

Mandatory Medical Evacuation (MME) Operations

I. INTRODUCTION

This Mandatory Medical Evacuation (MME) Operations is Annex J to the South Carolina Hurricane Plan and will be activated in the event of predicted tropical cyclone leading to a general population evacuation order.

II. PURPOSE

- A. Prevent or minimize injury to patients and residents of licensed healthcare facilities resulting from a tropical cyclone.
- B. Assign roles and responsibilities for planning and coordinating state and local resources for evacuation of patients and residents of licensed healthcare facilities.
- C. Establish the ability to sustain essential services before and after a tropical cyclone.

III. SITUATION

- A. Storm surge and winds generated from tropical cyclones are threats to healthcare facilities. Licensed healthcare facilities in evacuation zones, notably nursing homes, and community residential care facilities, are not designed to withstand all potential storm surge or wind effects. General Acute Care hospitals are required to be rated against wind effects and assessed for Base Flood Elevation (BFE) level.
- B. Hurricane Florence, a large and slow-moving category one hurricane, made landfall in North Carolina the morning of September 14, 2018. The storm produced over 30 inches of rain within NC. Record river flooding developed over the next several days along the Cape Fear, Northeast Cape Fear, Lumberton, and Waccamaw Rivers, destroying roads and damages homes and businesses. In SC, a precautionary and existing Mandatory Medical Evacuation Order (MMEO) had been lifted, allowing licensed healthcare facilities to return to their respective facility(s). Due to extreme riverine flooding several licensed healthcare facilities in the Pee Dee region had to re-evacuate facility residents. Future facility repatriation decision(s) will take in account secondary and tertiary cascading storm effects pursuant to a tropical cyclone event.

C. Licensed healthcare facilities in evacuation zones:

		Evacuation Zones						
Facility Type	Total Facilities	A	B	C	D	E	G	H
General Acute Care Hospitals	20	5	10	3	0	1	0	1
Other Facility Types	150	62	47	23	2	7	9	0

*Note: See Attachment B for breakdown of healthcare facilities by Hurricane Region.

D. General Acute Care Hospitals

1. Beaufort Memorial Hospital
2. Bon Secours St Francis Hospital
3. Coastal Carolina Hospital
4. East Cooper Medical Center
5. Encompass Health Rehab. Hospital Bluffton
6. Grand Strand Medical Center
7. Hilton Head Hospital
8. MUSC Medical Center
9. MUSC Health Rehabilitation Hospital
10. Palmetto Lowcountry Behavioral Health LLC
11. Ralph H. Johnson VA Medical Center
12. Roper Hospital
13. Roper St. Francis Mount Pleasant Hospital
14. Roper St. Francis Berkeley Hospital*
15. Summerville Medical Center
16. Tidelands – Georgetown
17. Tidelands Health Rehab. Hospital Murrells Inlet
18. Tidelands – Waccamaw
19. Trident Medical Center
20. Vibra Hospital of Charleston

* Roper St. Francis Berkeley address (in Berkeley County) is not in an evacuation zone

IV. CONCEPT OF OPERATIONS

A. Governor’s Mandatory Medical Evacuation Order (MMEO)

1. When state and local officials deem evacuation of the general population necessary. DHEC’s Bureau of Healthcare Quality will begin coordination with the Governor’s Office regarding recommended language for Mandatory Medical Evacuation order, to include which facility types in evacuation zones.
2. MMEO applies to the following facility types in evacuation zones:

- General Acute Care Hospitals
 - Psychiatric Hospitals
 - Alcohol and Substance Abuse Hospitals
 - Rehabilitation Hospitals
 - Nursing Homes
 - Hospices
 - Community Residential Care Facilities
 - Ambulatory Surgical Facilities
 - Radiation Therapy Facilities
 - Day Care Facilities for Adults
 - Abortion Facilities
 - Habilitation
 - CDAP Inpatient
 - Residential Treatment Facilities for Children and Adolescents
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
 - Facilities that treat Individuals for Psychoactive Substance Abuse or Dependence
 - Birthing Centers
3. Licensed healthcare facilities (without an exemption) in evacuation zone will be ordered to initiate/complete the following upon issuance of MMEO:
- Initiate evacuation procedures.
 - Stop admission of any non-emergent patients.
 - Immediately begin reducing their census of patients.
 - Limit services to emergent or essential patient needs (for example, non-elective procedures, dialysis, giving birth, medications, and chemotherapy); and
 - Take other measures as necessary to ensure evacuation is completed.

B. Healthcare Facility Coordination

1. Licensed healthcare facilities are required per *SC Regulation 61-13, 61-16, 61-17, 61-78, 61-93, and 61-103* to maintain emergency evacuation plans to include agreements with transportation providers.
2. At E-108 hours/ 4.5 days prior to general population evacuation, DHEC may initiate FEMA Ambulance contract if anticipated requirements exceed anticipated resources available within the state.
3. At E-96/4 days prior to general evacuation, ESF-8 will notify licensed healthcare facilities of potential evacuation timing in consultation with SCEMD. Licensed healthcare facilities should begin contacting transportation providers and begin census reduction in anticipation of a potential MME order issuance. [Note: Prior to a storm, times are expressed

in “E hour” format and align to the 48-hour Hurricane Evacuation timeline referenced in Annex A to SC Hurricane Plan unless otherwise specified.]

4. At E-60/ 2.5 days prior to a general population evacuation, DHEC and SCEMD will initiate coordination calls to discuss the NHC storm forecast and assess the potential threat to licensed healthcare facilities in evacuation zones.
5. E-48 hours/2 days prior to general population evacuation is the decision point for the Governor to issue the Mandatory Medical Evacuation Order (with exemptions). Actions taken by healthcare facilities prior to issuance of MMEO are recommendations that ensure planning and coordination activities have occurred.
6. Based on forecasted wind speed at the time of the MMEO, and information on file with DHEC, General Acute Care hospitals exempted from mandatory evacuation will be identified in the MMEO. Exempted hospitals will notify DHEC of their decision to either evacuate or shelter-in-place. Exempted facilities that activate their shelter-in-place plan must still reduce census, cancel non-emergent elective procedures, and maintain communication with DHEC’s Bureau of Healthcare Quality. Notification will be made by email at acc-hq@dhec.sc.gov or by telephone 803-898-3685. This phone line is located in DHEC’s Agency Coordination Center (ACC) and is manned 24/7 during MME operations.
7. General Acute Care hospitals must also maintain current information in the Critical Data Sheet, provide facility-wide bed availability data through Palmetto and the evacuation survey tool, and maintain proper notification protocols both internally and externally.
8. Inland receiving facilities should be contacted by the evacuating facility to begin preparations as soon as the evacuating facility has confirmation that MME order issuance is imminent (NLT E-48).
9. Non-exempted General Acute Care hospitals that evacuate may shelter medically fragile patients in place (addressed below). These hospitals must comply with the following requirements:
 - a. Notify DHEC of their plans to shelter in place medically fragile patients and/or staff.
 - b. Notify DHEC immediately of any change in plans to shelter in place medically fragile patients and/or staff.
 - c. Inform DHEC of the number of patients and number of other persons who will shelter-in-place.

