

Annex B: Information Sharing Tactical Communications



Public Health
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March 2016

Review History

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April 2015	Christy Mosier	Updated Info
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March 2016	Steve Lonsinger	Annual Peer Review, removed VoIP and TeamSpeak from communication systems pg1
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Purpose

Annex B: Communications: Tactical Communications, of the Noble County Health Department All Hazards Emergency Response Plan describes the type of communications systems and equipment that are available for use by health department staff and how they are utilized on a daily basis as well as during emergency response. It identifies who is responsible for maintaining the various systems and how often they are tested. It explains how systems may be used independently or in synchronization with multiple systems.

Situation and Assumptions

Situation

The Noble County Health Department will need to communicate with in-house staff and external partners during emergency operations. Therefore the health department maintains several communications systems, to include landline telephones, cell phones, the Multi-Agency Radio Communications System (MARCS), and amateur radio (provided by a support agency through the county Emergency Management Agency). Any of these systems may be utilized as a stand-alone system or in conjunction with other systems to build a communications network.

Assumptions

- All systems are maintained in working order
- Staff expected to use communications equipment is trained and proficient in equipment use
- Systems are tested at least quarterly in accordance with Ohio Department of Health and Center for Disease Control and Prevention standards
- Systems will be used to distribute and disseminate CDC and other public health announcement campaigns to the general public to prevent the spread of Ebola virus Disease (EVD).

Concept of Operations

The Health Commissioner will oversee all communications in the Health Department. He/she will designate staff to maintain and test communications systems on a regular basis. Section supervisors will ensure their staff is trained and proficient in the use of communications systems and equipment and will maintain documentation of such training.

Noble County Health Department Communications Systems

Email

- Office 365 - Email is used by Noble County Health Department staff. Email addresses are: first name.last name@ noblecohd.org example: kirby.moore@noblecohd.org

Radio Systems:

- **Multi Agency Radio Communications System (MARCS):** is a trunked system with 95% coverage in Noble County.
 - The Noble County Health Department (NCHD) talkgroup is located on **Zone 1** which is considered their “home” talkgroup”. The following talkgroups are also included on Zone 1: (See Table 2)

- **COEMA-61:** The County EMA talkgroup allows for all EMA Directors in the Southeast Ohio Homeland Security Region (Region 8) to communicate with all health departments in the region
- **SO-61:** Noble County Sheriff’s Office
- **M-Call 4**
- **ODH-Call:-**Direct line to the Ohio Department of Health
- **HOS-ALL:**
- **LHD-ALL:**

Table 1: NCHD Landline, Fax, and Cellular

Type of Communication	Number	Location
Landline	740-732-4958	Main NCHD incoming line
Fax	740-732-5043	NCHD
Cell	740-525-1345	Health Commissioner
Cell	740-581-1412	DON
Cell	740-581-1170	DEH
Cell	740-509-1799	Emergency Preparedness

Alerting Procedures

Ohio Public Health Communication Systems (OPHCS)

The Noble County Health Department participates in the Ohio Department of Health (ODH) OPHCS alerting system. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by NCHD, local health departments, hospitals, and other partners, but is not available to the general public.

OPHCS provides users the ability to send and receive alerts in three categories, **High, Medium, or Low**. Users may set their own alert/notification levels. If an alert is not confirmed on first notification the system will send the alert two additional times.

For example: a low level alert may be set to go to email and if not responded to the alert is forwarded to a per-designated phone.

An alert may include a brief review of the emergency and then direct the user to the OPHCS secure website for any associated information.

EPI-X

Epi-X is the Centers for Disease Control and Prevention's web-based communications solution for public health professionals. Through Epi-X, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share preliminary health surveillance information quickly and securely. Users may also receive real-time breaking health events as they occur. Key features of Epi-X include unparalleled scientific and editorial support, controlled user access, digital credentials and authentication, rapid outbreak reporting, and peer-to-peer consultation.

At NCHD the Director of Nursing and the regional EPI have access to EPI-X.

ODRS

Ohio Disease Reporting System allows health departments, hospitals and other health care providers to send receive and share real-time information on infectious disease across the state. Those at the NCHD who have access to ODRS are Amy Murphy, Southeast Regional Epidemiologist and Madeline Watson, DON.

