

TUSCARAWAS COUNTY HEALTH DEPARTMENT



SURGE PLAN

Version: 2018.10

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STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **SURGE PLAN** establishes the **procedures for expanding the capacity of existing operations in the event a public health emergency overwhelms daily operations.**

Program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the TCHD.

TCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This **SURGE PLAN** is hereby adopted, and all program areas are directed to implement it. All previous versions of **the SURGE PLAN** are hereby rescinded.

Katie Seward, Health Commissioner, Tuscarawas County General Health District	Date
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Board of Health President, Tuscarawas County General Health District	Date
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Vickie Ionno, Health Commissioner, New Philadelphia City Health Department	Date
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Board of Health President, New Philadelphia City Health Department	Date
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RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **SURGE PLAN**. Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this EOP.

Change Number	Effective Date	Version	Significant Changes: Page Number & Summary	Name
2018.1	11/14/2018	2018.10	Formatted to reflect other TCHD plans Pg 6: Explanation of Collaboration and Cooperation added Pg 7: Emergency Response Plan Activation section Pg 11-19: Updated Staffing section Pg 20: Updated Laboratory Services section	Paul Westlake, PHEP Coordinator

RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **SURGE PLAN** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	TCHD Administration	Health Commissioner, TCHD	Katie Seward
	NPCHD Administration	Health Commissioner, NPCHD	Vickie Ionno
	TCHD Preparedness Office	PHEP Coordinator	Paul Westlake

This plan is available to all Tuscarawas County Health Department and New Philadelphia Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format.

EXPLANATION OF COLLABORATION AND COOPERATION

The formal name of this agency is the Tuscarawas County General Health District, dba Tuscarawas County Health Department (TCHD).

The New Philadelphia City Health Department (NPCHD) is a separate public health department. For purposes of planning and emergency response, NPCHD has collaborated and cooperated with the development of this **SURGE PLAN**, and in the event of an emergency will respond utilizing this Annex.

In this plan, the words “Tuscarawas County Health Department” and/or “(TCHD)” are used to include both the Tuscarawas County General Health District and the New Philadelphia City Health Department.

DOCUMENT DESCRIPTION

The content of the **SURGE PLAN** is intended to provide guidance for emergency operations in regards to any planned or unplanned public health event. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user’s experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

PURPOSE

To define a plan for the Tuscarawas County Health Department to rapidly expand the capacity of existing operations in order to provide triage and subsequent medical care in the event of an emergency or public health threat that has overwhelmed the normal day-to-day operations.

PLANNING ASSUMPTIONS

- The need to self-sustain care within the department for a minimum of 96 hours without re-supply of equipment, supplies and staff.
- No mutual aid from the local community for at least 96 hours.
- The expectation that 40% of staff will not report to work due to inability to get there, illness or safety concerns.
- The use of the Incident Command System (ICS).

EMERGENCY RESPONSE PLAN ACTIVATION

The TCHD Emergency Response Plan (ERP) should be activated when:

- The situation is urgent in nature
- Staff's daily work must be redirected to address the situation
- An interdisciplinary response is needed
- The response will last more than one day

See **TCHD EMERGENCY RESPONSE PALN – BASIC; TCHD PUBLIC HEALTH OPERATIONS GUIDE (PHOG); ATTACHMENT II TO THE ERP – INITIAL INCIDENT ASSESSMENT SOP; ATTACHMENT III TO THE ERP – ERP ACTIVATION SOP**

COMMUNICATION SYSTEMS

During a surge situation, communication between the Tuscarawas County Health District Operations Center (TCHDOC), the local hospitals and the Tuscarawas County Emergency Operations Center (TCEOC) is essential. The TCHDOC will be established per the **TCHD EMERGENCY RESPONSE PLAN – PUBLIC HEALTH OPERATIONS GUIDE**.

All communications, both external and internal, will be conducted in accordance to the **TCHD EMERGENCY OPERATIONS PLAN, ERF #2 COMMUNICATIONS**.

Tuscarawas County Health District staff and its partners (Ohio Department of Health, Northeast Central Ohio Region 5, and adjoining county health departments) will be notified in accordance with **TCHD EMERGENCY OPERATIONS PLAN, ERF #3 NOTIFICATION AND WARNING**.

RISK COMMUNICATIONS

To the fullest extent possible under the circumstances of the healthcare surge, the TCHD will provide the community with accurate information about the nature of the healthcare surge, following the guidelines found in **TCHD EMERGENCY OPERATIONS PLAN, ERF #4 PUBLIC AND RISK COMMUNICATIONS**.

