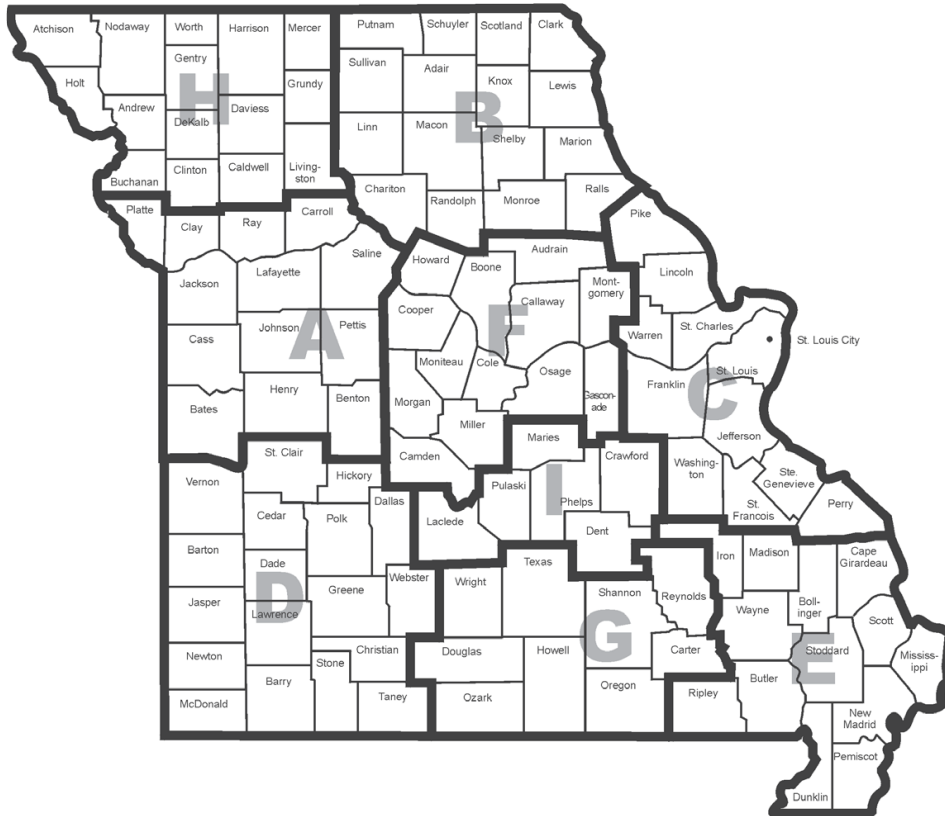
Continue down the list of agencies/participants.

Last Call: "Nodaway County Health Department (calling agency) now open for any Region H Healthcare Emergency Preparedness Coalition (exercise name) participant missed during the call on (talk group), please reply if missed."

After the final agency is called, finish with: "This concludes the Region H Healthcare Coalition Radio Test (exercise name) on (talk group)"

APPENDIX

State Map with Regional Boundaries



Hospitals

Agency	HCC Region	Hwy Patrol Region
Bothwell Regional Health Center	MARC	A
Carroll County Memorial Hospital	MARC	A
Fitzgibbon Hospital	MARC	A
Golden Valley Memorial Healthcare	MARC	A
Lafayette Regional Health Center	MARC	A
Ray County Memorial Hospital	MARC	A
Saint Luke's Hospital	MARC	A
Saint Luke's Rehabilitation Hospital	MARC	A
Saint Mary's Hospital	MARC	A
University Of Kansas Hospital	MARC	A
Western Missouri Medical Center	MARC	A
Hannibal Regional Healthcare System	NE	B
Moberly Regional Medical Center	NE	B
Northeast Regional Medical Center	NE	B
Pershing Memorial Hospital	NE	B
Putnam County Hospital	NE	B
Samaritan Hospital	NE	B
Scotland County Hospital	NE	B

Sullivan County Memorial Hospital	NE	B
Barnes - Jewish Hospital	STARRS	C
Barnes - Jewish Saint Peters Hospital	STARRS	C
Barnes - Jewish West County Hospital	STARRS	C
Christian Hospital	STARRS	C
DePaul Hospital	STARRS	C
Des Peres Hospital	STARRS	C
Mercy Hospital - Jefferson	STARRS	C
Mercy Hospital - Lincoln	STARRS	C
Mercy Hospital - Saint Louis	STARRS	C
Mercy Hospital - Washington	STARRS	C
Missouri Baptist Medical Center	STARRS	C
Northwest HealthCare	STARRS	C
Parkland Health Center - Bonne Terre	STARRS	C
Parkland Health Center - Farmington (liberty Rd)	STARRS	C
Parkland Health Center - Farmington (weber Rd)	STARRS	C
Pike County Memorial Hospital	STARRS	C
Progress West Hospital	STARRS	C
Ranken Jordan Home for Convalescent Crippled Children	STARRS	C
Saint Alexius Hospital Corporation #1	STARRS	C
Saint Anthony's Medical Center	STARRS	C
Saint Clare Hospital	STARRS	C

