

## ANNEX 8 (ESF-8)

### HEALTH AND MEDICAL SERVICES

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**PRIMARY:** SC Department of Health and Environmental Control (DHEC)

**SUPPORT:** As directed within the SCEOP, each supporting agency will respond to coordinate the emergency activities of its department for a declared earthquake disaster. Selected state agencies or other organizations, as noted in this Annex, are assigned additional hazard specific responsibilities for earthquake response.

SC Department of Mental Health (SCDMH)

#### I. INTRODUCTION

- A. Medical and public health support will require support of private facilities, local, state, and federal agencies to treat casualties following a strong earthquake.
- B. The current planning estimated that all of the 12 medical facilities and two emergency care facilities that serve Berkeley, Charleston, and Dorchester counties could possibly experience severe damage from an M 7.3 earthquake event in the Charleston area. It is estimated that a daytime event would cause the highest number of casualties. Of the total estimated 20,000 casualties from a daytime event, approximately 70% will be injuries requiring medical attention, 24% will require hospitalization, and 6% will be fatalities in the Charleston, Berkeley, Dorchester, Beaufort, and Colleton counties.
- C. ESF-8 will prepare for disaster response using the Operational Area Concept and worst case loss estimation data in Attachment C to the Basic Plan.

#### II. MISSION

To ensure emergency provision of state's governmental resources for medical care; to facilitate and/or coordinate the provision of private resources for medical care for earthquake disaster victims; to supplement and support disrupted or overburdened local medical service personnel and facilities; and to perform deceased identification and mortuary services operations following an earthquake.

#### III. CONCEPT OF OPERATIONS

- A. Response operations will use an Earthquake Checklist that will be executed following a strong earthquake. Activities in the Earthquake Checklist do not replace required activities normally assigned to ESF in

the SCEOP and supporting ESF SOP. The Checklist activities are to ensure that critical actions are completed or continuing at the appropriate time during an earthquake response. See Attachment A to this Annex for Checklist.

- B. The initial stage of the medical response will consist principally of:
1. Alerting hospitals and county health offices in unaffected areas of the state to request an inventory of available personnel, supplies, and equipment resources.
  2. Initiating requests for medical mutual aid through EMAC and FEMA.
  3. Determining the condition of medical facilities in the impacted areas. Afterwards, medical response will consist of treating victims by either augmenting local medical capabilities or evacuating victims.
- C. ESF-8 functions will include:
1. Analyzing the Loss Estimation Reports prepared by SCEMD for casualties by Operational Area.
  2. Exercising and training medical teams for a post-earthquake event. Based on HAZUS loss estimation, all of the 12 hospitals that serve Charleston, Dorchester, and Berkeley counties to include the two (2) emergency care facilities will be damaged and unable to provide extensive medical services to casualties.
  3. Identifying medical resources (public, private, and state agencies/organizations) that will be immediately available to support earthquake response.
  4. Incorporating all medical resources such as Strategic National Pharmaceutical Stockpile (SNPS) into earthquake planning and response.
  5. Preparing transportation requirements and coordinating with ESF-1.
  6. Identifying medical facilities throughout the state capable of a mass casualty response. ESF-8 will develop strategies to transport patients to health facilities outside of the disaster area. All transportation routes (land, sea, or air) will be considered to transport patients.

7. Preparing plans to integrate the NDMS into the state's disaster response. NDMS consists of the Disaster Medical Assistance Team (DMAT), the Disaster Mortuary Operational Response Team (DMORT), Medical Support Unit, and Mental Health and Stress Management teams.
  8. Utilizing non-traditional facilities such as hotels or containerized medical units to treat disaster victims in the Operational Areas.
  9. Coordinating with ESF-19 to provide additional care for disaster victims. The unit consists of physicians, nurses, paramedics, Emergency Medical Technicians (EMTs), Public Health Technicians, Bioenvironmental Technicians and Engineers, Dentists, and a Veterinarian Public Health Officer.
- D. Crisis counseling and psychological first aid will be needed following a strong earthquake. ESF-8 will immediately activate its plan for providing crisis counseling into the Operational Areas and other areas of the state as requested.
- D. Deceased Identification and Mortuary Services
1. The use of existing morgues and forensic personnel will be coordinated with ESF-8. ESF-8 will plan for a temporary morgue in each Operational Area.
  2. Resources for mortuary services will be coordinated with EMAC and the DMORT.
- E. Public Health and Sanitation
1. Food being donated and purchased will be inspected for possible contamination. ESF-8 will coordinate with ESF-11 to review embargo procedures for contaminated food.
  2. ESF-8 will coordinate with Federal ESF-8 to implement public health plans to mitigate the spread of diseases.

#### IV. ESF ACTIONS

The emergency operations necessary for the performance of this function include but are not limited to:

A. Preparedness

1. Analyze the Loss Estimation prepared by SCEMD on medical facilities availability in the Operational Areas.
2. Identify medical resources (public, private, state, and federal) that will be immediately available to support earthquake response.
3. Coordinate with medical facilities statewide to determine capabilities for mass casualties.
4. Prepare and coordinate with ESF-1 to provide transportation requirements of medical teams and equipment.
5. Identify non-traditional facilities such as hotels or containerized medical units that could be used to treat injured persons in the Operational Areas.
6. Coordinate with representatives of NDMS for integration of its operational procedures into earthquake planning.
7. Assist county coroners to develop plans for morgues in the Operational Areas.
8. Develop a plan for acquisition or storage of an ample supply of body bags.
9. Identify and maintain a listing of potential medical resource shortfalls by Operational Area.
10. Maintain a list of federal assets that will aid ESF-8.
11. Develop plans to mitigate and control the spread of disease following an earthquake disaster to include integrating federal procedures.