- d. Have a written plan on file with DHEC that provides for the safety of the patient(s), staff, and those remaining with the patient(s).
 - e. Have a written plan that ensures there is sufficient food, water, medications, and equipment and other logistical support internal to the hospital to maintain every person within the hospital for ninety-six (96) hours post impact of the hurricane.
 - f. Coordinate storm-related emergency services through local county emergency managers to ensure the hospital's emergency services are available when needed by EMS and other first responders.
 - g. Have a written plan on file with DHEC addressing the provision of urgent and emergent services as soon as the storm has subsided, and it is safe for EMS to operate.
 - h. Notify the public the facility of closure from the time EMS in the hospital's area ceases to operate until the storm has subsided and it is safe for EMS to operate; and
 - i. Shutter the hospital during the period that EMS is not operating. During the period they are shuttered, hospitals may render aid, to the degree safely possible, to first responders or residents who present to the hospital in extremis.
10. Hospital physicians make the determination to shelter medically fragile patient(s) in a hospital that has otherwise evacuated. In this scenario, such facility must:
- a. Obtain a written certification from a physician that the patient is too medically fragile to be evacuated (that is, the risk to the patient's health or life by moving him/her is greater than the risk of remaining in the hospital during this emergency).
 - b. Make reasonable efforts to consult with the patient or his/her legal representative prior to making a final determination to shelter a medically fragile patient in place.
 - c. Inform DHEC of the number of patients and number of other persons who will shelter-in-place.
 - d. Have a written plan on file with DHEC that provides for the safety and wellbeing of the patient(s), staff, and those remaining with the patient(s) during the sheltering-in-place. This plan must also include provisions of food, water, and medication for up to ninety-six (96) hours post impact of the hurricane

11. At E-24, a day prior to general population evacuation the MME will be executed. This allows healthcare facilities time to prepare and execute patient movement prior to potential lane reversal.
12. All other facility types (other than General Acute Care hospitals) must evacuate and report evacuation status to DHEC.

C. Maintenance Of Essential Services

The HMES Plan is a supporting annex (supplemental plan) to the hospital's emergency operations plan (EOP) to provide hospital staff with guidance in the maintenance of essential services in the event of a shelter-in-place due to the potential impact of a hurricane.

1. The Hospital Maintenance of Essential Services (HMES) plan is not intended to be a stand-alone plan and is initiated as a response to an emergency. Hospital/Healthcare facility's Incident Command staff should consider all available options based on the current situation and associated risk factors.
2. Sheltering-in-place involves special considerations depending on the incident threat. Emergency Department patients may be medically fragile and dependent on mechanical support equipment; thus, ED staff must be trained on shelter-in-place procedures to operate in a planned and orderly manner.
3. Additionally, given the profile of the medical facility as part of the local / regional healthcare critical infrastructure of the community-at-large, it may be in the best community interest to partially evacuate the facility and shelter-in-place critical healthcare services, such as emergency services, trauma services and a limited support staff to maintain essential operations of the facility. The healthcare facility incident commander should make this consideration, in consultation with all associated leadership teams as well as with appropriate Regional Emergency Managers, County EMs in that region.
4. Upon notification and issuance of a Mandatory Medical Evacuation Order, Hospital's Emergency Operations system, and the Hospital Maintenance of Essential Services plan will be initiated when appropriate by the healthcare facility's Incident Commander or designee.
5. Immediate notification to the South Carolina Department of Health and Environmental Control, Health Quality Licensing Division by the healthcare facility Emergency Operations Manager. This notification will be followed by certification of provisions outlined in healthcare facility's

HMES plan, no later than 4 hours after the Mandatory Medical Evacuation Order is received. Notification will include the following:

- a. Current census with detailed acuity (Critical Care, Med-Surg, Behavioral Health, etc.)
- b. Plan for de-risking (reduction of census)
- c. Limitations to services
- d. Activation of the 96-hour plan, to include food, potable/non-potable water, and pharmaceutical supplies.
- e. Incident Action Plan
- f. Site Safety Plan
- g. Re-supply plan
- h. Electronic copies of all facility floor plans and diagrams, specifically those areas that will house patients. These diagrams shall include:
 - Locations for all critical services
 - Anticipated patient volumes
 - Maximum occupancies
 - Emergency exit locations
 - Generator power points
 - Other emergency system locations
 - Potential flooding locations
 - Facility Rescue Plan (in the event of a catastrophic impact that requires immediate extraction.

D. Transportation Support

1. Licensed healthcare facilities are required to have agreements with medical and non-medical transportation providers (i.e., EMS services, motor coaches and other transportation resources) to move patients to inland receiving facilities. In situations where transportation resources are overwhelmed or committed elsewhere, ESF-8 (via DHEC's Division of EMS and Trauma) will assist facilities coordination transportation needs.
2. DHEC's Division of EMS and Trauma will activate and deploy State licensed (to include Private EMS assets) resources to fill gaps for unforeseen emergencies during facility evacuations and repatriations. This does not relieve facilities of the requirement to plan for and provide internal transportation capabilities.
3. ESF-8 receives healthcare facility transportation request(s) via PalmettoEOC. In some cases, SEOC ESF-8 liaisons and/or DHEC Incident Management Team (IMT) EMS staff may be notified by telephone or email. All request(s) will be documented in PalmettoEOC.
4. EMAC requests will be coordinated by SCEMD Logistics.

5. State ESF-8 will coordinate EMAC resources to support healthcare facility evacuation and to back-fill county EMS services.
6. The Federal Ambulance Contract will be requested by ESF-8 as needed. DHEC the coordinating agency for ESF-8 will obtain agency leadership signature on the FEMA Resource Request Form. DHEC will cover the co-share. This is done to allow for the payment of additional transportation services that is required to support facility evacuation during MME activation.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. South Carolina Department of Health and Environmental Control

1. Incident Management Team (when activated)
 - a. Provide leadership and guidance to the incident response.
 - b. Manage agency's incident response structure and coordinate with partners across the state.
2. Bureau of Public Health Preparedness
 - (1) Provide ESF-8 liaison(s) to staff the SEOC.
 - a. Emergency Support Function 8 Liaison
 - (1) Participate in SEOC shift briefings and County/SERT conference calls.
 - (2) Receive and forward Palmetto EOC "Resource Requests" for healthcare facility support to DHEC IMT and appropriate ESF-8 partners.
 - (3) In coordination with DHEC IMT, request Federal Ambulance Contract support through SCEMD Logistics Section.
 - b. Healthcare Facilities Emergency Planner
 - (1) In coordination with Bureau of Healthcare Quality establish reporting schedule for Bed Availability Reporting Tool (BART).
 - (2) Provide healthcare facility points of interest file to be uploaded into [HURREVAC](#).

2. Bureau of Healthcare Quality
 - a. Division of EMS and Trauma
 - (1) Coordinate conference calls and communication with all EMS agencies.
 - (2) Document and track available EMS resources.
 - (3) Coordinate transportation assistance as required.
 - (4) As needed, conduct repeated polls to determine state EMS resources on availability.
 - (5) Maintain accountability for instate EMS resources to ensure appropriate utilization, activation, and deactivation when the resource is no longer needed.
 - (6) Determine need for additional out of state or federal resources.
 - (7) Collaborate with DHEC IMT (Logistics Chief) to build out EMAC request and fill out FEMA resource request.
 - (8) Coordinate staging of EMAC and federal EMS resources.
 - b. Division of Healthcare Professionals
 - (1) Initiate coordination calls/communication with licensed healthcare facilities.
 - (2) Process MME exemptions for General Acute Care hospitals. Ensure Critical Data Sheets and necessary exemption documentation is complete.
 - (3) Monitor healthcare facility evacuation and repatriation.
 - (4) Ensure federal reporting requirements (i.e., Centers for Medicare and Medicaid Services (CMS) and Region IV ESF-8 (HHS) Elements of Essential Information (EEI)) are met.
 - (5) Coordinate post-storm facility damage assessment with Healthcare Quality Inspectors.

