

ANNEX J TO SC HURRICANE PLAN

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. Licensed healthcare facilities in evacuation zones:

*Note:

As of Date: 05/30		A	B	C	D	E	See
Facility Type	Total Facilities						
General Acute Care Hospitals	19	4	9	7	0	1	
Other Facility Types	186	41	56	67	2	20	

Attachment B for breakdown of healthcare facilities by Hurricane Region.

- C. General Acute Care / Non-General Hospitals
 - 1. Beaufort Memorial Hospital
 - 2. Bon Secours St Francis Hospital
 - 3. Coastal Carolina Hospital
 - 4. Citadel Infirmary

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5. East Cooper Medical Center
6. Hilton Head Hospital
7. Live Oak Mental Health and Wellness
8. MUSC Medical Center
9. MUSC Health Rehabilitation Hospital
10. Palmetto Lowcountry Behavioral Health
11. Roper Hospital
12. Roper St. Francis Mount Pleasant Hospital
13. Sheriff Al Cannon Detention Center
14. Summerville Medical Center
15. Tidelands – Georgetown
16. Tidelands Health Rehab. Hospital Murrells Inlet
17. Tidelands – Waccamaw
18. Trident Medical Center
19. Vibra Hospital of Charleston

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 (AFTER JULY 1, 2024, DPH)'s Healthcare Quality Deputy Area will begin coordination with the Governor's Office regarding recommended language for Mandatory Medical Evacuation Order, to include which facility types in which 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
 - Institutional Infirmaries
 - Crisis Stabilization Unit Facilities
 - Nursing Homes
 - Inpatient Hospices
 - Community Residential Care Facilities
 - Inpatient Facilities for Chemically Dependent or Addicted Persons ("CDAP")
 - Residential Treatment Facilities for Children and Adolescents

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3. Intermediate Care Facilities for Individuals with Intellectual Disabilities
Licensed healthcare facilities (other than general acute care hospitals identified in the MMEO as exempt) in evacuation zone will be ordered to initiate/complete the following upon issuance of MMEO:
 - Initiate evacuation preparation procedures to include but not be limited to notification of receiving facilities, activation of transportation providers, augmentation of staff, notification of families,
 - Stop admission of any non-emergent patients.
 - Limit services to emergent or essential patient needs (for example, non-elective procedures, dialysis, giving birth, medications, and chemotherapy).
 - Immediately begin reducing their census of patients.
 - Take other measures as necessary to ensure evacuation is completed.

B. Exemptions

There are three exemptions, the third is addressed in the MMEO, the first two are in place for all hospitals that have medically fragile patients and/or an emergency department. The exemptions are:

1. The licensed physicians will determine if it is safe to move a medically fragile patient or not. Physicians always make the determination to shelter in place medically fragile patients.
2. Hospitals are required to coordinate with local emergency management authorities to plan for when and how emergency departments provide support to local first responders. The Hospital Maintenance of Essential Services plan is approved by DHEC (AFTER JULY 1, 2024, DPH) prior to each hurricane season. This plan includes detailed operation procedures to include when an emergency department will shutter and when it will reopen post event.
3. Remaining patients that are not deemed medically fragile patients these patients are discussed below and addressed in the MME.

C. 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.

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2. At E-108 hours/ 4.5 days prior to general population evacuation, DHEC (AFTER JULY 1, 2024, DPH) may initiate FEMA Ambulance contract if anticipated requirements exceed anticipated resources available within the state. [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.]
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.
4. At E-60/ 2.5 days prior to a general population evacuation, DHEC (AFTER JULY 1, 2024, DPH) and SCEMD will initiate coordination calls to discuss the National Hurricane Center (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).
6. Based on forecasted wind speed at the time of the MMEO, and information on file with DHEC (AFTER JULY 1, 2024, DPH), General Acute Care hospitals exempted from mandatory evacuation will be identified in the MMEO. Exempted hospitals will notify DHEC (AFTER JULY 1, 2024, DPH) 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 (AFTER JULY 1, 2024, DPH)’s 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 (AFTER JULY 1, 2024, DPH)’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 PalmettoEOC 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).