Saint Louis University Hospital	STARRS	C
SSM Health Cardinal Glennon Children's Hospital	STARRS	C
SSM Health Care Saint Louis	STARRS	C
SSM Health Saint Joseph Hospital - Saint Charles	STARRS	C
SSM Health Saint Joseph Hospital - Wentzville	STARRS	C
SSM Saint Joseph Hospital - Lake Saint Louis	STARRS	C
Washington County Memorial Hospital	STARRS	C
Citizens Memorial Hospital	SW	D
Cox Hospital - Monett	SW	D
Cox Hospital South - Springfield	SW	D
Cox Medical Center - Branson	SW	D
Ellett Memorial Hospital	SW	D
Freeman Health System	SW	D
Freeman Hospital - Neosho	SW	D
Mercy / Saint John's Hospital - Aurora	SW	D
Mercy / Saint John's Hospital - Cassville	SW	D
Mercy / Saint John's Hospital - Joplin	SW	D
Mercy / Saint John's Hospital - Springfield	SW	D
Nevada Regional Medical Center	SW	D
Black River Medical Center	SE	E
Cross Trails Medical Center (FQHC)	SE	E
Iron County Medical Center	SE	E

Madison Medical Center	SE	E
Missouri Delta Medical Center	SE	E
Pemiscot Memorial Health System	SE	E
Perry County Memorial Hospital	SE	E
Sainte Genevieve County Memorial Hospital	SE	E
Southeast Health Cape Girardeau	SE	E
Southeast Health Center of Stoddard County	SE	E
Southeast Missouri Mental Health Center	SE	E
Saint Francis Hospital And Health Services	SE	E
Saint Francis Medical Center	SE	E
Boone Hospital Center	CN	F
Callaway Community Hospital	CN	F
Capital Regional Medical Center	CN	F
Harry S Truman Memorial Veterans' Hospital	CN	F
Lake Regional Hospital	CN	F
Lake Regional Hospital - Security	CN	F
Saint Mary's Hospital (Audrain Medical Center)	CN	F
Saint Mary's Hospital (SSM Health)	CN	F
University Of Missouri Health Care	CN	F
Ozarks Medical Center	SW	G
Texas County Memorial Hospital	SW	G
Cameron Regional Medical Center	NW	H

Harrison County Community Hospital	NW	H
Hedrick Medical Center	NW	H
MOSAIC Life Care - Heartland Regional Medical Center	NW	H
Mosaic Medical Center - Albany	NW	H
Wright Memorial Hospital	NW	H
Fairfax Community Hospital	NW	H
Mercy / Saint John's Hospital - Lebanon	SW	I
Missouri Baptist Sullivan Hospital	SW	I
Phelps Health	SW	I
Salem Memorial District Hospital	SW	I

Appendix B

EMS Statewide and Regional Mutual Aid Coordinators

Statewide Coordinator (Mercy Hospital Springfield)	Bob Patterson	417/820-5450	robert.patterson@mercy.net
Region A (Lee's Summit Fire Department)	Dan Manley	816/969-1304	dmanley@cityofls.net
Region B (Marion County Ambulance District)	John Clemens	573/221-5510	jclemens@mcadems.com
Region C	Chris McCarthy		cmccarthy@fentonfire.org
Region D (shane.vaughn@mercy.net)	Shane Vaughn	417/820-2000	William.Vaughan@Mercy.Net
Region E (North Scott Co. Ambulance District)	Larry Chasteen	573/887-6311	lchasteen@sbcglobal.net
Region G (Mercy EMS)	Jack Davis	417/934-6212	Jack.Davisjr@Mercy.Net
Region H (NTA Ambulance District)	John Barclay	660/425-6319	ntatrain@grm.net
Region I (Mercy EMS)	Bruce Naugle	417/718-1197	Bruce.Naugle@Mercy.Net