OPOD

This system provides Emergency Response Coordinators (ERCs) the ability to enter the locations and contact information of pre-designated POD (Point of Dispensing) locations. This is useful for the State of Ohio when the need arises to ship SNS assets to designated sites throughout the State. A POD that is ready to receive supplies and process clients will be marked as Ready on the system and this will let ODH and CDC know that the site is cleared for receiving supplies. Those at the NCHD with access to OPHAN are Kirby Moore and Shawn Ray.

Outside Support Systems and Equipment

Amateur radio via the EMA

Interoperable Communications

Responder Communications: Responders will use routine, in-place agency communications systems identified throughout this plan. Additional communication resources may be made available as the event progresses.

POD Communications: Each POD will coordinate its own internal communication networks and channels. The principal method of information transfer between the Department Operations Center (DOC) and the POD Managers/Leaders during the event is MARCS radios **Zone 1—NOBLE** followed by landline, cellular telephone, e-mail and fax. MARCS will be used by the Planning Section Chief to announce universal operational changes. Radio use instructions are available in the Preparedness Office.

The primary means of communication among the **POD Leaders and workers** will be MARCS radios followed by cellular telephone and amateur radio. A list of key telephone and fax numbers, radio call signs, and e-mail addresses (*ICS form 205 Communications Plan*) will be available before the start of the POD operations and will be updated for each shift.

Communications Activation: Before opening a POD, the DOC will conduct a communications check with all interfacing communications systems to ensure redundancy and uninterrupted flow of information. The Communications Unit Leader or Logistics Section Chief will conduct the test.

Public Affairs: All media communications will be directed to the Joint Information Center (if activated) via telephone, email or fax. NCHD PIO will have access to a MARCS radio should other systems fail. *See Annex B1: Emergency Public Information and Warning for more information.*

Regional Communications

Information dissemination outside the jurisdiction: The **Regional Coordination Center (RCC)** will collect and compile response information and assessments from all county DOC(s) in the region, including the Regional Hospital Coordination Center (RHCC), and develop a situation report for the region. RCC staff will distribute situation reports to all members of the response system throughout the region. This will streamline the communications process and provide a “real time “situation status concerning populations affected, resources needed, and effective response strategies.

It is the responsibility of each local health department to gather and report pertinent information regarding their county to the RCC. Such information may include number of ill/deceased and isolation and

quarantine numbers. This task may be assigned to the local planning section or communications officer. This person may also be designated the Liaison Officer in the ICS structure.

Reporting to the RCC:

Primary: Email completed Situation Report (SITREP) form to South East RCC

Betty King
Office: 740-374-2782 ext 1013
Cell: 740-236-6024
bking@wccgov.org

Or

South Central RCC
Debbie Elliot
Office: 740-385-3030 ext 226
Cell: 740-974-8001
sco.rphpc@gmail.com

Secondary: Report information verbally using MARCS Zone 1 Talkgroup ABH-ATH. The RCC shall call upon HD’s alphabetically for a status report. After HD roll call is complete the Hospital Liaison Officer will be contacted.

Tertiary: fax completed report form to:

SE RCC (740) 374-6275
SC RCC (740) 385-2252

Response “News” updates

The RCC will compile information for group distribution as it is received. A copy will be posted to the Washington County Health Department website: www.washingtongov.org/health for printing and posting.

Conference Call Availability Any Incident Commander wishing to hold a conference call with other regional partners shall inform the RCC of the need. The RCC Unit Leader will distribute an alert that a conference call is pending. The RCC Unit Leader will facilitate the call by monitoring call attendance, taking minutes, and keeping participants “on-track”.

Amateur Radio: Amateur radio resources are available as an alternate means of communication, and will be utilized where available. These resources may be requested through the Noble County EOC. The Logistics Section Chief or Communications Unit Leader will assess the need for additional communication support by monitoring system shutdowns and loss of contact with responders. The request for a temporary emergency communications link should be submitted to the Fire or Law Enforcement desk at the EOC. Once approved by the appropriate agency, a link can be activated using the ACU-M interconnect device. This temporary “patch” can be used until amateur radio equipment is in place and operational.

Common Terminology: As per NIMS standards all communications will be disseminated using common terminology (plain English).

Communication Pathways with Critical Facilities

NCHD Staff to:	Primary	Secondary	Tertiary
PODS	Cellular/Landline	MARCS	VHF/Runners
Hospitals	Cellular/Landline	MARCS	VHF/Runners
Security	Cellular/Landline	MARCS	VHF/Runners
Transport	Cellular/Landline	MARCS	VHF/Runners
Local and State EOC	Cellular/Landline	MARCS	VHF/Runners

DOC	Cellular/Landline	MARCS	VHF/Runners
ODH	Cellular/Landline/email	MARCS	VOIP

Marc's Radio Policy

The MARCS base station is located in the Front Office of the Noble County Health Department. An additional connection to the antenna is located in the floor of the main conference room (DOC) for emergency operations.

