ANNEX 8

ESF-8- HEALTH AND MEDICAL SERVICES

COORDINATING: Department of Public Health

PRIMARY: SC Department of Mental Health; Department of Environmental Services; SC National Guard; SC Law Enforcement Division; SC Department of Labor, Licensing and Regulation, Division of Professional and Occupational Licensing and Division of Fire and Life Safety; SC Department of Disabilities and Special Needs; SC Coalition Against Domestic Violence and Sexual Assault; SC Vocational Rehabilitation Department

SUPPORT: SC Criminal Justice Academy; SC Department of Veterans’ Affairs; SC Department of Alcohol and Other Drug Abuse Services; SC Department of Corrections; SC Department of Transportation; SC Department on Aging; American Red Cross; SC Coroner’s Association; SC Hospital Association; SC Pharmacy Association; SC Medical Association; SC Morticians Association; SC Funeral Directors Association; Salvation Army; SC Baptist Disaster Relief; SC Health Care Association; Leading Age South Carolina; SC EMS Association

I. INTRODUCTION

A. Health and medical services consist of resources from established programs and includes coordination, reporting or provision for direct service for the following:

- Medical Care
- Public Health
- Behavioral Health
- Fatality Management
- Medical Transport
- Healthcare Facility Evacuation

II. PURPOSE

A. Organize the capability to provide medical care, public health, behavioral health, fatality management, medical transport, and healthcare facility evacuation in disaster situations.

B. Outline responsibility and policy established for health and medical operations before, during, and after a disaster.

III. CONCEPT OF OPERATIONS
A. The SC Department of Public Health (SCDPH) is responsible for the coordination of all ESF-8 administrative, management, planning, training, preparedness/mitigation, response, and recovery activities to include developing, coordinating, and maintaining the ESF-8 Annex and Standard Operating Procedure (SOP).

B. ESF-8 supporting agencies will assist SCDPH in the planning and execution of ESF-8 duties.

C. ESF-8 will coordinate with all supporting and other appropriate departments/agencies and organizations to ensure operational readiness in time of emergency. Each independent agency is responsible for maintaining readiness.

D. ESF-8 personnel will be familiar with the National Response Framework for ESF-8 and the corresponding Annex with Federal counterpart concepts, actions, and responsibilities. This familiarization will include the organization, structure, functions, and responsibilities of the Incident Management Assistance Teams (IMAT), Joint Field Office (JFO) and Disaster Recovery Center (DRC).

E. ESF-8 will assess the situation (both pre- and post-event), and in coordination with Emergency Management officials, develop strategies to respond to the emergency.

F. Additional resources may be requested to sustain emergency operations from participating States via Emergency Management Assistance Compacts (EMAC). (Covered in SCEOP Base Plan).

G. Coordinate with ESF leads to assess respective lifeline sectors.

H. ESF-8 will coordinate with Federal ESF-8 to obtain assistance as necessary.

I. Veterinary medical support is managed by State ESF-17 (Agriculture and Animals).

IV. ESF ACTIONS

A. Prevention/Protection

1. General

   a. Develop mutual support relationships between agencies, professional associations and other private services and volunteer organizations that may assist during an emergency or disaster, including vulnerable populations’ service agencies and advocacy groups.

   b. Ensure individual agency documents and processes are developed for documenting costs for any potential reimbursement.
c. Participate in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs.


e. Coordinate and develop plans to implement Emergency Health Powers Act.

f. Develop and maintain planning and common operating picture tools for disaster response implementation.

2. Medical Care

a. Maintain situational awareness of medical resources.

b. Coordinate the SC Medical Countermeasures Plan (MCM) (published separately), to include Strategic National Stockpile (SNS), Potassium Iodide Distribution, CHEMPACK, and Medical Points of Dispensing (POD) plans and coordinating instructions.

c. Develop protocols and maintain liaison with elements of the National Disaster Medical System (NDMS), to include Federal Coordinating Centers (FCC) within South Carolina, and Disaster Medical Assistance Teams (DMAT).