- c. Division Health Facilities Construction
 - (1) Validates the data in the critical data sheet.
 - (2) Advise the DHEC Incident Commander on recommended exemptions to MMEO.
 - d. Office of Policy and Communications
 - (1) Initiate Facility Evacuation Survey Tool upon activation of the ACC.
 - (2) Develop and disseminate storm-related information to healthcare facilities.
- B. South Carolina Emergency Management Division
- 1. Serve as the state’s Multiple Agency Coordination Center (MACC).
 - 2. Provide National Weather Service (NWS) updates on current storm conditions and location, on a regularly scheduled basis.
 - 3. Request Declaration of “State of Emergency” if needed from the Governor.
 - 4. Schedule and conduct coordination calls for the state response (County and SERT Call and Governor’s Executive Call).
 - 5. Manage “Resource Request” from counties and state agencies and route them to the appropriate resource manager.
 - 6. Maintain a common operating picture of the current situation and ensure that all response personnel have access to information.
- C. South Carolina Hospital Association
- 1. Provide a liaison to DHEC’s ACC to assist with MME coordination.
 - 2. Communicate issuance of MMEO and storm-related information to membership.
 - 3. Conduct bed matching between sending and receiving hospitals during MME.
- D. South Carolina EMS Association
- 1. Provide a liaison to DHEC’s ACC.

2. Assist DHEC's Division of EMS and Trauma with providing transportation as requested by DHEC's Division of EMS and Trauma.

VI. HEALTHCARE FACILITY RE-ENTRY

- A. After a county is evacuated, decisions regarding re-entry into the county will be made at a local level based on local conditions.
- B. When a hospital re-establishes emergency services, including Maintenance of Essential Services to support emergency responders. The hospitals must conduct an inspection to ensure the facility can function safely and meet regulatory requirements.
- C. Other licensed healthcare facilities will survey respective facilities for damages upon re-entry and report when they have reinitiated full services.
- D. All returning facilities will ensure continuity of food and water supplies for both patients/residents and staff. Monitor pharmaceutical and equipment needs for residents/patients.
- E. Returning facilities will notify DHEC's Bureau of Healthcare Quality of approximate repatriation timeline and damages to facility.

VII. ACRONYMS

- A. ACC – Agency Coordination Center
- B. BART – Bed Availability Reporting Tool
- C. BFE – Base Flood Elevation
- D. CMS - Centers for Medicare & Medicaid Services
- E. CRCFs - Community Residential Care Facilities
- F. CDAP – Chemically Dependent or Addicted Persons
- G. DHEC – Department of Health and Environmental Control
- H. EEI - Elements of Essential Information
- I. EMAC – Emergency Management Assistance Compact
- J. EMD – Emergency Management Division
- K. EMS – Emergency Medical Services
- L. FEMA – Federal Emergency Management Agency
- M. ICS – Incident Command System
- N. IMT - Incident Management Team
- O. HHS – Health and Human Services
- P. HQ – Healthcare Quality
- Q. MACC – Multi Agency Coordination Center
- R. MME – Mandatory Medical Evacuation
- S. MMEO - Mandatory Medical Evacuation Order
- T. NHC – National Hurricane Center
- U. NWS – National Weather Service
- V. RFP – Request for Proposal

- W. SCEMD – South Carolina Emergency Management Division
- X. SEOC – State Emergency Operations Center

VIII. ATTACHMENTS

- A. Mandatory Medical Evacuation Order
- B. Inpatient and Residential Health Facilities in Evacuation Zones
- C. Reopening Procedures for Hospitals
- D. Reopening Procedures for Other Healthcare Facilities
- E. Hospital Maintenance of Essential Services Plan Template
- F. Mandatory Medical Evacuation Coordination Team Roster
- G. SCHA Standard Operating Procedure

Attachment A: Mandatory Medical Evacuation Order

Section 1. Healthcare Facilities (other than General Acute Care Hospitals)

For purposes of this Order, healthcare facilities (other than general acute care hospitals, described below in Section 2) shall include psychiatric hospitals, alcohol and substance abuse hospitals, rehabilitation hospitals, nursing homes, community residential care facilities (also called assisted living facilities), ambulatory surgical facilities, hospice facilities, radiation therapy facilities, abortion facilities, day care facilities for adults, residential treatment facilities for children and adolescents, intermediate care facilities for persons with intellectual disability, narcotic treatment programs (also called opioid treatment programs), inpatient facilities that treat individuals for psychoactive substance abuse or dependence, and birthing centers.

Upon the effective date and time of this Order, all healthcare facilities in the above-referenced Evacuation Zones are hereby ordered to:

- Initiate evacuation procedures;
- Stop admission of any non-emergent patients;
- Immediately begin to reduce their census of patients;
- Limit services to emergent or essential patient needs (for example, non-elective procedures, dialysis, giving birth, medications, and chemotherapy); and
- Take other measures as necessary to ensure evacuation is completed pursuant to this Order prior to storm winds exceeding 39 mph.

It is important to begin evacuating healthcare facilities in advance of the approaching storm and prior to any general population evacuation to ensure the safety of patients and staff. Each healthcare facility is unique with different needs and should begin implementing its plan now. Recognizing that fully evacuating takes time and the needs of each healthcare facility are different, each healthcare facility must notify DHEC upon completion of its evacuation so that the State has a census of healthcare facilities. Such notification to DHEC may be made by email at acc-hq@dhec.sc.gov or by telephone at [*telephone number to be added*].

Section 2. General Acute Care Hospitals

For purposes of this Order, general acute care hospitals mean hospitals licensed by DHEC as general hospitals as defined by Regulation 61-16, whose licenses include general hospital beds.

A. Exempted General Acute Care Hospitals

Based on the forecasted wind speed at the time of issuance of this Order, as well as information previously submitted to DHEC, the following licensed general hospitals are exempt from mandatory medical evacuation:

[*Hospital Name (Hospital License No.)*]

Attachment A: Mandatory Medical Evacuation Order

[The determination of which hospitals will be exempted from mandatory evacuation in the Order will be based on the forecast information available at the time of the Order from the National Hurricane Center regarding wind speed (hurricane category; information on file with DHEC for individual hospitals regarding the wind speed the facility can safely withstand; and information on file with DHEC confirming height of the facility's essential components. The hospital must also have a shelter-in-place plan on file with DHEC addressing the key components required by DHEC.]

Exempted hospitals must notify the Department of their decision to either evacuate or to shelter-in-place. Such notification to DHEC should be made by email at acc-hq@dhec.sc.gov or by telephone at [telephone # to added]. Exempted hospitals that activate their shelter-in-place plan must still reduce census, cancel elective procedures, and maintain communication with the Department throughout the event. Exempted hospitals must also maintain current information in the Critical Data Sheet, provide facility-wide bed availability data through Palmetto and the evacuation survey tool, and maintain proper notification protocols internally and externally. Exempted hospitals must shutter at the time of EMS stoppage and must notify the public they will be shuttered during this time, but may render aid, to the degree safely possible, to first responders or local residents who come to the hospitals in extremis.

B. Non-Exempted/Evacuating General Acute Care Hospitals

General Acute Care Hospitals in the Evacuation Zones identified in this Order that are not listed above as exempt must evacuate. General Acute Care Hospitals that otherwise evacuate may, if they choose, shelter medically fragile patients in place in accordance with Section 3 of this Order, and/or may shelter staff on site so they can re-open immediately following the storm. Such hospitals must comply with the following requirements:

- Notify DHEC of their plans to shelter in place medically fragile patients and/or staff;
- Notify DHEC immediately of any change in plans to shelter in place medically fragile patients and/or staff;
- Inform DHEC of the number of patients and number of other persons who will shelter-in place;
- Have a written plan on file with DHEC that provides for the safety of the patient(s), staff, and those remaining with the patient(s);
- Have a written plan that ensures there is sufficient food, water, medications, and equipment and other logistical support internal to the hospital to maintain every person within the hospital for ninety-six (96) hours post impact of the hurricane;
- Coordinate storm-related emergency services with local EMS providers to ensure the hospital's emergency services are available when needed by EMS and other first responders;
- Have a written plan on file with DHEC addressing the provision of urgent and emergent

Attachment A: Mandatory Medical Evacuation Order

services as soon as the storm has subsided, and it is safe for EMS to operate;

- Notify the public the facility will be closed from the time EMS in the hospital's area ceases to operate until the storm has subsided and it is safe for EMS to operate; and
- Shutter the hospital during the period that EMS is not operating. During the period they are shuttered, hospitals should render aid, to the degree safely possible, to first responders or local residents who come to the hospitals in extremis.