The following points should be kept in mind:

- Messages should be as consistent and timely as possible at all stages.
- Official health and medical care messages should be delivered through public media by the local health commissioner, the Ohio state health officer, a representative of the Centers for Disease Control and Prevention (CDC), or the Surgeon General, depending on the level of communication necessary.
- Spokespersons at all levels (local, state, regional, and federal) should coordinate their messages.
- Modes of communication should be tailored to the type of information to be communicated, the target audience for which it is intended, and the operating condition of media outlets, which may be directly affected. The need to include languages other than English and the use of alternative communication channels outside of usual media outlets are examples of specific concerns. Also, specificity and details within messages would vary by target population (affected area vs. neighboring area vs. the rest of the state).

REALITIES OF RISK COMMUNICATION

- Telling the truth increases credibility
- Informing the public of your progress will help maintain order
- Bad communication can escalate the situation
- Communication is the job of everyone who deals with people during a crisis

WHO NEEDS INFORMATION IN A CRISIS

- Victims – sick, wounded, contaminated
- Families of victims and non-victims
- Personnel – clinical and medical staff, support staff, volunteers, resource personnel, security
- Worried-Well – internal and external
- Emergency Responders – community, state, national
- Media

RESPONDING TO THE WORRIED-WELL

People who are upset have difficulty hearing and understanding. It is important to acknowledge their fear and concern and provide a gathering place and resources such as counselor, clergy, phone, TV news, water, and food. It is also important to provide accurate information as it becomes available even if it's not good news. The Public Information Officer (PIO) or designee should offer regular updates which avoid jargon and provide actionable next steps.

TRANSPORTATION

ROLES AND RESPONSIBILITIES

- Incident Commander will implement and coordinate transportation agreements, as needed.
- Transportation Unit Leader is responsible for assessing and requesting additional transportation needs, both internally and externally.

TRANSPORTATION OF RESOURCES

- Staff (employees, contract workers, volunteers, etc.)
- Transportation to and from work, alternate care sites, etc., as needed.
- Assist with transportation of staff family members, as needed.
- Supplies, Materials, and Equipment (Acquiring and Transferring)
- Local and distant transportation routes may be compromised due to the specific disaster. Contact the State Department of Transportation and Highway Patrol for specific information regarding road conditions.
- The Tuscarawas County Sheriff's Office will be responsible for the transferring and storing of any acquired resources during a surge event.
- Logistics/Material Management will direct operations associated with maintenance of the physical environment, and adequate food, shelter and supplies.
- The Health Commissioner and the unit directors will organize, or realign and transfer staff, as needed.

CONTINUITY OF OPERATIONS

If the emergency or event requires the re-location of the Tuscarawas County Health Department and staff, the **CONTINUITY OF OPERATIONS PLAN (COOP)** will be activated.

The Health Commissioner may decide to suspend normal health clinic and/or other health department functions in accordance with the **TCHD CONTINUITY OF OPERATIONS PLAN**.

PATIENT MANAGEMENT

PATIENT TRACKING

This policy and procedure outline the process by which the health department ensures adequate patient tracking in the event of an emergency-induced influx of multiple casualties with the potential to overwhelm normal operations. In the event of a medical surge health department officials will work closely with hospitals to ensure the tracking of patients and assist in any means necessary.

MASS FATALITY CONSIDERATIONS

REFRIGERATED STORAGE

Until the spread of disease and the associated mortality rate slows, the local health departments and hospitals must focus on the collection of minimal but specific victim identification materials and the placement of the deceased in temporary storage.

Those who die during a surge event may need to be stored for an extended period until the Coroner is able to identify remains, determine cause and manner of death, and issue a death certificate. The health department will work with the local hospitals to ensure:

- Augment existing refrigerated morgue spaces to manage an increased number of human remains.
- Bring refrigerated trailers or Conex boxes with diesel or electrical power to the medical facility to increase human remains storage.
- Identify secure spaces on medical facility property, which have the capability to decrease room temperatures. These areas may be required to store human remains for medical facilities without the ability to locate or obtain refrigerated trailers.

DEATH CERTIFICATES AND BURIAL PERMITS

Before a body can be released to the family or transition to permanent final disposition, a death certificate is required.

When a death is attended and the identity is known, it may be difficult to obtain a signed death certificate during a healthcare surge because hospital staff physicians will be overwhelmed caring for the living.

- Depending upon the capabilities of the jurisdiction, Coroner and their trained staff could also assist in the certification of death for medical treatment facilities.

See **TCHD MASS FATALITY ANNEX** for guidance on issuing death certificates and burial permits.