   (a) Federal Coordinating Centers (FCCs) receive, triage, stage, track, and transport inpatients, affected by a disaster or national emergency, to a participating National Disaster Medical System (NDMS) medical facility capable of providing the required definitive care. An NDMS facility also has the potential to receive military patients should the Department of Defense (DoD) Military Health System (MHS) and the Department of Veterans Affairs (VA) Contingency Hospital System become overwhelmed. The single DoD FCC within SC is Columbia – Fort Jackson.

3. Public Health

a. Develop the provisions to deploy SCDPH health department resources: Women, Infant, and Children (WIC) Nutrition Program, Vital Statistics, and other public health services to all established Disaster Recovery Center.

b. Establish Coordinate and report procedures which allow for the monitoring of the state’s public health.
c. Coordinate procedures to protect the public from communicable diseases.

d. Coordinate procedures to protect the public from contaminated meds, vaccine, and medical supplies.

e. Coordinate technical assistance, inspection procedures and protocols to ensure acceptable conditions related to food and water.

f. Coordinate laboratory testing or identify appropriate laboratory testing facilities to include the Centers for Disease Control and Prevention (CDC).

g. Coordinate environmental surveillance of arbovirus vectors.

h. Coordinate procedures for emergency immunization operations (e.g., mass prophylaxis).

i. Coordinate technical assistance and consultations on disease and injury prevention and precautions.

j. Assist in monitoring the disease progression and coordinate epidemiological information for public decision-making.

4. Behavioral Health

   (1) Reference Attachment 1 (Behavioral Health Plan) of Annex 8 (Health and Medical Services).

5. Fatality Management.


   b. Maintain capabilities and procedures for alert, assembly, and deployment of state mortuary assistance assets.

   c. Coordinate with SC Coroner’s Association (SCCA) for staffing at the SEOC.

6. Medical Transport

   a. Maintain situational awareness of all statewide transport resources, certification levels of Emergency Medical Technicians (EMT), and licensed ambulance services.

   b. Maintain systems (i.e., BioSpatial) used to monitor EMS transport patterns.

7. Healthcare Facility Evacuation
a. Review licensed health care facilities’ (e.g., hospitals, nursing homes, and residential care facilities) evacuation plans and procedures.

b. Maintain situational awareness of licensed health care facilities to include capacity, bed space, and critical data elements.

c. Develop and maintain facility evacuation survey tool, data collection methodology and evacuation coordination language.

d. Coordinate with SCDPH Office of General Counsel (OGC) for Mandatory Medical Evacuation (MME) Order language.

e. Coordinate with South Carolina Hospital Association (SCHA) and South Carolina EMS Association (SCEMS) for staffing of SCDPH Agency Coordination Center (ACC).

B. Response

1. General

   a. Provide information to ESF-15 for release.

   b. Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel and resources.

   c. Through all phases of emergency management, maintain records of expenditures and resources used for possible later reimbursement.

   d. Provide significant events and other information for inclusion in agency or state/ federal briefings, situation reports and action plans.

2. Medical Care

   a. Maintain situational awareness of hospital and other licensed healthcare facilities capacities statewide.

   b. Coordinate MCM/ SNS operations as required.

   c. Coordinate staging for medical personnel, equipment, and supplies.

   d. Facilitate coordination for doctors, nurses, medical technicians, and other medical personnel.

   e. Maintain situational awareness of the status of licensed providers.

   f. Coordinate emergency dental services.
g. Coordinate NDMS services, to include patient evacuation assistance, as required.

3. Public Health
   a. Conduct epidemiological surveillance to monitor the health of the general and medical needs populations, as well as that of response workers, and identify emerging health trends related to the incident.
   b. Recommend measures to prevent and control disease transmission.
   c. Implement emergency immunization operations as required.

4. Behavioral Health
   a. Coordinate delivery of behavioral health services to affected individuals, families, communities, and responders.
   b. Upon notification of a Presidential Major Disaster Declaration for Individual Assistance, apply for and prepare to implement Crisis Counseling Programs to mitigate psychological distress in individuals, families, communities, and responders.
   c. Provide assistance to other agencies or organizations dealing with behavioral health concerns during and following disasters.
   d. Assist law enforcement or other agencies not typically responsible for delivering behavioral health services as needed.