Notifications to DHEC required by this Section should be made by email at acc-hq@dhec.sc.gov or by telephone at [telephone # to added]

Section 3. Shelter-in-Place for Medically Fragile Patients in Hospitals

Under limited circumstances, a physician may determine that it is medically advisable for a medically fragile patient to shelter-in-place in a hospital that has otherwise evacuated. In such cases, hospital management and the physician shall weigh the risks of sheltering in place to care for the patient as compared to the risks of evacuating the patient. In this scenario, such facility must:

- Obtain a written certification from a physician that the patient is too medically fragile to be evacuated (that is, the risk to the patient's health or life by moving him/her is greater than the risk of remaining in the hospital during this emergency);
- Make reasonable efforts to consult with the patient or his/her legal representative prior to making a final determination to shelter a medically fragile patient in place. In circumstances where a consultation is not possible, the hospital shall document in the patient's medical record details of the efforts made to attempt a consultation;
- Inform DHEC of the number of patients and number of other persons who will shelter-in-place;
- Have a written plan on file with DHEC that provides for the safety of the patient(s), staff, and those remaining with the patient(s) during the sheltering-in-place; and
- Have a written plan to ensure there is sufficient food, water, medication, equipment, and other logistical support internal to the facility for ninety-six (96) hours post impact of the hurricane.

Section 4. Re-Entry

After a county or a portion thereof is evacuated, decisions regarding re-entry into the county, or a portion thereof, will be made at a local level based on local conditions, by local officials in coordination with county emergency management authorities. The county emergency management authority is appropriate for coordination in re-entry decisions as they will have intimate knowledge of the local conditions, such as road conditions and risks to patients' lives and safety.

When a hospital re-establishes emergency services, including those services necessary to support emergency services, within a part of the hospital after the hurricane has subsided but before

Attachment A: Mandatory Medical Evacuation Order

the expiration of this Order, or after the expiration of this Order but before a county is allowing re-entry, the hospital must conduct an inspection of the facility to determine if that section can function safely and meet regulatory requirements. The inspection must be certified by the facility manager and the chief executive officer or their designees. Other affected healthcare facilities should make arrangements for similar inspections prior to re-entry and repatriation.

This Order is effective immediately. Further proclamations, orders, and directives deemed necessary to ensure the fullest possible protection of life and property during this State of Emergency shall be issued verbally by the undersigned and thereafter reduced to writing and published for dissemination within the succeeding 24-hour period.

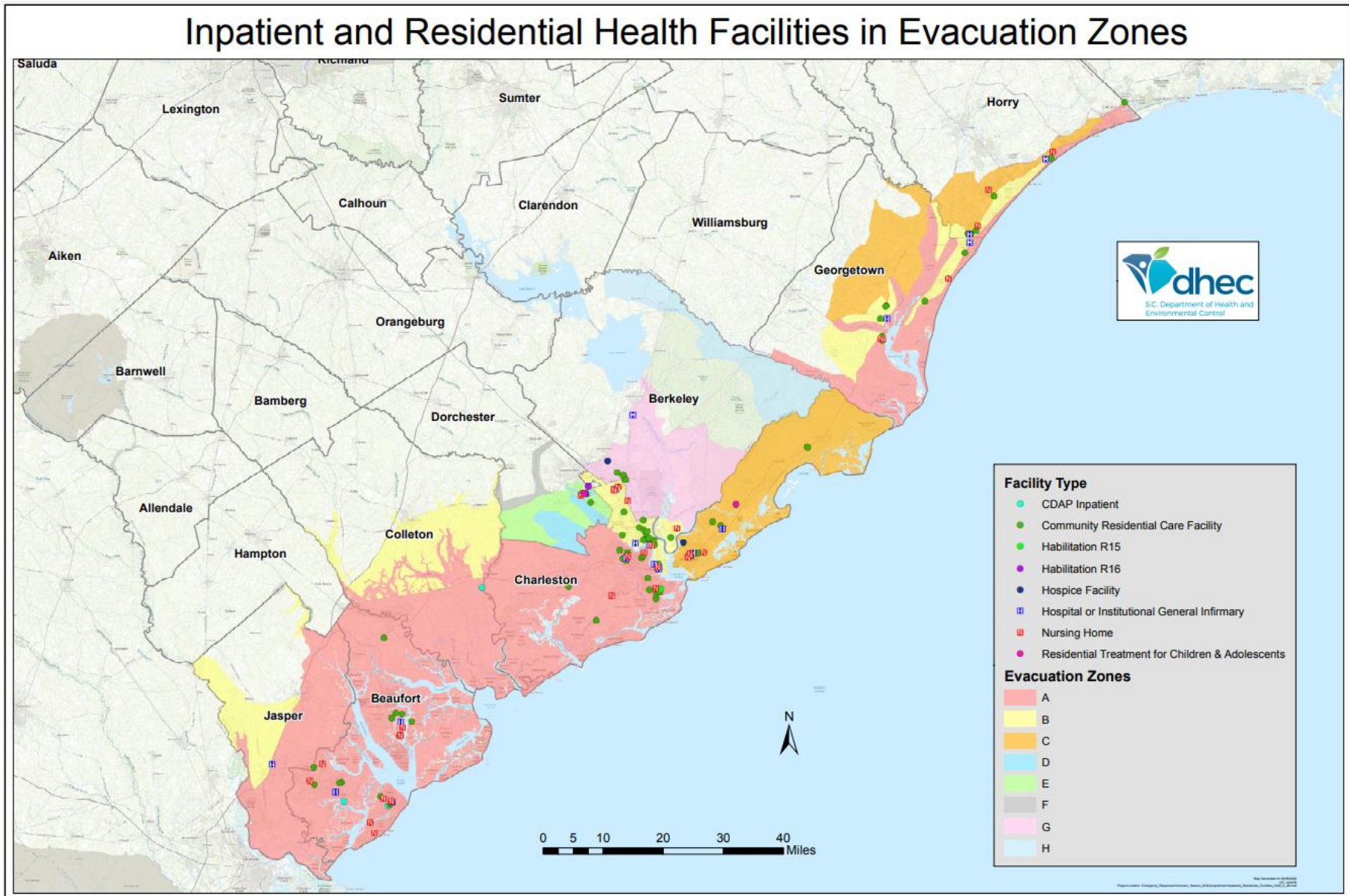
**GIVEN UNDER MY HAND AND THE
GREAT SEAL OF THE STATE OF
SOUTH CAROLINA, THIS DAY ____
OF _____, 2022.**

**HENRY MCMASTER
Governor**

ATTEST:

MARK HAMMOND
Secretary of State

Attachment B: Inpatient and Residential Health Facilities in Evacuation Zones



Attachment C: Reopening Procedures for General Acute Hospitals

[The following reopening procedures have been developed for licensed hospitals.]

Step 1: All hospitals in evacuation zones, regardless of status

Facility Administration should coordinate with county emergency management to understand conditions of roadways leading to and from the facility.

Each facility should confirm open routes for patient transport and emergency services in the event of a facility fire or other secondary event.

Step 2: For hospitals which are evacuated, including a shelter-in-place

Within 24-hours post-disaster, if road conditions allow and county approval is in place, appropriate facility staff should conduct a damage assessment of the facility.

Ensure continuity of food and water supplies for both patients and staff and monitor pharmaceutical and equipment needs for patients.

Step 3: If no damage is noted and full services can be offered

When the facility returns to full-service following a zero-damage assessment, notify Healthcare Quality at the DHEC Agency Coordination Center (ACC).