ALTERNATE CARE SITES

POINT OF DISPENSING (POD) SITES

In the event that the surge of patients needing evaluation and treatment overwhelms the capacity of the Tuscarawas County Health Department, the Health Commissioner may order the opening of existing POD sites to facilitate receiving the medical surge.

See **TCHD MEDICAL COUNTER MEASURES PLAN**, and the appropriate POD notebooks for plans and procedures on POD activation and operation.

PERSONNEL

- A. If additional staff is required during a surge event, requests will be made through the Incident Commander/Department Coordinator.
 1. Additional epidemiologists, nursing staff and other investigation personnel may be assigned from programs within the TCHD by the Health Commissioner.
 - a. In the event TCHD resources are depleted, a request will be made to the Northeast Central Ohio (NECO) Regional Healthcare and Planning Consortium through a signed mutual aid agreement.
 2. At the discretion of the IC/DC and the scope of the event, additional requests for assistance may be made to the Ohio Department of Health.
 3. See **ANNEX 1 – Northeast Central Ohio Regional Epidemiology Surveillance and Investigation – Disease Transmission Limitation Strategy Concept Plan**.
- B. Requests made to the TCHD Health Commissioner for assistance during surge events in other jurisdictions will need to be addressed on a case-by-case basis.
 1. If manpower allows, epidemiological staff will participate in Regional Epidemiological Response Teams (e.g., mobilize local health staff cross-jurisdictionally) and assist with
 - a. Planning
 - b. Training
 - c. Response

STAFFING DURING SURGE

In the first 96 hours of a surge, there will be limited additional staff; therefore, the following staffing strategies have been identified to extend the staff capacity of a healthcare facility:

Priority	Strategy
One	Adapt staffing ratios to need.
Two	8-hour shifts may be changed to 12-hour shifts.
Three	Prioritize tasks so only essential patient care tasks are provided by staff.
Four	Consider flexing scope of practice of staff to provide necessary care with available staff (when authorized by the Governor during a declared state of emergency to allow flexed scope of practice).
Five	Utilize the Tuscarawas County Medical Reserve Corps Use media to contact volunteer healthcare workers.

The following chart lists the staff necessary to maintain essential health department operations during a surge emergency, in which available resources and personnel are increasingly scarce. The chart also notes essential functions that may be completed off campus (at an alternate location) or from a staff member's home.

Department	Essential Function Work On-Site	Essential Function Work from Alternate Location	Essential Function Work from Home
Accounting		X	X
Administration	X	X	X
Communications	X		
Emergency Response	X	X	X
Health Education		X	X
Infection Control	X	X	

Department	Essential Function Work On-Site	Essential Function Work from Alternate Location	Essential Function Work from Home
Information Systems	X	X	X
Laboratory	X	X	
Medical Records	X	X	
Nursing Administration	X		X (Limited)
Registration	X	X	
Vital Statistics	X	X	

ESSENTIAL STAFF NOTIFICATION

All essential staff will be notified via the 24/7 TCHD Phone Chain. The Phone Chain instructions as well as personnel contact numbers are available on the TCHD website: <http://www.tchdnow.org/employee-information.html>

ADDITIONAL STAFFING AND RESOURCES

If additional staffing and resources are required above what is listed above, coordination with the TCEMA, NECO Region 5 and ODH will be conducted.

In a surge event, the Tuscarawas County Health Department will request additional supplies, equipment and pharmaceuticals through the local EMA office. The Tuscarawas County Sheriff's Office will be the secure holding facilities for these resources and has agreed to transport as necessary.

See **ATTACHMENT VII TO THE ERP – RESOURCE MANAGEMENT SOP.**

MEDICAL RESERVE CORPS AND VOLUNTEER MANAGEMENT

Additional personnel can be obtained through the Tuscarawas County Medical Reserve Corps. See **TCHD MRC AND VOLUNTEER MANAGEMENT PLAN.**

Other volunteers can be requested through the Tuscarawas County Emergency Management Agency and the Volunteer Reception Center.

During a countywide surge emergency, hospitals throughout the county will likely be competing to recruit from the same pool of staff to supplement their own personnel. The Tuscarawas County Health Department Safety Officers, in conjunction with Human Resources representatives from each entity, should consider creating a countywide agreement regarding staff recruitment to avoid conflict and competing incentives. This countywide agreement would promote communication and cooperation among hospitals and focus on combining the efforts of all toward the successful management of countywide surge emergencies.

The Potential Staffing Sources Table below provides a list of organizations that could be considered as potential sources for augmenting staff. For each potential source, the tool provides:

- Their name and a brief background and history of the organization.
- Who is eligible to volunteer from that organization.
- Who can activate and mobilize the resources within that organization.
- The website address for the organization.

