

Metro Region ARMER Standards

Section 5 – Metro 5.4.0 Hospital Access

Date Established

3-17-04

Date Revised/Reviewed

3-24-04

1. Purpose or Objective

To establish a policy which provides hospital security voice communications using the metropolitan regional portion of the ARMER system where such communications would benefit the emergency preparedness of the facility. (This policy does not apply to Hospital/EMS communications or Inter-hospital Compact communications addressed elsewhere).

2. Policy Background

The Federal Department of Homeland Security has identified hospitals as critical facilities in the event of a chemical and/or biological emergency. Two-way radio communications between persons inside the hospital and public safety personnel outside the building is a critical need when an emergency occurs. The Metropolitan Emergency Services Board (MESB) is empowered to enter into system use agreements with eligible hospitals when such use is consistent with the protection of life and safety.

3. Operational Context

Hospital security personnel often work directly with public safety personnel who respond to fire and safety/security incidents at these facilities. Hospitals have the potential for some areas or the entire facility to be under quarantine at times to manage communicable disease outbreaks or other infectious disease processes. It is important that a solid means of communication exists for coordination of hospital personnel inside and public safety personnel outside the facility in such circumstances.

4. Recommended Protocol/Standard

Licensed hospitals which operate an emergency department, open to the general public 24 hours a day, seven days a week, may utilize the metropolitan region of the ARMER system for communication with public safety personnel where such use is consistent with and supportive of the facility's emergency response plan. Communications using the system shall be focused on the protection of life and property, security, emergency situations and emergency preparedness. Internal day-to-day communications for the purpose of hospital operational or administrative support, or other, non-emergency communication will not be allowed.

5. Recommended Procedure

Hospitals shall submit, for Board approval, a plan which details the number and types of radios and number of talkgroups requested, how and by whom the talkgroups will be used and how the use of the metropolitan region of the ARMER system will interface with the hospital's Emergency Response Plan. Hospitals shall also include a copy of their Emergency Response Plan. Once approved, hospitals shall enter into a User Agreement with the Board. Hospitals shall be responsible to coordinate use within their facility as allowed by the User Agreement. Hospitals will agree to comply with the Board Standards and Standard Operating Procedures prior to use of the system. The User Agreement shall specify the maximum number of radios that may be owned by the hospital and activated on

the system under this standard. The User Agreement shall also specify enforcement provisions including consequences of misuse.

The acquisition cost of radio equipment for use on the system is the responsibility of the hospital and radios shall be limited to the maximum number and type as specified by the User Agreement. There will be no access fee charged by the Board for access to the system, however, users are responsible for any costs associated with programming the radios to operate on the system and any Board assessed User Fees. The Board shall designate an entity or entities to perform the programming.

The talkgroups programmed in hospital radios under this policy shall be limited to those specified by the User Agreement, interoperability talkgroups authorized by the Metro 800 MHz Public Safety Radio System Standards, Protocols and Procedures and/or public safety talkgroups that have been authorized by the respective agencies owning those talkgroups.

6. Management

The staff of the Metropolitan Emergency Services Board shall manage the User Agreement process and maintain a list of hospitals approved to use the system. The Statewide Emergency Communications Board shall designate entities authorized to program radios under SECB Standard LMR-27.

The Minnesota Department of Public Safety, Division of Emergency Communication Networks shall be the lead agency for hospitals under this policy and these radios shall be considered part of the State of Minnesota subscriber fleet for purposes of FCC licensing. MnDOT will allocate radio IDs.