B. Response

1. Implement ESF-7, Earthquake Checklist, Attachment A to this Annex.
2. Determine availability of medical personnel, supplies, and equipment throughout the state.
3. Coordinate and mobilize all professional and reserve medical personnel to assist in patient care.

4. Serve as state liaison with NDMS response personnel and coordinate NDMS assistance.
5. Determine condition and capacity of hospitals in the Operational Areas.
6. Activate mutual aid agreements following established protocols.
7. Determine if specialized equipment is needed for medical personnel operating in the Operational Areas.
8. Determine transportation needs and capabilities, and coordinate with ESF-1 to obtain transportation requirements to support ESF-8.
9. Coordinate with the county coroner on health-related problems associated with the disposition of fatalities.

C. Recovery

See Recovery Section, Annex 8, (ESF-8) to the SCEOP.

D. Mitigation

1. In coordination with the SC Hospital Association, develop or enhance procedures that address hospitals response plans that include patient evacuation, mutual aid agreements with neighboring hospitals, reliable back-up power, and other provisions.
2. In coordination with the SC Hospital Association, develop or enhance mitigation programs that include cost-effective measures to reduce the potential damages to structural and nonstructural infrastructures that are vulnerable to ground shaking.

**V. RESPONSIBILITIES**

A. SCDHEC

1. Analyze the Loss Estimation prepared by SCEMD on medical facilities availability in the Operational Areas.
2. Identify medical resources (public, private, state, and federal) that will be available to support earthquake planning.
3. Coordinate with medical facilities statewide to determine capabilities for mass casualties.

4. Prepare and coordinate with ESF-1 to provide transportation requirements of medical teams and equipment. Maintain a list of airfields in Operational Areas.
5. Identify non-traditional facilities such as hotels or containerized medical units that could be used to treat injured persons in the Operational Areas.
6. Coordinate with representatives of NDMS for integration of its operational procedures.
7. Maintain a list of hospitals that will serve as mass casualty treatment facilities
8. Assist county coroners to develop plans for morgues in the Operational Areas.
9. Identify and maintain a listing of medical resource shortfalls by Operational Area.
10. Develop plans to mitigate and control the spread of disease following an earthquake to include integrating federal procedures.
11. Review and update as necessary the Earthquake Checklist for ESF-8.

**B. SCDMH**

1. Develop plans to immediately provide crisis counselors to earthquake victims and responders in the Operational Areas.
2. Coordinate with ESF-1 to identify transportation requirements to support crisis counselors.

**VI. FEDERAL INTERFACE**

National Response Framework (NRF) ESF-8, Health and Medical Services, supports this Annex.

**VI. ATTACHMENT**

Attachment A      Earthquake Checklist

**ESF-8 (Health and Medical Services)**

Date/Time Complete

1. \* \_\_\_\_\_ Determine the condition of medical treatment site(s) to be used as triage area(s).
2. \* \_\_\_\_\_ Review medical air transportation policies, and begin preparation to activate air transportation assets.
3. \* \_\_\_\_\_ Determine availability of medical personnel, supplies, and equipment in the Operational Areas as well as unaffected areas.
4. \* \_\_\_\_\_ Determine the condition and capacity of hospitals and other healthcare facilities within and outside of the Operational Areas.
5. \* \_\_\_\_\_ Coordinate, mobilize, and deploy the MMRT and, if available, other medical teams within the State. Coordinate departure time.
6. \* \_\_\_\_\_ Coordinate and mobilize all professional and reserved medical personnel to assist in patient care.
7. \_\_\_\_\_ Provide volunteer medical personnel with information related to the disaster and the POC at the staging areas.
8. \_\_\_\_\_ Request mutual aid as required through EMAC and FEMA.
9. \_\_\_\_\_ Determine the condition of staging area(s) for medical response teams including the MMRT and NDMS.
10. \_\_\_\_\_ Review inventory of pharmaceutical and medical supplies within the State and consider requesting the SNPS for support.
11. \_\_\_\_\_ Allocate resources according to established priorities.
12. \_\_\_\_\_ Determine if specialized equipment is needed for medical personnel operating in the Operational Areas.
13. \_\_\_\_\_ Determine transportation needs and capabilities. Coordinate with ESF-1 to verify locations of primary transportation entry point for each Operational Area.
14. \_\_\_\_\_ Provide ESF-1 transportation requirements into the area.

**Attachment A to Annex 8**  
**Earthquake Checklist** 

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15. \_\_\_\_\_ Coordinate with county coroner on health-related problems associated with the disposition of fatalities.
  
16. \_\_\_\_\_ Coordinate health-related activities among public and private response agencies and groups including, but not limited to, all activities relating to communicable disease control and protection from health effects of HAZMAT release.

**\*NOTE:** All Checklist activities listed are essential, and should be completed. However, Checklist activities denoted with an asterisk are critical, and should be completed first. Other action items can be executed simultaneously to expedite response actions.