5. Fatality Management
   a. Coordinate notification of teams for decedent identification.
   b. Coordinate State assistance for next-of-kin notification.
   c. Coordinate EMAC and DMORT services.
   d. Coordinate security issues with ESF-13 (Law Enforcement).
   e. Coordinate collection and dissemination of information regarding the numbers of fatalities.
   f. Coordinate supply and equipment support (e.g., refrigeration units, body bags, stretchers, embalming supplies, transportation), as required to maintain appropriate condition of the deceased until proper identification, notification and disposition can be determined.
   g. Coordinate fatality reporting with ESF-16 (Emergency Traffic Management).
6. Medical Transport
   a. Maintain situational awareness of deployed Emergency Medical Services (EMS) assets.
   b. Utilize BioSpatial and other tracking tools to monitor EMS patterns.
   c. Coordinate activation and deployment of EMS resources.
   d. Coordinate EMS transportation with healthcare facilities as needed.

7. Healthcare Facility Evacuation
   a. Coordinate patient evacuation and relocation as required.
   b. Coordinate alternate care sites (by Centers of Medicare and Medicaid Services (CMS) definition) as necessary.
   c. Coordinate healthcare facility reentry procedures as necessary.
   d. Implement facility evacuation survey tool, data collection and communication processes to gather facility information.
   e. Review Critical Data Sheets (CDS), weather forecast and other pertinent information for disaster specific vulnerabilities to determine MME exemptions.
   f. Coordinate with the SCHA to ensure bed placement and information sharing is ongoing.

C. Recovery
1. General
   a. Anticipate and plan for arrival and coordination with Federal personnel in the JFO.
   b. Support long-term recovery priorities.
   c. Document matters for inclusion in agency or state/federal briefings, situation reports and action plans.

2. Medical Care
   Support restoration of essential health and medical care systems.

3. Public Health
a. Continue monitoring disease and injury patterns including for potential disease outbreaks in the general and medical needs populations.

b. Assess the threat of vector-borne diseases and provide technical assistance and consultation on protective actions regarding vector-borne diseases.

c. Assist ESF-17 to ensure the health of livestock and animals used for human food production to protect the public from food-borne disease transmission.

d. Reconcile final incident fatality report(s) with SCDPH Office of Vital Statistics.

4. Behavioral Health

Continue behavioral health services to affected persons through Crisis Counseling Programs and/or other appropriate, available behavioral health services.

5. Fatality Management

a. Support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects.

b. Provide a final fatality report in coordination with ESF 16.

6. Medical Transport

Coordinate support for emergency medical services and medical care infrastructure until affected local systems are self-supporting.

7. Healthcare Facility Evacuation

a. Coordinate re-opening procedures with evacuated facility(s).

b. Coordinate with facilities that encountered evacuation issues to ensure compliance and/or take appropriate enforcement actions to correct problems.

   c. Re-evaluate existing regulations and emergency plans as needed.

D. Mitigation

1. Review, evaluate, and comment on proposed State Hazard Mitigation Plan amendments upon initiation and within the review period.
2. Support requests and directives from the Governor and/or federal agencies concerning mitigation and/or re-development activities.

3. Document matter for inclusion in agency or state/ federal briefings, situation reports and action plans.

V. RESPONSIBILITIES

A. General

ESF-8 primary and support agencies will identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during activation.

B. SC Department of Public Health

Agency-wide

a. Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters including vulnerable populations’ service agencies and advocacy groups.

b. Implement isolation and quarantine procedures, as appropriate.

c. Implement Medical Countermeasures operations as required.

d. Establish agency Incident Management Team (IMT) as required.

e. Provide staffing support (to include SCDPH regulatory staff) to ESF-6, ESF-8 as needed.

f. Implement emergency immunization or mass prophylaxis procedures as required.

2. Bureau of Public Health Preparedness

a. Provide ESF-6 and ESF-8 with a lead representative and alternate.

b. Coordinate and direct the activation and deployment of SCDPH and volunteer health/medical personnel, SCDPH supplies, and equipment.

c. Develop and conduct drills and exercises which test the medical and behavioral health response to disaster situations.

d. Develop protocols, maintain liaison with, and arrange for services of the NDMS, to include:

(1) FCCs in South Carolina
(2) DMAT

(3) DMORT

e. Plan for the deployment of Federal Medical Stations in SC, as needed.

f. Develop, implement and manage emergency management training agency wide.

g. Develop and maintain the ACC. Ensure communication with the SEOC/ SERT.