- Send confirmation of return-to-service to: ACC-hq@dhec.sc.gov
- Call ACC-Healthcare Quality Desk at 803-898-3685

Agency follow-up will occur as staff are able. **Continue to Step 5.**

No immediate response from DHEC is required for you to operate at Step 3

Step 4: If facility is damaged or limited services offered

If any of the following apply to your hospital following a disaster, **YOU MUST IMMEDIATELY CONTACT DHEC BEFORE PROCEEDING:**

- Post-disaster assessment reveals damage to the physical plant
- Evacuated facility, including a shelter-in-place, must remain closed due to damage or other circumstances
- Additional patient transfers are required
- Only limited hospital services will be available for a period of time

Step 5: Repatriation of evacuated patient population

Attachment C: Reopening Procedures for General Acute Hospitals

Understand that repatriation may not occur as quickly as evacuation. Available EMS resources will focus immediately on new medical emergencies.

Prior to engaging in repatriation activities, each facility should:

- Contact receiving facilities to verify status of individual patients:
 - Discharges
 - Change in patient condition
 - Unexpected outcomes
- Prepare a list of facilities and patients for transmittal to State EMS and transport staff if State EMS transport is requested.

Contact Healthcare Quality to notify of approximate repatriation timeline and expected census.

- Send this information to: ACC-hq@dhec.sc.gov
- Call ACC-Healthcare Quality Desk at 803-898-3685

Attachment D: Reopening Procedures for Other Licensed Healthcare Facilities

[The following reopening procedures have been developed for other licensed healthcare facilities (i.e., skilled nursing homes).]

Step 1: Verification of Conditions

Facility Administration should coordinate with local Emergency Service Directors to understand conditions of roadways leading to and from the facility.

Each facility should confirm open routes for resident/patient transport and emergency services in the event of a facility fire or other secondary event.

Step 2: Conduct supply and facility damage assessment

Within 24-hours post-disaster, if road conditions allow, appropriate facility staff should conduct a damage assessment of the facility.

Ensure that there is adequate food and water supplies for both residents/patients and staff, and medicine and equipment need for residents/patients.

Step 3: If no damage is noted and full services offered

When the facility returns to full-service following a zero-damage assessment, notify Healthcare Quality at the DHEC Agency Coordination Center (ACC).

- Send confirmation of return-to-service to: ACC-hq@dhec.sc.gov
- Call ACC-Healthcare Quality Desk at 803-898-3685

Agency follow-up will occur as staff are able. **Continue to Step 5.**

No immediate response from DHEC is required for you to operate at Step 3

Step 4: If facility is damaged or limited services offered

If any of the following apply to your facility post-disaster, **YOU MUST IMMEDIATELY CONTACT DHEC BEFORE PROCEEDING:**

- Post-disaster assessment reveals damage to the physical plant
- Evacuated facility must remain closed due to damage or other circumstances
- Facility will not return to immediate service or will return to limited service

Step 5: Repatriation of evacuated residents/patients

Attachment D: Reopening Procedures for Other Licensed Healthcare Facilities

Understand that repatriation may not occur as quickly as evacuation. If EMS resources are needed for resident/patient transport, available EMS resources will focus immediately on new medical emergencies.

Prior to engaging in repatriation activities, each facility should:

- Contact their contracted transportation service to arrange resident/patient transport.
- Contact receiving facilities, if applicable, to verify status of individual residents/patients.
- Prepare a list of facilities and residents/patients for transmittal to State EMS and transport staff if State EMS transport is requested.

Contact ACC-HealthReg to notify of approximate repatriation timeline and expected census.

- Send this information to: ACC-hq@dhec.sc.gov
- Call ACC-Healthcare Quality Desk at 803-898-3685

Attachment E: Maintenance of Essential Services Plans Template

[Template of Maintenance of Essential Services Plan (HMES) is below. Refer to Concept of Operations, Maintenance of Essential Services Plan paragraph (page 8) of this plan.]

Hospital:

Person Completing Template:

Email:

Phone Number:

Effective Dates:

I. PURPOSE

PLAN PURPOSE STATEMENT HERE. Example:

- A. To provide [HOSPITAL] staff with guidance in the maintenance of essential services in the event of a shelter-in-place or evacuation event.

II. OVERVIEW

INSERT PLAN OVERVIEW STATEMENT HERE. Example:

- A. This document is not intended to be stand-alone and is initiated as a response to an emergency. Incident Command staff should consider all available options based on the current situation and associated risk factors.
- B. Sheltering-in-place involves special considerations depending on the incident threat. Many Emergency Department patients may be medically fragile and dependent on mechanical support equipment; thus, ED staff must be trained on shelter-in-place procedures to progress in a planned and orderly manner.
- C. Additionally, given the profile of the medical facility as part of the local / regional healthcare critical infrastructure of the community-at-large, it may be in the best community interest to partially evacuate the facility and shelter-in-place critical healthcare services, such as emergency services, trauma services and a limited support staff to maintain essential operations of the facility. This consideration should be made by the facility incident commander, in consultation with all associated leadership teams as well as with appropriate regional emergency managers.
- D. Upon issuance of a Mandatory Medical Evacuation Order, [HOSPITAL]'s Emergency Operations system will ensure that this plan is initiated.

III. REVIEW

INSERT PLAN REVIEW STATEMENT HERE – State how often your organization will review the Hospital Maintenance of Essential Services plan. Example:

Attachment E: Maintenance of Essential Services Plans Template

- A. Annually: The Hospital Maintenance of Essential Services plan will be reviewed annually along with the entire Emergency Operations Plan and submitted to local Emergency Management [(INSERT CITY AND COUNTY NAMES HERE)] as well as the South Carolina Department of Health and Environmental Control, Health Licensing, prior to the annual Hurricane Season (June 1), for approval.

IV. ACTIONS

INSERT PLAN ACTIONS STATEMENT HERE – Define the trigger to implement your plan and the steps your facility will take to see the plan through. Example:

- A. Upon notification of Mandatory Medical Evacuation Order: The Hospital Maintenance of Essential Services plan will be initiated when appropriate by the Facility Incident
- B. Commander or designee upon notification of a Mandatory Medical Evacuation Order, if authorized by the Mandatory Medical Evacuation Order.
- C. Immediate notification to the South Carolina Department of Health and Environmental Control Health Licensing by the facility will be initiated by the Emergency Operations Manager. This notification will be followed by certification of the application of the provisions of this plan, no later than 4 hours after the initial Mandatory Medical Evacuation Order is received. Notification will include the current census with detailed acuity (Critical Care, Med-Surg, Behavioral Health, etc.).

V. ACTIVATION

INSERT PLAN ACTIVATION STATEMENT HERE – Define who, what, and why the plan will be activated. Who will have the authority to activate the plan? What will be done to protect patients? Why will this decision be made? How will Incident command be activated? Example:

- A. Authority to Activate: Not all emergency situations require sheltering -in-place. When it becomes apparent that an external danger may result in injury, possible exposure, or loss of life to patients, visitors, and staff, the Incident Commander is responsible for ordering the facility or department(s) to shelter-in-place. The facility staff authorized to activate this plan are as follows:
1. CEO
 2. COO
 3. CFO
 4. CNO
 5. CMO
 6. Facility Emergency Operations Manager
 7. Additionally, when de-risking (partial evacuation of at-risk patients) the facility

Attachment E: Maintenance of Essential Services Plans Template

may consider and elect under the authority of the facility Incident Commander to activate a limited shelter-in-place response for essential/critical services to support the community need.

