

ANNEX 6

REGIONAL MASS CASUALTY PLAN

I. INTRODUCTION

A. This annex outlines the general responsibilities and actions of SCDHEC's four public health regions during a mass casualty event. Regional standard operating procedures outline the specific steps, unique to each region, that guide their local response.

B. SCDHEC's public health regions rely on the collaboration of the healthcare entities, local emergency management personnel and other planning partners and stakeholders to successfully manage a mass casualty event that may overwhelm the resources of one entity or one county. Regional SOPs address the memberships and roles of their healthcare coalitions.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

1. The counties that make up each of the state's four public health regions are as follows:

a. Upstate Region: Oconee; Pickens; Greenville; Spartanburg; Cherokee; Union; Laurens; Anderson; Abbeville; Greenwood; and McCormick.

b. Midlands Region: York; Chester; Lancaster; Fairfield; Kershaw; Newberry; Richland; Lexington; Saluda; Edgefield; Aiken and Barnwell.

c. Pee Dee Region: Chesterfield; Marlboro; Dillon; Horry; Marion; Darlington; Florence; Lee; Sumter; Clarendon; Williamsburg; and Georgetown.

d. Lowcountry Region: Calhoun; Orangeburg; Bamberg; Dorchester; Berkeley; Colleton; Charleston; Allendale; Hampton; Jasper; and Beaufort.

2. Each of the four SCDHEC public health regions hosts one or more Hospital Preparedness Healthcare Coalitions. It is the responsibility of each of these coalitions to develop regional standard operating procedures, based on regional and community hazard vulnerability analyses, to support mass casualty response. These procedures have been reviewed and approved by the members of the coalitions which include representatives from each of the following sectors: healthcare; social services; housing/sheltering; media; aging services; education and childcare; behavioral health; emergency management; business; community leadership; and cultural and faith-based organizations.

3. Each public health region of the state is vulnerable to manmade and natural hazards that have the potential to generate large numbers of casualties. Terrorist (domestic and foreign) attacks, bioterrorist attacks and disease epidemics threaten all areas of the state equally. Severe weather threats such as tornadoes and ice storms can affect the entire state. Other natural threats such as hurricanes and earthquakes are likely to have more severe impact on other regions. Additionally, some regions have counties that are located within the 10 mile- or 50 mile- emergency planning zone of at least one nuclear facility. Most areas of the state are vulnerable to radiological or chemical transportation accidents.
4. The healthcare response capabilities and assets within each public health region differ, including the number of acute care hospitals and the care level and surge capabilities of each of those hospitals, as well as the distribution of the numbers and levels of designated trauma centers. The mass casualty standard operating procedures of each public health region identify the medical, behavioral health, public health and sanitation, and deceased identification and mortuary services capabilities of their region.
5. An emergency may occur that triggers the regional mass casualty plans or one or more regions, dependent upon on the extent of the disaster or the need to provide mutual aid.

B. ASSUMPTIONS

In addition to the assumptions listed in the South Carolina Mass Casualty Plan (Appendix 5, SC Emergency Operations Plan) Basic Plan:

1. Events that precipitate the activation of this plan will largely be unanticipated. For events of potential public health significance that are anticipated, hospitals, counties and regional SCDHEC will respond to changes in OPGON levels by referencing OPGON-specific actions in their emergency plans.
2. Hospitals within the affected counties or region will activate their internal disaster plans, Mutual Aid Agreements, Memorandum of Understanding, and Memorandum of Agreement and Incident Command System.
3. Normal communications may be disrupted and redundant communications will be necessary. Dependent upon on the regional resources, ham radios, 800 MHz radio, satellite phones, text messaging, email, fax, Health Alert Networks, and couriers will be utilized.
4. The impacted county, or SCDHEC Region, will request a State of Emergency, when local capabilities are exceeded.
5. Significant aid from state and federal governments to public health regions may not be available for 24 to 72 hours, respectively.

6. During an emergency resulting in the activation of a regional plan, SCDHEC Division of Health Licensing will consider requests to increase licensed bed capacities.
7. The behavioral health needs of the community may be greater than the physical health needs.
8. The existing standard of care may be adjusted to provide a level of care appropriate for the circumstances given the resources available.

III. CONCEPT OF OPERATIONS

A. Regional leadership of each plan is comprised of those individuals as identified within each regional plan and will serve as the points of contact concerning activation and implementation of this plan. Hospitals and counties would implement or defer to their own command structure to handle their specific logistics of the disaster. Hospitals have established hospital incident command centers and activate under the Hospital Incident Command System.

B. Within each region, designated personnel assist in the implementation of leadership and support to a mass casualty response. The Public Health Preparedness Director of each region is responsible for coordinating the overall SCDHEC regional planning and response and the coordination and communication between the hospitals and other response partners within each hospital coalition. Other SCDHEC personnel plan for and coordinate volunteer response and the receipt and distribution of the Strategic National Stockpile, antivirals and other medical countermeasures.

C. Local and regional response to a mass casualty-producing incident involves triage, transport, treatment, mass fatality response and logistic support.