3. Healthcare Quality

a. Ensure licensed health care facilities (e.g., hospitals, nursing homes, residential care facilities, etc.) develop evacuation plans and procedures.

b. In conjunction with SC Hospital Association, determine operational status of hospitals.

c. Coordinate MME exemptions for General Acute Care hospitals, ensuring Critical Data Sheets and necessary exemption documentation are complete.

d. Maintain and provide a listing of licensed health care facilities including names of Administrators and phone numbers, as appropriate.

e. Identify and provide bed capacity and availability status of all inpatient care facilities throughout the state.

f. Maintain situational awareness of evacuating and repatriating facilities through facility evacuation survey tool, data collection and communication coordination.

g. Coordinate post-event with facilities that encountered evacuation issues to ensure compliance and/or take appropriate enforcement actions to correct problems.

h. Coordinate with SCDPH OGC and SCDPH’s Incident Management Team to assist in implementing the MME and/or Emergency Health Powers Act.

i. Coordinate with federal partners to provide required Centers for Medicare and Medicaid Services (CMS) updates, as requested.

j. Maintain and provide a listing of licensed ambulance services and certification levels of EMT.
k. Maintain systems used to monitor EMS transport patterns.
l. Coordinate activation and deployment of EMS resources.
m. Coordinate EMS transportation gaps with EMS Association.

4. Communicable Disease Prevention and Control
   a. Coordinate and monitor surveillance, investigation, and response for communicable disease cases and exposures in the population.
   b. Maintain access to a disease tracking and surveillance system.
   c. Coordinate collection, testing, and follow-up of results for laboratory samples/specimens.
   d. Recommend protective actions and mitigation measures against communicable diseases.
   e. Provide consultation on screening and medical treatment of individuals exposed to communicable diseases.
   f. In coordination with SCDPH OGC, determine need for and implement isolation and quarantine measures.
   g. Coordinate with SCDPH OGC and SCDPH's Incident Management Team to assist in implementing the Emergency Health Powers Act.

5. Community Health Services
   a. Provide personnel to operate medical need shelters and public health clinics.
   b. Reconcile incident fatality report(s)

6. Office of General Counsel
   Advise SCDPH Incident Command Staff regarding legal issues which arise during the emergency, including effects of recommending declaration of a Public Health Emergency pursuant to the Emergency Health Powers Act.

7. Public Health Reserve Corps
   Under the guidance of SCDPH staff, provide support to public health response activities, including large-scale vaccinations, medical needs sheltering, medical countermeasures, or other response efforts.

8. Division of Oral Health
Coordinate emergency dental services.

C. SC Department of Environmental Services
   1. Provide or coordinate technical assistance regarding known hazards to minimize public health threats.
   2. Coordinate with ESF-3 (Utility Infrastructure Systems) to provide technical assistance to responsible entities in their efforts to manage the public health services.

D. SC Department of Mental Health
   1. Manage behavioral health services support within ESF-8.
   2. Provide crisis and behavioral health counselors to facilitate response and recovery.
   3. Provide nurses and other medical professionals as available.
   4. Coordinate resources to secure medication, as needed.
   5. Develop federally funded Crisis Counseling Programs for affected individuals, families, communities, and responders.

E. South Carolina National Guard
   1. Coordinate available military assets as requested through ESF-8.
   2. Coordinate and assist with security, equipment, facilities, and personnel to implement Medical Countermeasures operations.
   3. Provide hospital administrative support as requested (e.g., patient intake and/or patient movement).
   4. Coordinate and provide bulk water to hospitals as needed.

F. South Carolina Law Enforcement Division
   1. Provide assistance for the gathering or rapid transportation of samples for analysis.
   2. Provide technical assistance, equipment, laboratory, and body location documentation services for deceased identification and mortuary services.
   3. Provide chaplains to support County Coroners, as requested, for death notification services and crisis intervention services to families of affected Law Enforcement Agencies within the State.