- B. Decision to Activate: Sheltering-in-place should be ordered based on the circumstance of the threat.
1. Authorities should evaluate the nature of a threat as it occurs, evaluate availability of resources, and reassess regularly to determine the proper course of action.
 2. Patients should be sheltered-in-place only when necessary. In some situations, it may be safer and more medically responsible for [HOSPITAL] to shelter in place verses evacuation of departments and/or buildings.
 3. In an emergency in which personnel and patients are safer inside the facility than outside, shelter-in-place should be ordered.
- C. Immediate Danger to Patients: During an emergency, persons in immediate danger must take precedence over all other actions.
1. If a disaster occurs in a patient care area, or threatens a patient care area, employees should remove patients who are in immediate danger, evacuate, or shelter-in-place as appropriate.
 2. The objective is to get patients and personnel to safe refuge areas.
 3. If the patients are not in immediate danger and an alert has not been activated, WAIT for orders.
- D. Activation of the Emergency Operations Center: The decision to implement the Emergency Operation Plan should be determined by the Administrator on Call according to the [HOSPITAL]'s Healthcare Incident Command System model.
1. The Incident Commander will retain the full authority and remain responsible for the decision-making process until relieved by a more senior ranking official.
 2. A Hospital Emergency Operations Center will be activated and established in the Boardroom, or appropriate designated location based on incident.
 3. The Incident Commander will activate the necessary Hospital Incident Command System roles.
 4. Hospital employees should immediately assume the responsibilities of their assigned roles upon activation of the Emergency Operation Plan.
 5. Command Staff and Section Chiefs should meet regularly to update shelter-in-

Attachment E: Maintenance of Essential Services Plans Template

place progress and designate situation status

- E. Establish a Safety Officer: The Incident Commander will identify and designate a facility safety officer that is responsible to ensure the following:
1. Accurate accountability log of staff, patients, and visitors
 2. Emergency contact list for all listed on the accountability log
 3. Shelter-in-place Safety Plan
 4. Post Incident Rescue Coordination Plan
 5. Emergency / Redundant Communication Plan

VI. NOTIFICATION

INSERT PLAN NOTIFICATION STATEMENT HERE – Describe how team members and community partners will be notified that your organization is implementing the Hospital Maintenance of Essential Services plan. Example:

A. INTERNAL NOTIFICATIONS:

1. KEY PERSONNEL NOTIFICATION

- a. The Incident Commander will order the notification to personnel of facility shelter- in-place, via mass notification and overhead announcement.

2. DEPARTMENT NOTIFICATION

- a. The switchboard will notify staff in the facility of the activation of the shelter-in- place plan via overhead paging.
- b. The operator will announce by overhead paging three times, “Facility Alert; shelter- in-place plan is now in effect for [HOSPITAL] and/or _____ department(s); all outpatients and visitors in the designated area will be directed to shelter in [location].”
- c. The switchboard will notify department directors via the facility’s group notification system.

3. ALTERNATE COMMUNICATION SYSTEMS

- a. The Emergency Operations Manager will begin mass notifications of all facility staff via the facility’s alert system.

4. MESSAGING

- a. With all communication systems used, [HOSPITAL] will use common

Attachment E: Maintenance of Essential Services Plans Template

language and include the following in mass messages:

- b. Time of start of shelter-in-place
- c. Reason for shelter-in-place
- d. Expected duration
- e. Shelter-in-place policy/procedure information
- f. Regular Updates
- g. The staff will be regularly updated about shelter-in-place by reliable means.

5. ALL CLEAR

- a. All occupants should continue to shelter in place and remain in safe areas until the “All Clear, Shelter-in-Place Cleared” is declared and announced by the Incident Commander.

B. EXTERNAL NOTIFICATIONS

1. [HOSPITAL] shall establish and maintain integrated response communications systems with external partners during an emergency. These partners include, but are not limited to:
 - a. South Carolina Department of Environmental Control Health Licensing
 - b. City of [INSERT CITY NAME HERE] emergency operations center
 - c. [INSERT COUNTY NAME HERE] county emergency management emergency operations center
 - d. [INSERT COALITION NAME HERE] Regional Healthcare Coalition
 - e. Contracted EMS providers
 - f. South Carolina Hospital Association
2. In the event of an emergency, community partners should be contacted as staff designated in the [HOSPITAL] emergency operation plan and [INSERT COALITION NAME HERE] Regional Healthcare Coalition Response and Communications Plans.
3. The Emergency Operations Manager, or designee at [HOSPITAL] will notify community partners by phone to ensure rapid and continuous communication exchange of relevant information and specific shelter-in details.
4. A list of phone numbers can be found in the external resource directory list, see

Attachment E: Maintenance of Essential Services Plans Template

[INSERT SOURCE DOCUMENT] of the emergency operation plan.

5. During activation, fax, satellite phone, HAM Radio, 800MHz/400MHz/VHF/UHF radios can also be used to notify community partners.
6. Notification of relatives and community
 - a. When the shelter-in-place is imminent, the Public Information Officer in coordination with Joint Information Center, if activated, will begin working on a statement to release to the public.
 - b. In addition, the Public Information Officer is responsible for working closely with the community to ensure that family members of the patients receive the necessary information.

VII. DE-RISKING (REDUCTION OF CENSUS)

INSERT PLAN DE-RISKING STATEMENT HERE – Identify your facility’s plan to minimize risk. Example:

- A. The plan for de-risking includes:
 1. Immediate cessation of all elective procedures (only urgent or emergent cases will proceed on an as needed basis when warranted, and with Chief Medical Officer approval.)
 2. Immediate prioritization of any pending discharges
 3. Coordination with the Hospital Incident Command Center for any patients to be transferred to other facilities, or incident/event dictating to the most appropriate designated facility
 4. Activation of the South Carolina Hospital Association Hospital Mutual Aid Agreement

VIII. SAFETY OF PATIENTS, STAFF AND VISITORS

INSERT PLAN SAFETY STATEMENT HERE – Define how you plan to ensure the safety of patients, staff, and visitors. Example:

- A. [HOSPITAL] puts the safety of all patients, staff, and visitors above all else. If a shelter-in- place or evacuation order is given, [HOSPITAL] will immediately issue a site safety plan. This plan will be coordinated by the Incident Commander, the facility safety officer, and the facility management director (or designee). The plan will include:

Attachment E: Maintenance of Essential Services Plans Template

1. Life Safety drawings and patient, visitor, and staff housing locations (Pre-plans will be developed in advance to identify the safest locations as a rapid reference guide for no- notice shelter-in-place events requiring unique safety locations.)
2. Patient movement within the facility and to safe locations within the facility
3. Appropriate activation of the staffing, shifts or altered staffing plans
4. Planning for safe activation of re-supply assets
5. Interim Life Safety plans, as appropriate

IX. 96-HOUR SUPPLY PLAN

INSERT PLAN SUPPLY STATEMENT HERE – Outline how your hospital will sustain itself for at least 96 hours. Example:

A. [HOSPITAL] maintains, as a separate annex, a 96-hour plan for maintenance of the following supplies:

1. Food and Water (potable) - supplies maintained by Food and Nutrition Services, in conjunction with emergency operations center
2. Medications - managed by pharmacy in conjunction with emergency operations center
3. Equipment and clinical logistics - maintained by Supply Chain, in conjunction with emergency operations center
4. Please refer to the 96-hour plan for further details

X. RECEIPT OF EMERGENCY SUPPLIES

INSERT PLAN RESUPPLY STATEMENT HERE – Illustrate how supplies will be replenished and emergency supplies obtained. Example:

A. Emergency resupply for all clinical and non-clinical items will be coordinated by the Logistics Section (Supply Chain Director or designee). All necessary supplies may be delivered via the following:

1. Standard Surface Road Routes as defined by Supply Chain, based on current flooding and roadway conditions
2. Rotor-Wing directly to the [HOSPITAL], coordinated by the emergency operations center and Supply Chain Services
3. Fixed-Wing to the [INSERT LOCAL AIRFIELD] and either surface roads or rotor-wing to the [HOSPITAL]

XI. EMERGENCY DEPARTMENT PLAN

INSERT PLAN CLOSURE STATEMENT HERE – Describe the procedures that will be taken to cease Emergency Department services for the period of time that first responders are on standby. Example:

- A. At the point of onset of Tropical Storm force winds or when notified by county Emergency Operations that all Emergency Services have stopped, the Emergency Department will close to all traffic until such time as the county Emergency Operations notify the facility that Emergency Operations have resumed.

