

ANNEX H

MANDATORY MEDICAL EVACUATION (MME) OPERATIONS

I. INTRODUCTION

The Mandatory Medical Evacuation (MME) Operations plan is Annex H to the South Carolina Hurricane Plan. This plan will only be activated when a general population evacuation order is expected to be issued in preparation for the predicted effects of a tropical cyclone.

II. PURPOSE

- A. Outline responsibility and policy established for health and medical operations. Define the roles and responsibilities of state partners in all associated decision making.
- B. Prevent or minimize impact and injury to staff, patients, and residents of Department of Public Health (DPH) licensed inpatient facilities.
- C. Remind licensed inpatient facilities of their regulated responsibilities when the MME Operations plan is activated.
- D. Establish options for maintaining access to the services provided by licensed inpatient facilities before, during, and after a tropical cyclone.

III. SITUATION

- A. Storm surge and winds generated from tropical cyclones are threats to health care facilities.
- B. Licensed inpatient facilities, notably Nursing Homes and Community Residential Care Facilities, are not typically designed to withstand all potential storm surge or wind effects.
- C. Coastal Hospitals and Institutional General Infirmaries are required to be rated against wind effects and assessed for Base Flood Elevation level.
- D. See Table 1 for an overview of the number of licensed healthcare facilities in evacuation zones. For the most current list of licensed healthcare facilities in evacuation zones, use DPH's "Find a Facility" tool at <https://sc-dhec.maps.arcgis.com/apps/webappviewer/index.html?id=e8b4eea83cab491bb3e3663093e14656>

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Table 1. Licensed Health Care Facilities in Evacuation Zones by Type and Region

Licensed Healthcare Facilities in Evacuation Zones by Type and Region						
Facility Type	Total Facilities	A	B	C	D	E
Lowcountry						
Hospitals and Institutional General Infirmaries	16	3	5	7		1
Other Facility Types	113	28	31	39	1	14
Pee Dee						
Hospitals and Institutional General Infirmaries	3		3			
Other Facility Types	23	7	9	7		
Statewide						
Hospitals and Institutional General Infirmaries	19	3	8	7		1
Other Facility Types	136	35	40	46	1	14
Total	155	38	48	53	1	15
Data subject to change based on state licensing activities. Current as of 4/15/2026.						

IV. CONCEPT OF OPERATIONS

A. Governor’s Mandatory Medical Evacuation Order

1. When state and local officials deem evacuation of the general population necessary, DPH’s Healthcare Quality Deputy Area will begin coordination with the Governor’s Office regarding recommended language for an MMEO, to include which facility types in which evacuation zones.
2. An MMEO applies to the following licensed inpatient facility types in evacuation zones:
 - a. Alcohol and Substance Abuse Hospitals
 - b. Community Residential Care Facilities
 - c. Crisis Stabilization Unit Facilities
 - d. Chemically Dependent or Addicted Persons
 - e. General Acute Care Hospitals
 - f. Hospice Facilities
 - g. Hospital and Institution General Infirmaries
 - h. Intermediate Care Facilities for Persons with Intellectual Disabilities

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- i. Nursing Homes
- j. Psychiatric Hospitals
- k. Rehabilitation Hospitals
- l. Residential Treatment Facilities for Children and Adolescents

B. Sheltering-in-Place

There are three types of sheltering-in-place provisions applicable to general acute care hospitals. The first two are in place for all general acute care hospitals that have medically fragile patients and/or an emergency department. The third is for some hospitals, to be identified in the MMEO, that have been pre-authorized by DPH to shelter-in-place for certain category hurricanes. These are:

1. For all general acute care hospitals, if a patient's physician determines the patient is medically fragile and it is not safe to move them, the medically fragile patient and their care team will be allowed to shelter-in-place. Requirements for sheltering-in-place medically fragile patients will be addressed in the MMEO.
2. Also, for all general acute care hospitals, staff necessary to support the hospital's emergency care services may be permitted to shelter-in-place at the hospital. Requirements applicable to sheltering-in-place staff to support the hospital's emergency care services will be addressed in the MMEO.
3. Finally, based on prior review of wind load and other information, some coastal general acute care hospitals may receive a pre-season determination from DPH informing them if they meet requirements for potential maintenance of essential services/sheltering-in-place during a particular category hurricane. This pre-season determination, along with the forecast information available at the time an MMEO is issued, will help DPH make recommendations for which, if any, hospitals to include in the exemption section of the MMEO. Any hospitals identified in this section of the MMEO will be exempt from mandatory evacuation by the terms of the Order, though they will still be required to reduce census and comply with other requirements addressed in the MMEO. As a storm nears and storm surge forecast information becomes available, DPH's recommendation may change, if storm surge information indicates a hospital may be at risk. Communications with hospitals regarding any changes in recommendations will be handled on a case-by-case basis and shared accordingly.