Volunteer Organization Brief Background & History	Volunteer Eligibility	Activation	Additional Information
<p>American Red Cross (ARC) The mission of ARC Disaster Services is to ensure nationwide disaster education, mitigation, and response that will provide the American people with quality services delivered in a uniform, consistent, and responsive manner. The ARC responds to disasters such as hurricanes, floods, earthquakes, fires, or other situations that cause human suffering or create human needs that those affected cannot alleviate without assistance. It is an independent, humanitarian, voluntary organization, not a government agency.</p> <p>The most visible and well-known of ARC disaster relief activities are sheltering and feeding.</p>	<p>Various skills and backgrounds</p>	<p>The more than 750 Red Cross chapters across the country are required to respond with services to an incident within 2 hours of being notified.</p>	<p>National Chapter http://www.redcross.org</p>

Volunteer Organization Brief Background & History	Volunteer Eligibility	Activation	Additional Information
<p>Volunteer Reception Center A Volunteer Reception Center (VRC) is an operation in which spontaneous, unaffiliated disaster volunteers are registered and referred to local agencies to assist with relief efforts. At the VRC, volunteers will:</p> <ol style="list-style-type: none"> 1. Complete a registration form and sign a general release of liability statement 2. Accept a referral to an organization needing their services (Referral includes a description of their duties and complete address and contact information for the agency to which they have been referred) 3. Receive a form of identification approved by local officials 4. Participate in a safety briefing 5. Agree in writing to follow all safety instructions and directions from supervisors at their work sites. 	Various backgrounds	Activated by the Tuscarawas County Emergency Management Agency	http://www.co.tuscarawas.oh.us/ema/index.html

<p>Disaster Medical Assistance Team (DMAT) DMAT is a group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center: public health or safety agency: non-profit, public, or private organization that signs a Memorandum of Understanding (MOU) with the Department of Homeland Security (DHS).</p> <p>DMATs are designed to be a rapid-response element to supplement local medical care until other federal or contract resources can be mobilized, or the situation is resolved. DMATs deploy to disaster sites with sufficient supplies and equipment to sustain themselves for 72 hours while providing medical care at a fixed or temporary medical care site.</p> <p>In mass casualty incidents, their responsibilities may include triaging patients, providing high-quality medical care</p>	<p>Doctors, nurses, PAs, NPs, pharmacists and pharmacy assistants., paramedics, EMTs, respiratory techs, lab techs, communication experts, and logistical/support personnel interested in participating in disaster response.</p>	<p>In addition to their federal role, DMATs can be mobilized and deployed by the EMS Authority as a medical mutual aid resource for local mass casualty incidents within the state.</p>	<p>DMAT http://www.ndms.dhhs.gov/teams/dmat.html</p>
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Volunteer Organization Brief Background & History	Volunteer Eligibility	Activation	Additional Information
<p>despite the adverse and austere environment often found at a disaster site, and preparing patients for evacuation.</p>			

Volunteer Organization Brief Background & History	Volunteer Eligibility	Activation	Additional Information
<p>Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)</p> <p>ESAR-VHP is an electronic database of healthcare personnel who volunteer to provide aid in an emergency. The ESAR-VHP system can:</p> <ol style="list-style-type: none"> (1) register health volunteers, (2) apply emergency credentialing standards to registered volunteers, and (3) verify the identity, credentials, and qualifications of registered volunteers in an emergency. 		<p>During a state or national disaster, this system will be accessed by authorized medical/health officials at the state Emergency Operations Center.</p>	<p>http://www.hrsa.gov/esarvhp/guidelines/default.htm</p>
<p>Medical Reserve Corps (MRC)</p> <p>The MRC is comprised of organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and for ongoing efforts in public health.</p> <p>Each MRC unit organizes in response to their area's specific needs.</p>	<p>Practicing, retired, or otherwise employed medical professionals, e.g., doctors, nurses, EMTs, pharmacists, nurses' assistants, and public health professionals. (Community members without medical training can assist with administrative and other essential support functions.)</p>	<p>Activation is based on the local MRC unit.</p>	<p>http://www.medicalreservecorps.gov/HomePage</p>

SECURITY

Security requirements may expand significantly during a surge and additional resources will almost certainly be needed. The Tuscarawas County Sheriff's Office will be responsible for coordinating all security needs during a surge event.

LABORATORY SERVICES

TCHD has minimal laboratory capability that supports Health Department services. Laboratory tests that cannot be performed in house are sent either to the Ohio Department of Health (ODH) Bureau of Public Health Laboratory in Reynoldsburg, Ohio, or to Ream & Haager, a private, contract laboratory located in Dover, Ohio.