G. SC Department of Labor, Licensing and Regulation
1. Division of Professional and Occupational Licensing
   a. Assist with temporary licensing of health care workers.
   b. Assist with the coordination of medical professionals (i.e., doctors, nurses, and pharmacists).
   c. Coordinate waivers of rules and regulations regarding licensed health care workers.

2. Division of Fire and Life Safety
   a. Assist with the mobilization of EMS personnel and equipment registered within the fire service.
   b. Provide a large staging area for EMS equipment and vehicles, as available.

H. SC Department of Disabilities and Special Needs
   1. Provide dental resources, nursing, and other disabilities and special needs personnel, as available.
   2. Provide accessible transportation assets, as available.

I. SC Coalition Against Domestic Violence and Sexual Assault
   1. Provide crisis counseling for disaster victims with histories of domestic and/or sexual violence victimization to facilitate healing and to identify other needed supportive resources.
   2. Assess training needs that become evident during response.

J. SC Vocational Rehabilitation Department
   1. Provide the following resources, if available:
      a. Behavioral health disaster response staff to facilitate recovery.
      b. Accessible transportation assets.
      c. Warehouse space for temporary storage and medical supplies.
      d. Temporary alcohol and drug treatment bed space.

K. SC Criminal Justice Academy
   Provide berthing and staging arrangements for incoming EMS assets, as available.
L. SC Department of Veterans’ Affairs
   Assist with burial arrangements for families of deceased veterans.

M. SC Department of Alcohol and Other Drug Abuse Services
   Provide behavioral health counseling personnel and other substance abuse services.

N. SC Department of Corrections
   Provide refrigerated trucks in support of ESF-8 operations.

O. SC Department of Transportation
   Ensure clear roadway access to critical healthcare facility infrastructure.

P. SC Department on Aging
   Assist with the identification of medically vulnerable senior adult populations.

Q. American Red Cross
   1. Provide disaster health services personnel in mass care settings, as agreed upon and available.
   2. Provide disaster mental health services personnel in mass care settings, as agreed upon and available.
   3. Provide disaster spiritual care personnel in mass care settings, as agreed upon and available.
   4. Fulfill federally defined responsibilities during transportation incidents where the National Transportation Safety Board (NTSB) is involved.

R. SC Coroner’s Association
   1. Coordinate collection and dissemination of information regarding the numbers of fatalities.
   2. Augment county fatality management resources, as necessary
   3. Assist County Coroner with victim identification and next-of-kin notification.

S. SC Hospital Association
   1. Assist with identification of hospital bed information.
2. Assist with determining operational status of hospitals.

3. Assist in facilitating communications with hospitals.

4. Assist with patient relocations as available.

T. SC Pharmacy Association

1. Assist with acquisition of pharmacists for emergency operations.

2. Assist with acquisition and distribution of pharmaceuticals for emergency operations.

3. Coordinate appropriate storage of pharmaceuticals.

4. Assist with alerts to community pharmacies.

U. SC Medical Association

1. Assist with acquisition of physicians for emergency operations.

2. Assist in facilitating communications with physicians.

V. SC Morticians Association

Provide mortuary services including personnel, supplies, equipment, transportation, and obtaining information from the families of deceased.

W. SC Funeral Directors Association

Provide mortuary services including personnel, supplies, equipment, transportation, and obtaining information from the families of deceased.

X. The Salvation Army

Provide personnel trained in emotional and spiritual care as available.

Y. Southern Baptist Disaster Relief

Provide personnel trained in emotional and spiritual care as available.

Z. SC Health Care Association

Prepare for and conduct operations in support of ESF-8.

AA. LeadingAge South Carolina

Prepare for and conduct operations in support of ESF-8.

BB. SC EMS Association
Provide a liaison to SCDPH’s ACC and assist in tasks as determined by SCDPH’s Division of EMS and Trauma.

VI. FEDERAL ASSISTANCE

A. This Annex is supported by the National Response Framework for ESF-8 (Public Health and Medical Services).

B. The US Department of Health and Human Services (HHS) is responsible for directing Federal ESF-8 operations.

C. Federal ESF-8 representatives will deploy with the IMAT to the SEOC or other designated location.