Reception staff is responsible for making sure that the local health department talkgroup is monitored during normal business hours.

New employees are trained and oriented to using the MARCS radios within three months of their start date unless job duties require an earlier orientation. Radio proficiency will be drilled twice a year.

When an emergency occurs in which communications systems are affected, notification to partners that the health department is available via MARCS should be made. Those to notify include ODH, local EMA and hospitals using their respective talk groups.

ECOMM 7-28: Emergency Communications

MARCS users' generic "emergency" talk groups. To be used to talk to any other user when involved in a MARCS-coordinated emergency. At a multi-agency scene, Command/ Communications/Control would steer responders to these talk groups, based on function. (E.g. A MARCS-equipped CCC would direct "All incoming traffic units go to ECOMM 9", "all incoming rescue units go to ECOMM 11", "all incoming hot zone units go to ECOMM12", etc.)

**E-COMM 7-20 will be coordinated through ODNR/OSHP Comm. Centers.

** E-COMM 21-28 utilized for Homeland Security Regions 1-8 (HS Region 1 – use ECOMM21).

Requesting an E-Comm

Contact ODNR COMM Center at 614-799-9572

"I am calling to request an E-Comm for _____"

- They will ask how long you need it for.
Provide estimate
- They will ask if you have a preferred talkgroup, due to not all radios systems having access to the same number of E-Comms
Public Health has access to 1-12
- They will assign an E-Comm number and ask for a call back phone number.
MARCS has divided the state into four areas.

Helpdesk ODH-Call

This talkgroup is constantly monitored by the Ohio Office of Information Technology/MARCS-dedicated helpdesk, located at the State of Ohio Computer Center in Columbus. The Helpdesk primary purpose is to assist MARCS equipment users with problems encountered with the MARCS voice or data systems statewide. It can also be used as the initial point of contact for MARCS command staff. Helpdesk may also be reached 24/7 @ 1-866-OH-MARCS (1-866-646-2727).

LECOMM 1-4 Local Emergency Communications

MARCS *non-state* agency users' generic "event/emergency" talk groups – offers the ability to talk to any other non-state user when involved in a planned event or emergency. These talk groups are NOT monitored by MARCS. (Prior to using, the caller must announce intent of use and determine if objections

exist. These LECOMM talk groups are specifically for “local” event/emergency situations, and are only imbedded in non-state agency equipment.)

The MCALL talk groups allow users to communicate directly with any Ohio State Highway Patrol post within your geographic zone. It is also monitored by the Department of Natural Resources communications center in Columbus.

Use **MCALL-4** located in Zone 1 in your radio.

- If you use this talkgroup, remember that all counties and posts within this geographic zone can hear your transmission.
- This talkgroup is the preferred way to reach the ODNR Communications Center and the OSP Communications Center in Columbus.
- The ODNR center coordinates the assignment of the ECOMM mutual aid talk groups. They can be requested via MCALL 3.

MCOMM 1-4

MARCS users generic talk groups for any user to be able to talk to any other user. These talk groups are NOT monitored by MARCS base locations. Generally, a dispatcher would direct you to “*go to MCOMM 1 to talk to Officer A,*” etc. (While each MCOMM has statewide capability, the theoretical purpose is for “direct” communications in each geographic Zone.)

Sheriff’s Office (SO) Talkgroups

All 88 counties have a MARCS radio installed in their Sheriff’s Office communications center. The talk groups are organized by county number. If you have left your county and need to reach a nearby county in an emergency, you may use these SO talk groups

Table 2: MARCS Talk group Guide – November, 2013

Noble County MARCS Grid:

C H	Home Channels	Interoperability Channels		Fire/EMS /Local	Regional Channels	Helicopter Channels	Interoperability Channels		
	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Zone 7	Zone 8	
1	XNOBLE	XLHD-SE	Fire/EMS	XHOS-NW	8T92D A1	XHBH	XLHCOMM 1	XECOMM7	
2	XCOEMA-61	XEMACOSE	Fire/EMS	XHOS-NE	8T94D A2	XNCB H-TOL	XLHCOMM 2	XECOMM8	
3	XSO-61	XSO-SE	Fire/EMS	XHOS-WCEN	XLF-TAC	XNCB H-NF	XLHCOMM 3	XECOMM9	
4	XM-CALL4	XHOS-SE	Fire/EMS	XHOS-CEN	XMEDEVAC 1	XNCB H-CLV	XLHCOMM 4	XECOMM1 0	
5	XMCOMM-4	XHOS-ALL	Fire/EMS	XHOS-NECO	XMEDFLT	XTV-COM	XLHCOMM 5	XECOMM1 1	
6	XODH-CALL	XLHD-ALL	Fire/EMS	XHOS-SW	XCAREFLT	XSBH	XLHCOMM 6	XECOMM1 2	
7	XABH-ATH	XMARCS1	Fire/EMS	XHOS-SE/SEC	XAIREVAC		XLHCOMM 7	XECOMM1 3	
8	XSERCC 1	XMARCS2	Fire/EMS	XLHD-NW	XMETROLZ		XLHCOMM 8	XECOMM1 4	
9	XSERCC 2	XHELPDESK	Fire/EMS	XLHD-NE	XPTNOPS		XLECOMM 1	XECOMM1 5	
10	XBLANK	XPOISON	Fire/EMS	XLHD-WCEN	XCC-AIR		XLECOMM 2	XECOMM1 6	
11	XBLANK	XMCALL3	Fire/EMS	XLHD-CEN	XCC-OPS		XLECOMM 3	XECOMM1 7	
12	XBLANK	XMCOMM3	Fire/EMS	XLHD-NECO	XMTRFCO		XLECOMM 4	XECOMM1 8	
13	XBLANK	XEMACONW	Fire/EMS	XLHD-SW			XLECOMM 5	XECOMM1 9	
14	XBLANK	XEMACOC	Fire/EMS	XLHD-SEC			XLECOMM 6	XECOMM2 0	
15	XBLANK	XEMACONE	Fire/EMS				XLECOMM 7	XECOMM2 1	
16	XBLANK	XEMACOSW	Fire/EMS				XLECOMM 8	XECOMM2 2	

MARCS Grid continued

CH	Interoperability Channels				Hospitals		Local Health Departments	
	Zone 9	Zone 10	Zone 11	Zone 12	Zone 13	Zone 14	Zone 15	Zone 16
1	XECOMM23	XSCOMM01	XSCOMM17	8CALL90	XHOS-0701	XHOS-0502	XBELMONT	XATHENS
2	XECOMM24	XSCOMM02	XSCOMM18	8TAC91	XHOS-0702	XHOS-1501	XCSHCTCO	XGALLIA
3	XECOMM25	XSCOMM03	XSCOMM19	8TAC92	XHOS-0703	XHOS-1502	XCSHCTCY	XHOCKING
4	XECOMM26	XSCOMM04	XSCOMM20	8TAC93	XHOS-1601	XHOS-2301	XGUERNSEY	XJACKSON
5	XECOMM27	XSCOMM05	XSCOMM21	8TAC94	XHOS-3001	XHOS-2302	XHARRISO	XLWRNCTY
6	XECOMM28	XSCOMM06	XSCOMM22	8CALL90D	XHOS-3401	XHOS-2303	XJFFRSN	XMEIGS
7		XSCOMM07	XSCOMM23	8TAC91D	XHOS-4102	XHOS-3701	XMONROE	XPIKE
8		XSCOMM08	XSCOMM24	8TAC92D	XHOS-6002	XHOS-3801	XMORGAN	XROSS
9		XSCOMM09	XSCOMM25	8TAC93D	XHOS-8401	XHOS-4201	XNOBLE	XSCIOTO
10		XSCOMM10	XSCOMM26	8TAC94D	XHOS-8402	XHOS-4501	XPERRY	XPRTSMTH
11		XSCOMM11	XSCOMM27	M TA-1		XHOS-7901	XWSHNGTN	XVINTON
12		XSCOMM12	XSCOMM28	M TA-2		XHOS-7902	XZNSVLE	
13		XSCOMM13	XSCOMM29	M TA-3		XVAHOSPS		
14		XSCOMM14	XSCOMM30					
15		XSCOMM15	XSCOMM31					
16		XSCOMM16	XSCOMM32					