ODH's Bureau of Public Health Laboratory has the capability to substantially surge their laboratory capabilities in response to a public health emergency. Therefore, TCHD maintains the capability to surge our specimen collection and transport capabilities. This is accomplished through use of couriers through the state courier contract and if needed, TCHD employees are able to perform this mission. TCHD maintains extra transport coolers and cold packs on hand to perform this function.

REAM & HAAGER LABS

Tuscarawas County Health Department holds an MOU with Ream and Haager Labs of Dover, Ohio for environmental lab needs.

Tim Levingood, Owner

179 W. Broadway

Dover, OH 44622

330-343-3711

330-343-9858 (Fax)

tim@rhlab.us

BUREAU OF PUBLIC HEALTH LABORATORY

TCHD utilizes the Bureau of Public Health Laboratory, Ohio Department of Health, in Reynoldsburg, Ohio for microbiology needs.

Ohio Department of Health

Bureau of Public Health Laboratory

8995 E. Main St., Building 22

Reynoldsburg, OH 43068

614-722-7221 (24/7)

COMMUNITY PARTNERSHIPS

During a surge event, it will necessary to utilize TCHD community partnerships. The involvement of these partnerships will vary dependent on the incident.

PARTNERSHIPS AND SUPPORTING AGENCIES

The following is a list of critical partners that may be utilized in a public health emergency or epidemiological investigation and the services that they provide. Complete contact information is found in **APPENDIX 7 TO THE ERP- TCHD CONTACT LIST**.

This Public Health Surveillance and Epidemiological Response Plan may be shared as necessary with the appropriate responding community partners to include, but not necessarily limited to the, following:

Agency	Responsibilities
Cleveland Clinic Union Hospital	<ul style="list-style-type: none"> • Protect/treatment to responders and public • Reporting of infectious disease to include gathering necessary information • Epidemiological laboratory services • Infection Control Practitioner
Trinity Hospitals Twin City	<ul style="list-style-type: none"> • Protect/treatment to responders and public • Reporting of infectious disease to include gathering necessary information • Epidemiological laboratory services • Infection Control Practitioner
Emergency Medical Services	<ul style="list-style-type: none"> • Protection/treatment, medical transport to responders and public
Tuscarawas County Emergency Management Agency (TC EMA)	<ul style="list-style-type: none"> • Coordinate County EOC Operations • Coordination of resources and resource requests • Notification of and collaboration with other County EMAs
Law Enforcement	<p>Upon request & availability, if warranted:</p> <ul style="list-style-type: none"> • Security; • Traffic control; • Area control; • Enforcement of quarantine and isolation plans.
Long Term Care Facilities	<ul style="list-style-type: none"> • Reporting of infectious disease to include gathering necessary information

	<ul style="list-style-type: none"> • Long term and skilled nursing care for patients
Northeast Central Ohio (NECO) Regional Healthcare Coalition and Epidemiology Group	<ul style="list-style-type: none"> • Provide assistance with public information • Regional surveillance support • Regional Strike Teams
Tuscarawas County Community Organizations Active in Disasters (COAD) – formerly Planned Partners	<ul style="list-style-type: none"> • Partnerships with public and private groups involved in disaster and emergency responses. • Resource availability • Subject Matter Experts (SMEs)
Access and Functional Needs Workgroup	<p>Assist with location of, interview of, education of, and assessing the needs of individuals with functional and/or special needs:</p> <ul style="list-style-type: none"> • Elderly; • Developmental disabilities; • Physical disabilities; • Transportation issues; • Language barriers.
School System/Superintendents through East Central Ohio Education Center	<ul style="list-style-type: none"> • Public education and information; • Transportation resources (upon request); • Surveillance and reporting
Elected Officials	<ul style="list-style-type: none"> • Responsible for the emergency operations in their jurisdictions; • Cooperation with the EMA director and support of EOC operations; • Access City/Township assets to support operations per EOC requests; and • Participate and support Joint Public Information Center operations.
Ohio Department of Health	<ul style="list-style-type: none"> • Report to Centers for Disease Control and Prevention and other applicable entities as needed • Coordinate communication, response, and resources within the Ohio Department of Health and other state and federal entities, as necessary • Statewide surveillance and support to include assistance with statewide and other jurisdictions, as necessary • Bureau of Public Health Laboratory

REFERENCE

- Union Hospital Code Yellow and Continuity of Care Plans
- NECO Regional Plans
- Tuscarawas County Emergency Operations Plans, Annex H (Public Health) and all ERFs and attachments.
- Richmond City Health District Health & Medical Surge Plan, May 15, 2010
- Tuscarawas County Health Department Emergency Response Plan – Basic Plan