Emergency Medical Services

Agency	HCC Region	Hwy Patrol Region
Bates County Memorial Hospital Ambulance	MARC	A
Cole Camp Community Ambulance District	MARC	A
Golden Valley Memorial Healthcare - EMS	MARC	A
Odessa EMS	MARC	A
Pettis County Ambulance District	MARC	A
LifeFlight Eagle	MARC	A
Ray County Ambulance District*	MARC	A
Adair County Ambulance District	Northeast	B
Chariton County Ambulance District	Northeast	B
Clark County Ambulance	Northeast	B
Knox County Ambulance District	Northeast	B
Knox County Rescue Squad	Northeast	B
Lewis County Ambulance District	Northeast	B
Linn County Ambulance District	Northeast	B
Macon County Ambulance District	Northeast	B
Marion County Ambulance District	Northeast	B
Monroe City Ambulance District	Northeast	B
Ralls County Ambulance District	Northeast	B

Salt River Ambulance District	Northeast	B
Schuyler County Ambulance District	Northeast	B
Scotland County Ambulance District	Northeast	B
Lincoln County Ambulance District	Northeast	C
Christian Hospital EMS	STARRS	C
Northeast Ambulance and Fire Protection District	STARRS	C
Saint Louis Children's Hospital	STARRS	C
Washington University - EMS	STARRS	C
Barton County Memorial Hospital	Southwest	D
Citizens Memorial Hospital Ambulance Service	Southwest	D
Cox Air Care	Southwest	D
Cox North Hospital	Southwest	D
Freeman Ambulance Service - Anderson	Southwest	D
Freeman Neosho Ambulance Service	Southwest	D
Mercy / Saint John's Ems - Barry County	Southwest	D
Mercy / Saint John's Ems - Greene County - Springfield	Southwest	D
Metro Emergency Transport System	Southwest	D
Mount Vernon Ambulance District	Southwest	D
Newton County Ambulance District	Southwest	D
Taney County Ambulance District	Southwest	D
Air Evac Lifeteam - Poplar Bluff	Southeast	E

Air Evac Lifeteam - Sikeston	Southeast	E
Bollinger County EMS	Southeast	E
Cape County Private Ambulance Service Inc.	Southeast	E
Clearwater Ambulance District	Southeast	E
Dunklin County Ambulance District	Southeast	E
East Wayne County Ambulance District	Southeast	E
North Scott County Ambulance District	Southeast	E
Ripley County Ambulance District	Southeast	E
South Scott County Ambulance District	Southeast	E
Stoddard County Ambulance District	Southeast	E
Twin Rivers Regional Medical Center	Southeast	E
Callaway County Ambulance District	Central	F
Cole County EMS	Central	F
Cooper County Ambulance District	Central	F
Cooper County Memorial Hospital	Central	F
Osage County Ambulance District	Central	F
University of Missouri Health Care Ambulance Service	Central	F
East Carter County Ambulance	Southwest	G
New Madrid County EMS	Southwest	G
Oregon County Ambulance District	Southwest	G
Ozark County Ambulance District	Southwest	G

South Howell County Ambulance District	Southwest	G
West Carter County Ambulance District	Southwest	G
Willow Springs Ambulance District	Southwest	G
Andrew County EMS	Northwest	H
Atchison-Holt Ambulance District	Northwest	H
Buchanan County EMS	Northwest	H
Caldwell County Ambulance District	Northwest	H
Cameron Ambulance District*	Northwest	H
Chillicothe Ems	Northwest	H
DeKalb-Clinton Ambulance District	Northwest	H
Mercer County Ambulance District	Northwest	H
Nodaway County Ambulance District	Northwest	H
North Harrison County Ambulance District	Northwest	H
NTA Ambulance District	Northwest	H
Tri-County Ambulance District	Northwest	H
Dixon Ambulance District	Southwest	I
North Crawford County Ambulance District	Southwest	I
Ozark Central Ambulance District	Southwest	I
Phelps County Regional Medical Center - Ambulance	Southwest	I
Saint James Ambulance District	Southwest	I
Steelville Ambulance District	Southwest	I