MARCS Grid continued

Local Health Departments									
CH	Zone 17	Zone 18	Zone 19	Zone 20	Zone 21	Zone 22	Zone 23	Zone 24	Zone 25
1	X CRAWFOR	XUNION	XASHTCO	XSTARK	XASHLDCO	XALLEN	X VANWERT	XADAMS	X CHMPGNC
2	XGALION	X WYANDOT	XASHTCY	XALLIANC	XASHLDCY	XAUGLAIZ	X WILLIAMS	XBROWN	XCLARK
3	X DELAWAR		X CONNEAU	XCANTON	XCARROLL	X DEFIANC	XWOOD	XBUTLER	XDARKE
4	XFAIRFIE		X CYAHOGA	XMASSILO	XCLMBANA	XERIE		XHAMILTO	XGREENE
5	XFAYETTE		XCLVLND	XSUMMIT	X ELVEREPL	XFULTON		X XMITTWN	XMIAMI
6	X FRKLNCO		XSHRHTS	XAKRON	XSALEM	XHANCOC		X CLERMON	XPIQUA
7	X COLMBUS		XGEAUGA	XBARBRN	XHOLMES	XHENRY		XCLINTON	X MNTGOMR
8	XHARDIN		XLAKE	XTRUMBU L	X MAHONING	XHURON		X HAMTNCO	XPREBLE
9	XKNOX		X LORAINCO	XGIRARD	XYNGSTN	XLUCAS		X XCINCY	X SHELBYCO
10	XCLICKING		XELYRIA	X WARRNTY	XMEDINA	XMERCER		XNORWOO	
11	XLOGAN		X LORAINCY	X TSCARWA	XPORTAGE	XOTTAWA		XSHARVIL	
12	X MADISON			XNPHILLY	XKENT	XPAULDIN		XSPRNGDL	
13	X MARIONC			XWAYNE	XRAVENNA	XPUTNAM		XHIGHLAN	
14	X MORROW				X RICHLAND	X SANDUSK		X WARRECO	
15	X PICKAWA				XSHELBY	XSENECA			

Interoperability Channels				
CH	Zone 26	Zone 27	Zone 28	Zone 29
1	7CALL50	7MOB59	7CALL70	7MOB79
2	7CALL50D	7MOB59D	7CALL70D	7MOB79D
3	7TAC51	7LAW61	7TAC71	7LAW81
4	7TAC51D	7LAW61D	7TAC71D	7LAW81D
5	7TAC52	7LAW62	7TAC72	7LAW82
6	7TAC52D	7LAW62D	7TAC72D	7LAW82D
7	7TAC53	7FIRE63	7TAC73	7FIRE83
8	7TAC53D	7FIRE63D	7TAC73D	7FIRE83D
9	7TAC54	7FIRE64	7TAC74	7FIRE84
10	7TAC54D	7FIRE64D	7TAC74D	7FIRE84D
11	7TAC55	7MED65	7TAC75	7MED86
12	7TAC55D	7MED65D	7TAC75D	7MED86D
13	7TAC56	7MED66	7TAC76	7MED87
14	7TAC56D	7MED66D	7TAC76D	7MED87D
15	7GTAC57	7DATA69	7GTAC77	7DATA89
16	7GTAC57D	7DATA69D	7GTAC77D	7DATA89D

Alerting Protocols:

Notifications and alerts will be drafted with input from applicable SMEs in coordination with public information staff engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the timeframe prescribed. Discussion should be held regarding notification of outside agencies and distribution of information based on: 1) the severity of the situation 2) how the situation will affect the public and or first responders, and 3) any requirements by Federal, State, or local officials. Contact should be made early on (prior to public release of information) with the Board of Health to ensure proper coordination throughout the incident.

Alerting Levels are outlined below:

1. Public Health
2. Public Health & Hospitals
3. Public Health, Hospitals, EMS
4. Public Health, Hospitals, EMS, EMA.
5. All community partners (the above + Fire, Red Cross, Volunteers, etc.)
6. All residents within the affected area.

Telephone

Upon receipt of an alert from another agency through normal phone systems or the 24/7 emergency cell phone, the receiving party should document any information, and consult with the Health Commissioner on what actions to initiate. Supervisors will alert their respective departments as needed. The level of response will be determined by the Health Commissioner. If using a telephone to share information, log the name and title and any additional call back information of the receiver, and the time and date of the call in the event log.

Fax

If using fax, mark “please reply upon receipt” on the fax. If reply is not received within 1 hour, phone the agency (unless a more urgent response is necessary)

Results of the alerting process will be monitored for gaps, and alerts modified for correction.