As part of the regional and community healthcare critical infrastructure, [HOSPITAL], serves as the [INSERT FACILITY DESIGNATIONS] for the region, as well as the other critical service lines maintained in the facility, will take every effort to maintain essential critical Emergency Services open to the public and first responders. During a Mandatory Medical Evacuation or when under an Executive Order to close the Emergency Department, [HOSPITAL] will ensure that all necessary steps are made to safely and efficiently close and re-open, when ordered. These steps include:

1. Notification of all key stakeholders, internal and external, of potential closure and time of full closure
2. Facility Emergency Manager will request for a critical care or advanced life support ambulance be positioned near or at the emergency department in the event a member of the community presents requiring immediate transport or treatment while the emergency department is closed to operations. This request and operations will be coordinated by the emergency manager or designee with the regional emergency medical services agency or emergency management official.
3. Staff will prepare the Emergency Department for closure by securing the area and moving all lifesaving and support equipment to the Emergency Department for safety.
4. Staff will ensure the safe shutdown of all non-clinical equipment in the area
5. Staff will ensure the safe shutdown of all clinical equipment in the area
6. Security and Facilities staff will ensure the complete closure of all access points into the area and place signage designating the shutdown of the facility and the reason for shutdown
7. Once full shut down has been achieved, the Emergency Department Director (or designee) will notify the Facility Emergency Operation Center of completion of closure efforts

Attachment E: Maintenance of Essential Services Plans Template

8. All efforts will be made to ensure that the area is shutdown in such a manner as to prepare the area for start-up once the emergency has passed.

XII. RECOVERY

INSERT PLAN RECOVERY STATEMENT HERE – List the steps that shall be taken to return to normal operations. Example:

- A. [HOSPITAL] has designated responsibility for the timely and appropriate recovery as seen necessary for their facility after a shelter in place. This may include:
 1. [HOSPITAL] will conduct appropriate recovery operations in conjunction with health and facility safety issues related to incident.
 2. [HOSPITAL] will assess damage and will use available resources, utilize memorandums of agreement/understanding, or request resources through local emergency operation center, if activated, to gradually return hospital to normal operations.
 3. The Incident Commander will identify and initiate continuation of patient care services, after consultation with local Emergency Management and the South Carolina Department of Health and Environmental Control
 - a. The Incident Commander will coordinate demobilization.
 - b. The Incident Commander will identify criteria and procedures to return to normal operations, including essential emergency and critical services
 - c. Notification of all key stakeholders, internal and external, of planned opening and full opening
 - d. Staff will prepare the Emergency Department for opening by returning all lifesaving and support equipment to their proper locations.
 - e. Staff will ensure the safe start-up of all non-clinical equipment in the area
 - f. Staff will ensure the safe start-up of all clinical equipment in the area
 - g. Security and Facilities staff will ensure the physical opening of all access points into the area and remove closure signage, once notified by Incident Command.
 - h. Once the Emergency Department has completed the reopening process, the Emergency Department Director (or designee) shall notify the Facility emergency operation center.
 - i. Plant Operations will perform damage assessment (interior and exterior) and plan for clean-up and repair.

Attachment E: Maintenance of Essential Services Plans Template

- j. The Safety Officer, Infection Prevention Director and Environmental Services Director will monitor environmental issues (bio waste disposal) and water safety.
- k. At no point will the Emergency Department reopen for services until external and internal notifications have occurred.
- l. The Incident Commander will be responsible for the notification of all key stakeholders and obtaining local and state authorization for reopening before the re-opening takes place.

XIII. ATTACHMENTS

Required: [LIST RELATED ATTACHMENTS HERE]

1. Plan for de-risking (reduction of census)
2. Limitations to services
3. The plan to support hospital operations for 96-hours post impact, to include food, potable/non-potable water, and pharmaceutical supplies
4. Incident Action Plan
5. Site Safety Plan
6. Re-supply plan
7. Electronic copies of all facility floor plans and diagrams, specifically those areas that will house patients. These diagrams shall include:
 - a. Locations for all critical services
 - b. Anticipated patient volumes
 - c. Maximum occupancies
 - d. Emergency exit locations
 - e. Generator power points
 - f. Other emergency system locations
 - g. Potential flooding locations
 - h. Facility Rescue Plan (in the event of a catastrophic impact that requires immediate extraction.

A promulgation letter demonstrating approval of the plan by the hospital CEO, local emergency management, and DHEC will be required.

Attachment F: MME Coordination Team Roster

MME Coordination Team Roster				
Activation Title	Name	Cell	Office	Email (when activated)
Redacted for privacy purposes. Available as a separate document.				

SCHA Standard Operating Procedure: Hurricane Season 2022
Hospitals in Evacuation Zones

Hospital	County	Zone	Hurricane Region
Beaufort Memorial Hospital	Beaufort	A	Southern
Bon Secours St Francis Hospital	Charleston	A	Central
Coastal Carolina Hospital	Jasper	A	Southern
East Cooper Medical Center	Charleston	C	Central
Encompass Health Rehab. Hospital Bluffton	Beaufort	A	Southern
Grand Strand Medical Center	Horry	B	Northern
Hilton Head Hospital	Beaufort	A	Southern
MUSC Medical Center	Charleston	B	Central
MUSC Health Rehabilitation Hospital (aka. Encompass Charleston)	Charleston	B	Central
Palmetto Lowcountry Behavioral Health LLC	Charleston	B	Central
Ralph H. Johnson VA Medical Center	Charleston	B	Central
Roper Hospital	Charleston	B	Central
Roper St. Francis Mount Pleasant Hospital	Charleston	C	Central
Roper St. Francis Berkeley Hospital	Berkeley	H	Central
Summerville Medical Center	Dorchester	E	Central
Tidelands - Georgetown	Georgetown	B	Northern
Tidelands Health Rehab. Hospital Murrells Inlet	Georgetown	B	Northern
Tidelands - Waccamaw	Georgetown	B	Northern
Trident Medical Center	Charleston	B	Central
Vibra Hospital of Charleston	Charleston	C	Central

Changes This Season – Exemption and Hospital Maintenance of Essential Services Plans

There is a significant change in exemption procedures for general acute care hospitals this season. In prior years, when a Mandatory Medical Evacuation Order (MMEO) was anticipated, hospitals were asked to apply at that time to DHEC for exemption from the MMEO. This process may now be completed ahead of time by general acute care hospitals via the submission of Hospital Maintenance of Essential Services Plans to DHEC. Submitted plans are reviewed by DHEC, who assigns individual general acute hospitals the level of storms for which they may shelter and those

for which they must evacuate. A separate exemption process, like the process in prior years, will not be established this season. In any instance, it is understood that the risk to evacuate some patients poses a greater risk than keeping them in a facility during the emergency, and sheltering of medically-fragile patients, as well as staff to care for them and to re-open the facility, based on provider insight and knowledge is allowed. The following procedures provide guidance as a storm approaches our coast.

Pre-Storm

In addition to communication with DHEC regarding the Hospital Maintenance of Essential Services Plan, which should have been completed before a storm approaches, all hospitals in evacuation zones will review their hurricane evacuation and sheltering plans with local emergency management officials to ensure that all components of the area's emergency response are coordinated and will function effectively and collaboratively during and following the storm.