County Emergency Directors

Agency	HCC Region	Hwy Patrol Region
Bates County Emergency Management	MARC	A
Benton County Emergency Management	MARC	A
Henry County Emergency Management	MARC	A
Johnson County Emergency Management	MARC	A
Lafayette County Emergency Management	MARC	A
Marshall / Saline County Emergency Management	MARC	A
Rich Hill Emergency Management Agency	MARC	A
Sedalia / Pettis County Emergency Management	MARC	A
Cass County Emergency Management Agency	MARC	A
Central Jackson County Emergency Management	MARC	A
Independence Emergency Operations Center	MARC	A
Jackson County Office of Emergency Preparedness	MARC	A
Kansas City Office Of Emergency Management	MARC	A
Oak Grove Emergency Management	MARC	A
Platte County Emergency Management	MARC	A
Ray County Emergency Management	MARC	A
Brookfield Emergency Management	NE	B
Clark County Emergency Management	NE	B
Hannibal/Marion Emergency Management	NE	B
Kirksville Emergency Management	NE	B
Knox County Emergency Management	NE	B
Lewis County Emergency Management	NE	B
Linn County Emergency Management	NE	B
Macon County Emergency Management	NE	B
Monroe County Emergency Management	NE	B
Palmyra Emergency Management	NE	B
Schuylers County Emergency Management	NE	B
Sullivan County Emergency Management	NE	B
Elsberry Emergency Management Agency	STARRS	C
Franklin County Emergency Management	STARRS	C
Lincoln County Emergency Management	STARRS	C
New Haven Emergency Management	STARRS	C
Perry County Emergency Management	STARRS	C
Pike County Emergency Management	STARRS	C
Sainte Genevieve County Emergency Management	STARRS	C
Warren County Emergency Management	STARRS	C
Washington Emergency Management	STARRS	C
Saint Louis City Emergency Management	STARRS	C
Ash Grove Emergency Management	SW	D

Barry County Emergency Management	SW	D
Barton County Emergency Management	SW	D
Bolivar Emergency Management	SW	D
Christian County Emergency Management	SW	D
Dade County Emergency Management	SW	D
Fair Grove Emergency Management Agency	SW	D
Forsyth Emergency Management	SW	D
Hickory County Emergency Management	SW	D
Joplin / Jasper County Emergency Management	SW	D
Lawrence County Emergency Management	SW	D
McDonald County Emergency Management	SW	D
Monett Emergency Management	SW	D
Polk County Emergency Management	SW	D
Saint Clair County Emergency Management	SW	D
Springfield / Greene County Emergency Management	SW	D
Stone County Emergency Management	SW	D
Taney County Emergency Management	SW	D
Vernon County Emergency Management	SW	D
Webb City Emergency Management	SW	D
Webster County Emergency Management	SW	D
Willard Emergency Management	SW	D
Butler County Emergency Management	SE	E
Cape Girardeau County Emergency Management	SE	E
Cape Girardeau Emergency Management	SE	E
Cardwell Office of Emergency Management	SE	E
Dexter Emergency Management	SE	E
Dunklin County Emergency Management	SE	E
Greenville Emergency Management	SE	E
Iron County Emergency Management	SE	E
Jackson Emergency Management	SE	E
Malden Emergency Management	SE	E
Mississippi County Emergency Management	SE	E
New Madrid County Emergency Management	SE	E
Ripley County Emergency Management	SE	E
Scott County Emergency Management	SE	E
Stoddard County Emergency Management	SE	E
Audrain County Emergency Management	CN	F
Callaway County EMA/911	CN	F
Camden County Emergency Management	CN	F
Cole County Emergency Management	CN	F
Cooper County Emergency Management	CN	F
Eldon Emergency Management	CN	F
Gasconade County Emergency Management	CN	F

Howard County Emergency Management	CN	F
Moniteau County Emergency Management	CN	F
Montgomery County Emergency Management	CN	F
Owensville Emergency Management	CN	F
Region F RHSOC	CN	F
Carter County Emergency Management Agency	SW	G
Douglas County Emergency Management	SW	G
Howell County Emergency Management	SW	G
Oregon County Emergency Management	SW	G
Ozark County Emergency Management	SW	G
Shannon County Emergency Management	SW	G
Thayer Emergency Management Agency	SW	G
West Plains Emergency Management Agency	SW	G
Andrew County Emergency Management	NW	H
Atchison County 911/Emergency Management	NW	H
Buchanan County Emergency Management	NW	H
Caldwell County Emergency Management	NW	H
Cameron Emergency Management Agency	NW	H
Clinton County Emergency Management	NW	H
Daviess County Emergency Management	NW	H
Gentry County Emergency Management	NW	H
Grundy County Emergency Management	NW	H
Livingston County / Chillicothe Emergency Management	NW	H
Mercer County Emergency Management	NW	H
Worth County Emergency Management Agency	NW	H
Laclede County Emergency Management	SW	I
Maries County Emergency Management	SW	I
Rolla HSRT	SW	I