OPHCS Alerting Protocol

Personnel at the NCHD who may post OPHCS alerts include the Health Commissioner, the Director of Nursing, Assistant DON, DEH, the local public health emergency preparedness coordinator and the Regional EPI.

If after sending an alert and reviewing the response, someone has not verified receipt, that person will be contacted via phone to ensure their knowledge of the situation. If that person is not available, contact that person’s supervisor or alternate to verify their agency is aware of circumstances.

If the agency you need to alert does not utilize OPHCS, email alert information and include a read receipt. A complete list of partner agencies and contact information is located in *Annex F: Resource Management* of the NCHD All Hazards Emergency Response plan.

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When sending an OPHCS alert there are several items to keep in mind:

1. How to compose the alert
2. Who to send the alert to
3. What type of information may constitute a high, medium, or low priority alert level

The following checklist may be considered when sending the alert

- Identify the priority of the alert you are sending: low, medium, or high.
 - **Low** (Update) - A low level alert is for your information only.
 - **Medium** (Advisory) - A medium priority alert indicates that action may be required.
 - **High** (Alert) - A high priority alert is equivalent conveys the highest level of importance and indicates that immediate action or attention is required.
- Identify whether or not the information in the alert is sensitive: If yes please indicate.
- Identify the length of time or duration you want the alert to be left on the portal: OPHCS allows the alert sender to specify how long the alert will remain visible on the portal. Duration should be related to the importance of the information contained in the alert, i.e. the more important the information the longer the duration.
- Identify alert type: Chose either “use alerting profiles” or “work email only alert.” Note: Depending on priority recipients profile information may include one or more means of contact
- Selecting the ‘use alerting profiles’ option is recommended for HAN messages as this allows information to be disseminated as quickly and as far as possible within the context of OPHCS.
- Identify the event status of the alert: actual, exercise, or test alerts are sent on the system.
- Identify the role or individuals you want the alert to go to
- Identify the subject of the alert: This should be concise. Please end the subject with a period as it will cause the computer to briefly pause before going into the body of the alert.
- Identify if the alert requires follow-up and ensure the individuals who will be receiving the calls are aware of their role in the alert process
- Identify the number of words or paragraphs for your alert message, including attachments.
 - If you are sending an alert with more than 2,000 words you will need to post the alert to the Home Page or Document Library.
- Other things to remember when sending out an alert
 - **DO NOT** capitalize all letters in a word unless you want the word to be spelled out over the telephone.
 - Keep your message short. You only have 2,000 characters for your message. A long message will also lose anyone listening to the message on the phone. **DO NOT** use acronyms; people may not understand to what they refer.

If you have any questions please contact ophcs.support@odh.ohio.gov

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Name	Home Phone	Cell Phone	E-Mail	MARCS
Brown, Amy	NA	740-584-0481	amy.brown@noblecohd.org	
Burris, Sherry	740-732-1397	740-509-0362	Sherry.burris@noblecohd.org	
Murphy, Amy	740-435-9868	740-630-1846	Amy.murphy@noblecohd.org	
Johnson, Mark	740-783-1118	740-509-1799	Mark.johnson@noblecohd.org	
Moore, Kirby	740-783-2034	740-581-1170	Kirby.moore@noblecohd.org	
Ray, Shawn	740-638-5270	740-525-1345	Shwan.ray@noblecohd.org	
Watson, Madeline	740-732-6447	740-581-1412	Madeline.watson@noblecohd.org	
Rayner, Shari	740-732-4788	740-509-0162	Shari.rayner@noblecohd.org	
Jolene Williamson	740-732-7762	740-509-1916	Jolene.williamson@noblecohd.org	

Table 3: Employee Contact List/Partner Agencies

Partner Agencies

Agency	Office Phone	Cell/Pager	Fax	E-Mail
Caldwell VFD	740-732-2802			
Belle Valley VFD	740-732-0520			
Summerfield VFD	740-838-6600			
EMS	740-732-5018			
EMA	740-732-7387	740-581	740-732-6103	nobleema@myfatlink.net
Marietta Memorial Hospital	740-374-1400		740-374-1787	
Noble Cty. JFS	740-732-2392			
American Red Cross	740-926-1863			
Six County Inc.	740-732-5233			
Noble Cty. Board of Developmental Disabilities	740-732-7144		740-732-1684	
Noble Cty. Sheriff	740-732-5631		740-732-4158	
Ohio EMA	614-889-7150			
FEMA	800-462-9026			