Ensure that all of the following plans, at a minimum, are discussed:

- Census reduction/de-risking
- Evacuation
- Transportation
- Staffing
- Lodging
- Supplies for 96-hours post impact
- Reopening

Additionally, it is advised that general hospitals determine and communicate in advance with their staff who will be deemed essential during and after a storm.

At the state level, as storms develop, DHEC and SCHA will be in constant communication, and at the local level, the hospital and local emergency management should be in constant communication. When it is anticipated that a MMEO will be issued, SCHA and DHEC will contact the CEOs and emergency managers of the potentially impacted hospitals in the evacuation zones. For state level preparedness, these hospitals will be asked to inform DHEC and SCHA of their plans to prepare and respond to the impending hurricane. While the Order will include all licensed healthcare facilities in the zones, general hospitals, as members of the area's emergency response structure, are required to coordinate their activities with DHEC in order to reduce the threat of harm to their patients, their staff, and others remaining in the coastal area.

Mandatory Medical Evacuation Order – Exempted General Acute Care Hospitals

Upon issuance of the MMEO, exempted general hospitals in the evacuation zone(s) will be listed in the MMEO and must maintain communication with DHEC throughout the event by email (acc-hq@dhec.sc.gov) or phone 803-898-3685 as well as:

- Reduce their census of patients;
- Cancel elective procedures;
- Maintain current information in the Critical Data Sheet (via RedCap platform);
- Provide facility-wide bed availability data through the Bed Availability Reporting Tool in Palmetto and the evacuation survey tool;
- Maintain proper notification protocols internally and externally; and
- Shutter at the time of EMS stoppage and notify the public they will be shuttered during this time but may render aid, to the degree safely possible, to first responders or others who come to the hospital in extremis.

Mandatory Medical Evacuation Order – All Non-Exempted/Evacuating Hospitals (to Include Hospitals not Exempted for the Level of Storm)

All hospitals in the designated evacuation zones and/or counties listed and not specifically listed as Exempt in the MMEO must evacuate in accordance with the MMEO prior to the arrival of tropical storm force winds. General acute care hospitals that otherwise evacuate may, if they choose, shelter medically-fragile patients in accordance with the MMEO (see ‘Sheltering Medically-Fragile Patients’ section), and/or may shelter staff on site so they can re-open immediately following the storm. Such hospitals must:

- Initiate evacuation procedures;
- Stop admission of any non-emergent patients;
- Immediately begin reducing their census of patients;
- Limit services to emergent or essential patient needs (for example, dialysis, childbirth, medications, and chemotherapy);
- Notify DHEC of plans to shelter-in-place medically-fragile patients and/or staff;
- Notify DHEC immediately of any change in plans to shelter-in-place patients and/or staff;
- Inform DHEC of the number of patients and number of other persons who will shelter-in-place;
- Have a written plan on file with DHEC that provides for the safety of the patient(s), staff, and those remaining with the patient(s);
- Have a written plan that ensures there is sufficient food, water, medications, and equipment and other logistical support internal to the hospital to maintain every person within the hospital for ninety-six (96) hours post impact of the hurricane;
- Coordinate storm-related emergency services with local EMS providers to ensure the hospital’s emergency services are available when needed by EMS and other first responders;
- Have a written plan on file with DHEC addressing the provision of urgent and emergent

Attachment G: SCHA Standard Operating Procedure

services as soon as the storm has subsided and it is safe for EMS to operate;

- Notify the public the facility will be closed from the time EMS in the hospital's area ceases to operate until the storm has subsided;
- Shutter the hospital's ED during the period that EMS is not operating (during this period, hospitals should render aid, to the degree safely possible, to first responders or others who come to the hospital in extremis); and

It is important to begin evacuating hospitals in advance of the approaching hurricane and prior to general population evacuation to ensure the safety of patients and staff. Recognizing that evacuation takes time, that it must be completed prior to the onset of tropical storm force winds, and that the needs of each hospital are different, each facility must keep DHEC, and county emergency management informed about facility capacity, census, and capabilities until such time after the storm that all services are deemed back to normal. Such notification to DHEC should be made by email at acc-hq@dhec.sc.gov or by phone 803-898-3685.

Non-exempted general acute care hospitals are expected to open the facility as quickly and as safely as possible following the storm.

Sheltering Medically-Fragile Patients

Under limited circumstances, a physician may determine that it is medically advisable for a medically-fragile patient to shelter-in-place in a hospital that has otherwise evacuated. In such cases, hospital management and the physician will weigh the risks of sheltering-in-place to care for the patient as compared to the risks of evacuating the patient. In this scenario, the hospital must:

- Obtain a written certification from a physician that the patient is too medically-fragile to be evacuated (the risk to the patient's health or life by moving them is greater than the risk of remaining in the hospital during the emergency);
- Make reasonable efforts to consult with the patient or his/her legal representative prior to making a final determination to shelter-in-place a medically-fragile patient (in circumstances where a consultation is not possible, the hospital shall document in the patient's medical record details of the efforts made to attempt a consultation);
- Inform DHEC of the number of patients and number of other people who will shelter-in-place;
- Have a written plan that provides for the safety of the patient(s), staff, and those remaining with the patient(s) during the sheltering-in-place; and
- Have a written plan to ensure there is sufficient food, water, medication, equipment, and other logistical support internal to the facility for ninety-six (96) hours post impact of the hurricane.

Notification to DHEC should be made by email at acc-hq@dhec.sc.gov or by phone 803-898-3685.

Medical Needs Shelters

DHEC will operate Medical Needs Shelters in various, contracted locations outside of evacuation zones. To locate and refer someone to a Medical Needs Shelter or to see if they qualify, contact the DHEC Care Line at 855-472-3432. Triage phone lines are planned to open within 24 hours of the announcement of the MMEO.

Dialysis Needs

People needing dialysis services can contact American Renal Associates at 1-888-880-6867 to find a dialysis center that is open and accessible to their location.

Returning to Normal

As operations return to normal, follow [DHEC's established procedures](#).

SCHA and DHEC's Process to Evacuate Patients

The Mutual Aid Agreement is automatically activated upon issuance of the MMEO. If the Mutual Aid Agreement is activated and a hospital needs assistance identifying bed placement for patient transfers, the evacuating hospital should follow the process below:

- The evacuating hospital contacts SCHA's Emergency Preparedness team at 803-603-8580 or scdisaster@scha.org and states their hospital's need for assistance in evacuating patients.
- The evacuating hospital provides the number of beds needed for the specific type of patient(s) needing transfer without providing any protected health information.
- SCHA will communicate with DHEC, and both will identify the hospital(s) that has(have) corresponding bed availability (receiving hospital) – Note that only hospitals that are part of the Mutual Aid Agreement will be identified.
- SCHA or DHEC will contact the designated representative and/or emergency manager listed on the Mutual Aid Agreement of the receiving hospital to confirm bed availability.
- Once bed availability is confirmed at the receiving hospital, SCHA or DHEC will connect the designated representatives from the receiving and evacuating hospitals for them to determine all transfer details between hospitals, including transportation.
- SCHA or DHEC will ask both facilities to confirm/follow up with one another once the patients have left the evacuating facility and have arrived at the receiving facility.
- If for any reason, state, federal, or other resources are needed, SCHA will communicate these needs directly to DHEC, and DHEC will activate these resources.
- If beds are no longer available in the state and out-of-state evacuations are needed, DHEC will coordinate evacuation with affected facility(s) and SCHA. will activate/coordinate all necessary federal resources.

Attachment G: SCHA Standard Operating Procedure

DISCLAIMER: This document serves as guidance for mandatory medical evacuations of hospitals in preparation for a hurricane projected to impact South Carolina. SCHA and DHEC have developed this guidance together. However, all healthcare facilities remain subject to local, state, and federal laws and regulations, as well as all directives in the Governor's order(s) during the event. This document is guidance only.