Public Health Departments

Agency	HCC Region	Hwy Patrol Region
Pettis County Health Center	CN	A
Bates County Health Department	MARC	A
Benton County Health Center	MARC	A
Carroll County Health Department	MARC	A
Cass County Health Department	MARC	A
Clay County Public Health Center	MARC	A
Henry County Health Center	MARC	A
Independence Health Department	MARC	A
Jackson County Health Department	MARC	A
Johnson County Community Health Services	MARC	A
Kansas City Health Department	MARC	A
Lafayette County Health Department	MARC	A
Platte County Health Department	MARC	A
Ray County Health Department	MARC	A
Saline County Health Department	MARC	A
Chariton County Health Department	NE	B
Clark County Health Department	NE	B
Knox County Health Department	NE	B
Lewis County Health Department	NE	B

Linn County Health Department	NE	B
Macon County Health Department	NE	B
Marion County Health Department	NE	B
Monroe County Health Department	NE	B
Putnam County Health Department	NE	B
Ralls County Health Department	NE	B
Randolph County Health Department	NE	B
Schuyler County Health Department	NE	B
Scotland County Health Department	NE	B
Shelby County Health Department	NE	B
Sullivan County Health Department	NE	B
Adair County Health Department	NE	B
Saint Francois County Health Center	SE	C
Franklin County Health Department	STARRS	C
Jefferson County Health Department	STARRS	C
Lincoln County Health Department	STARRS	C
Pike County Health Department	STARRS	C
Saint Charles County Community Health & Environment	STARRS	C
Saint Louis City Department Of Health	STARRS	C
Saint Louis County Department of Health	STARRS	C
Saint Louis County Human Services	STARRS	C
Warren County Health Department	STARRS	C

Washington County Health Department	STARRS	C
Cedar County Health Department	SW	D
Christian County Health Department	SW	D
Dade County Health Department	SW	D
Dallas County Health Department	SW	D
Jasper County Health Department	SW	D
Joplin City Health Department	SW	D
Lawrence County Health Department	SW	D
McDonald County Health Department	SW	D
Newton County Health Department	SW	D
Polk County Health Center	SW	D
Saint Clair County Health Center	SW	D
Springfield/Greene County Health Department	SW	D
Stone County Health Department	SW	D
Taney County Health Department	SW	D
Vernon County Health Department	SW	D
Webster County Health Unit	SW	D
Barry County Health Department	SW	D
Barton County Health Department	SW	D
Bollinger County Health Department	SE	E
Butler County Health Department	SE	E
Cape Girardeau County Public Health Department	SE	E

Dunklin County Health Department	SE	E
Iron County Health Department	SE	E
Madison County Health Department	SE	E
Mississippi County Health Department	SE	E
New Madrid County Health Department	SE	E
Pemiscot County Health Center	SE	E
Perry County Health Department	SE	E
Ripley County Public Health Center	SE	E
Sainte Genevieve County Health Department	SE	E
Scott County Health Department	SE	E
Stoddard County Public Health Department	SE	E
Wayne County Health Department	SE	E
Callaway County Health Department	CN	F
Camden County Health Department	CN	F
Cole County Health Department	CN	F
Columbia / Boone County Health Department	CN	F
Cooper County Health Department	CN	F
Gasconade County Health Department	CN	F
Howard County Public Health Department	CN	F
Miller County Health Center	CN	F
Moniteau County Health Center	CN	F
Montgomery County Health Department	CN	F

Morgan County Health Department	CN	F
Osage County Health Department	CN	F
Audrain County Health Department	CN	F
MO State Public Health Laboratory	CN	F
Carter County Health Department	SW	G
Douglas County Health Department	SW	G
Howell County Health Department	SW	G
Oregon County Health Department	SW	G
Ozark County Health Center	SW	G
Reynolds County Health Center	SW	G
Shannon County Health Center	SW	G
Texas County Health Department	SW	G
Wright County Health Department	SW	G
Laclede County Health Department	SW	G
Caldwell County Health Department	NW	H
Clinton County Health Department	NW	H
Daviess County Health Department	NW	H
Grundy County Health Department	NW	H
Harrison County Health Department	NW	H
Holt County Health Department	NW	H
Livingston County Health Center	NW	H
Mercer County Health Department	NW	H

Nodaway County Health Center	NW	H
Saint Joseph City Health Department	NW	H
Tri - County Health Department (Worth County)	NW	H
Andrew County Health Department	NW	H
Atchison County Health Department	NW	H
Crawford County Nursing Service/Health Department	SW	I
Dent County Health Center	SW	I
Phelps / Maries County Health Department	SW	I
Pulaski County Health Center	SW	I

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