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- C. All licensed inpatient facilities not otherwise covered by the exemptions cited above will be ordered, by county and evacuation zone, to initiate and complete the following upon issuance of an MMEO:
1. Stop admission of any non-emergent patients.
 2. Limit services to emergent or essential patient needs (for example, non- elective procedures, dialysis, giving birth, medication administrations, and chemotherapy).
 3. Immediately begin reducing the census of their patients.
 4. Initiate evacuation preparation procedures to include but not be limited to notification of receiving facilities, activation of transportation providers, augmentation of staff, and notification of families.
 5. Take other measures as necessary to ensure evacuation is completed before the onset of tropical storm force winds.
- D. 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-96/4 days prior to general evacuation, DPH 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.
 3. At E-72 hours/3 days prior to general population evacuation, 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 Hurricane Evacuation timelines referenced in Annex A to SC Hurricane Plan unless otherwise specified.]
 4. At E-60/ 2.5 days prior to a general population evacuation, DPH and SCEMD will initiate coordination calls to discuss the 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).

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6. Based on forecast wind speed at the time of the MMEO, and information on file with DPH, General Acute Care Hospitals exempted from mandatory evacuation will be identified in the MMEO. Exempted hospitals will notify DPH of their decision to either evacuate or shelter-in-place.
7. Exempted facilities that activate their shelter-in-place plan must still reduce census, cancel non-emergent elective procedures, and maintain communication with DPH's Healthcare Quality. Notification will be made by email at HQ-DPHEOC@dph.sc.gov or by telephone 803-898-3685. This phone line is located in the DPH Emergency Operations Center (EOC) and is staffed 24/7 during MME operations.
8. 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.
9. 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).
10. Non-exempted General hospitals that evacuate may shelter medically fragile patients in place (addressed below). These must comply with the following requirements:
 - a. Notify DPH of their plans to shelter in place medically fragile patients and/or staff.
 - b. Notify DPH immediately of any change in plans to shelter in place medically fragile patients and/or staff.
 - c. Inform DPH of the number of patients and number of other persons who will shelter-in-place.
 - d. Have a written plan on file with 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

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Department functions are available when needed by EMS and other first responders.

- g. Have a written plan on file with 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*.
11. 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 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 DPH of the number of patients and number of other persons who will shelter-in-place.
 - d. Have a written plan on file with 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.
12. At E-24, a day prior to general population evacuation, the MMEO should be executed when possible. This allows healthcare facilities time to prepare and execute patient movement prior to potential lane reversal.
13. All other facility types (other than General Acute Care Hospitals identified in the order as exempt) must evacuate and report evacuation status to DPH.

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V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. Healthcare Quality
 - 1. Hospitals, Community Services, & Emergency Management
 - a. Review and document MME exemptions for hospitals.
 - b. Monitor healthcare facility status, evacuation, and repatriation (for repatriation, see Attachment B. Post-Event Re-Entry & Re-Opening Procedures for All Providers/Facilities).
 - c. Assist with providing transportation support for facilities.
 - d. Establish Reporting schedule for the Bed Availability Reporting Tool (BART).
 - e. Initiate facility evacuation survey tool upon activation of the EOC.
 - 2. Health Facilities Construction
 - a. Advise the DPH Incident Management Team's Incident Commander on recommended exemptions to MMEO for Governor's consideration.
 - b. Coordinate post-storm facility damage assessment with Healthcare Quality Inspectors.
 - 3. Public Information and Regulatory Affairs
 - a. Develop and disseminate storm-related information to healthcare facilities.
- B. South Carolina Hospital Association
 - 1. Provide a liaison to the DPH EOC 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.
- C. South Carolina Emergency Medical Services Association
 - 1. Provide a liaison to the DPH EOC.

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2. Assist DPH with providing transportation for facilities.

VI. 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 – 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 Emergency Medical Services (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.

VII. ACRONYMS

- A. BART – Bed Availability Reporting Tool
- B. DPH – Department of Public Health
- C. EMS – Emergency Medical Services
- D. EOC – Emergency Operations Center
- E. MME – Mandatory Medical Evacuation
- F. MMEO – Mandatory Medical Evacuation Order

VIII. ATTACHMENTS

- A. Post-Event Re-Entry & Re-Opening Procedures for All Providers/Facilities