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9. Non-exempted General hospitals that evacuate may shelter medically fragile patients in place (addressed below). These hospitals must comply with the following requirements:
 - a. Notify DHEC (AFTER JULY 1, 2024, DPH) of their plans to shelter in place medically fragile patients and/or staff.
 - b. Notify DHEC (AFTER JULY 1, 2024, DPH) immediately of any change in plans to shelter in place medically fragile patients and/or staff.
 - c. Inform DHEC (AFTER JULY 1, 2024, DPH) of the number of patients and number of other persons who will shelter-in-place.
 - d. Have a written plan on file with DHEC (AFTER JULY 1, 2024, DPH) that provides for the safety of the patient(s), staff, and those individuals 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 Emergency Department functions are available when needed by EMS and other first responders.
 - g. Have a written plan on file with DHEC (AFTER JULY 1, 2024, DPH) 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 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 been 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

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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 (AFTER JULY 1, 2024, DPH) of the number of patients and number of other persons who will shelter-in-place.
 - d. Have a written plan on file with DHEC (AFTER JULY 1, 2024, DPH) that provides for the safety and wellbeing of the medically fragile patient(s), staff, and those remaining with the patient(s). 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 MMEO 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 identified in the order as exempt) must evacuate and report evacuation status to DHEC (AFTER JULY 1, 2024, DPH).

D. Hospital Maintenance of Essential Services

The Hospital Maintenance of Essential Services (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 in 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

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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's 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. The healthcare facility Emergency Operations Manager will provide immediate notification to the South Carolina Department Public Health, Healthcare Quality Licensing Division. 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 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.

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E. 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.
2. In situations where transportation resources are overwhelmed or committed elsewhere, ESF-8 (via DHEC (AFTER JULY 1, 2024, DPH)'s Division of EMS and Trauma) will assist facilities with transportation needs. All requests for assistance will be handled by internal state assets and then if needed through EMAC and Federal assets.
 - a. ESF-8 receives healthcare facility transportation request(s) via PalmettoEOC. In some cases, SEOC ESF-8 liaisons and/or DHEC (AFTER JULY 1, 2024, DPH) Incident Management Team (IMT) EMS staff may be notified by telephone or email. All request(s) will be documented in PalmettoEOC.
 - b. DHEC (AFTER JULY 1, 2024, DPH)'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.
 - c. DHEC (AFTER JULY 1, 2024, DPH)'s Division of EMS and Trauma will collaborate with DHEC (AFTER JULY 1, 2024, DPH) IMT (Logistics Chief) to develop EMAC request(s) and/or complete FEMA resource request(s) as appropriate.
 - d. The Federal Ambulance Contract will be requested by ESF-8, as needed. DHEC (AFTER JULY 1, 2024, DPH), the coordinating agency for ESF-8 will obtain agency leadership signature(s) on the FEMA Resource Request Form. DHEC (AFTER JULY 1, 2024, DPH) will cover the cost share. This is done to allow for the payment of additional transportation services that are required to support facility evacuation during MME activation.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. South Carolina Department of Health and Environmental Control (after July 1, 2024, South Carolina Department of Public Health)
 1. Incident Management Team (when activated)
 - a. Provide leadership and guidance to the incident response.

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- b. Manage agency's incident response structure and coordinate with partners across the state.
- 2. Bureau of Emergency Preparedness and Response
 - (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 (AFTER JULY 1, 2024, DPH) IMT and appropriate ESF-8 partners.
 - (3) In coordination with DHEC (AFTER JULY 1, 2024, DPH) IMT, request Federal Ambulance Contract support through SCEMD Logistics Section.
- 2. 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 in-state 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 (AFTER JULY 1, 2024, DPH) IMT (Logistics Chief) to build out EMAC request and fill out FEMA resource request.
 - (8) Coordinate staging of EMAC and federal EMS resources.

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- (9) Facilities must report damage to HQ. If damage is reported, HQ will coordinate the date and time for HQ inspector to visit facility.
- b. Healthcare Facilities Emergency Planner
 - (1) In coordination with Healthcare Quality establish reporting schedule for Bed Availability Reporting Tool (BART).
 - (2) Provide healthcare facility Points of Interest file, which is the verified location of all medical facilities, to be uploaded into HURREVAC.
- c. Division of Healthcare Professionals
 - (1) Initiate coordination calls/communication with licensed healthcare facilities.
 - (2) Review MME exemptions for General Acute Care hospitals. Ensure Critical Data Sheets and necessary exemption documentation are 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.
- d. Division of Health Facilities Construction
 - (1) Validates the data in the critical data sheet.
 - (2) Advise the DHEC (AFTER JULY 1, 2024, DPH) Incident Commander on recommended exemptions to MMEO for Governor's consideration.
 - (3) Coordinate post-storm facility damage assessment with Healthcare Quality Inspectors.
- e. Office of Policy and Communications
 - (1) Initiate Facility Evacuation Survey Tool upon activation of the ACC.

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- (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 the state's best estimate on potential evacuation zones that will be included in the Governor's evacuation order for the general public.
3. Provide working hurricane evacuation timelines, to include the estimated Evacuation "E" hour.
4. Provide National Weather Service (NWS) updates on current storm conditions and location, on a regularly scheduled basis.
5. Request Declaration of "State of Emergency" if needed from the Governor.
6. Schedule and conduct coordination calls for the state response (County and SERT Call and Governor's Executive Call).
7. Manage "Resource Request" from counties and state agencies and route them to the appropriate resource manager.
8. 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 (AFTER JULY 1, 2024, DPH)'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 (AFTER JULY 1, 2024, DPH)'s ACC.
2. Assist DHEC (AFTER JULY 1, 2024, DPH)'s Division of EMS and Trauma with providing transportation as requested by DHEC (AFTER JULY 1, 2024, DPH)'s Division of EMS and Trauma.

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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, it must conduct an inspection to ensure the facility can function safely and meet regulatory requirements. (see attachment 3 for details)
- C. Other licensed healthcare facilities will survey respective facilities for damages prior to 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 (AFTER JULY 1, 2024, DPH)'s Healthcare Quality of approximate repatriation timeline and damages to facility.

VII. GLOSSARY

- A. Medically Fragile Patients – as certified by a physician, the risk to the patient's health or life by moving him/her is greater than the risk of remaining in the hospital during the emergency.
- B. Shelter-in-place – for exempted hospitals the action of positioning staff, patients, and medical supplies in an area of the facility to provide as much protection as possible from the coming hazard.
- C. Shutter – the physical act of closing the facility during EMS stoppage in the immediate service area and until the storm has subsided and it is safe for EMS to operate again. If individuals come to the building for medical care, staff should follow their facility's established protocols to provide care within their capabilities while maintaining their own safety.

* All terms and definitions are as used in this plan.

VIII. ACRONYMS

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- A. ACC – Agency Coordination Center
- B. BART – Bed Availability Reporting Tool
- C. CMS - Centers for Medicare & Medicaid Services
- D. CRCFs - Community Residential Care Facilities
- E. CDAP – Chemically Dependent or Addicted Persons
- F. DHEC (AFTER JULY 1, 2024, DPH) – Department of Health and Environmental Control
- G. EEI - Elements of Essential Information
- H. EMAC – Emergency Management Assistance Compact
- I. EMD – Emergency Management Division
- J. EMS – Emergency Medical Services
- K. FEMA – Federal Emergency Management Agency
- L. ICS – Incident Command System
- M. IMT - Incident Management Team
- N. HHS – Health and Human Services
- O. HQ – Healthcare Quality
- P. MACC – Multi Agency Coordination Center
- Q. MME – Mandatory Medical Evacuation
- R. MMEO - Mandatory Medical Evacuation Order
- S. NHC – National Hurricane Center
- T. NWS – National Weather Service
- U. RFP – Request for Proposal
- V. SCEMD – South Carolina Emergency Management Division
- W. SEOC – State Emergency Operations Center

IX. ATTACHMENTS

1. Mandatory Medical Evacuation Order
2. Inpatient and Residential Health Facilities in Evacuation Zones
3. Post-Event Re-entry and Re-opening Procedures for All Provider Types
4. Hospital Maintenance of Essential Services Plan Template