Triage: County Emergency Medical Services systems utilize a triage system for managing large numbers of acutely ill patients. During the initial response to a mass casualty event, the jurisdictional county Emergency Medical Services system will coordinate the distribution and transportation of injured to the closest and most appropriate available hospital facilities, unless stated otherwise in the regional plan.

Transport: County Emergency Medical Services systems will transport the patients to outlying unaffected areas. Patients may be transported to pre-identified alternative acute care centers. Alternative transportation systems may be identified to move non-critical patients within the regional healthcare system or to referral treatment facilities in other jurisdictions. This permits EMS to provide transport and emergency treatment to critically ill or injured patients.

Treatment: County Emergency Medical Services systems provide initial treatment to victims, based on the level of certification of the responding emergency medical technicians. County EMS providers have MOAs with other county EMS providers and the local EMS provider will determine whether to initiate an MOA. Ideally, treatment for victims of a mass casualty trauma event would be provided at a designated trauma center, but since hospitals will most likely be overwhelmed in a mass casualty event, regional

hospitals other than trauma centers will be receiving patients. Treatment of casualties may require execution of hospital and regional surge plans. If resources for regional healthcare personnel are overwhelmed, then the region may submit a request to state level ESF-8 for additional assistance.

Mass Fatality Response: Mass fatality response is the responsibility of the local coroner. Mass fatality events are events that overwhelm local resources; this will vary considerably by county. Local coroners may have county mass fatality plans or MOAs with neighboring county coroners. Some SCDHEC regions have developed mass fatality plans and identified mass fatality resources. County coroners may either seek support and resources by activation of the regional mass fatality plan or by requests for support directly from the county coroner to the South Carolina Coroners Association. Support may be needed for the establishment and staffing of temporary morgues, ante- and post-mortem data collection, establishment of family assistance centers, and the issuance of body removal permits or death certificates. Requests for support that overwhelm regional resources and the SC Coroners Association should come from the County Emergency Operations Center to ESF-8 at the State Emergency Operations Center.

Logistic Support: Shortages of medical and behavioral health personnel, pharmaceuticals, vaccines, medical supplies and equipment may be experienced regionally. Regionally, support may be provided between hospitals and between EMS providers through mutual aid agreements and facility-specific plans. Regional support for personnel shortages may be provided by the activation of the regional Medical Reserve Corps and regional behavioral health teams. The region will notify state ESF-8 of anticipated or experienced shortages of pharmaceuticals, vaccine, medical supplies and equipment and may request that the Strategic National Stockpile be deployed to the state. Region Strategic National Stockpile plans will be followed as they relate to requesting, receiving, storage and distribution of stockpile items.

D. Activation

Activation of regional standard operating procedures will occur when a mass casualty-producing event exceeds local response capabilities. Activation of the regional standard operating procedures for local support may be made by a hospital, county emergency operation center or by the public health region. The procedures for activation of the regional plans are stated in local SOPs.

IV. REGION ACTIONS

A. Preparedness

1. Develop, coordinate and maintain written regional standard operating procedures for the provision of medical care, behavioral health, public health and sanitation, and deceased identification and mortuary services during mass casualties.
2. Develop and maintain mutual support relationships with other governmental entities, professional associations, nongovernmental agencies, volunteer organizations, and other private services that may assist during a mass

casualty event. These relationships can be maintained in the regional healthcare coalitions.

3. Assist healthcare coalition planning partners in developing their emergency operations plans, including providing local and state hazard vulnerability analyses to planning partners.
4. Participate in mass casualty exercises.
5. Assist hospitals in the development of MOAs with one another and other necessary agencies.
6. Assist hospitals in planning for the establishment of alternate care sites or plans for on-campus expansion.
7. Identify and maintain a list of regional assets to include personnel and an inventory of medical supplies, equipment, ambulance services, hospitals, clinics and first aid units that may be needed during a mass casualty event.
8. Develop and maintain a list of regional points of contact.
9. Develop or support regional behavioral health teams and procedures for rapidly providing behavioral health assistance to individuals, communities and first responders.
10. Establish standard operating procedures for the requesting, receipt, stage, storage, distribution and dispensing (if applicable) of Strategic National Stockpile medical and non-medical countermeasures.
11. Participate in and encourage hospitals to use the hospital bed capacity web site (SMARTT) for personnel, equipment and supply status.
12. Encourage local coroners to develop county mass fatality plans, encourage hospitals to develop hospital mass fatality plans, develop regional mass fatality plans and encourage local coroners to participate in hospital coalition planning meetings.

B. Response

1. Notify SCDHEC Office of Public Health Preparedness of a mass casualty incident.
2. Notify healthcare coalition members of a mass casualty incident.
3. Activate the SCDHEC Regional Coordination Center to assist with the coordination of response activities.
4. Notify all region healthcare coalition members and other supporting organizations upon activation of the regional plan.

5. Communicate with coalition members, support organizations, and the county emergency operations center to compile and exchange information concerning the extent of the disaster and the status of response operations.
6. Dependent upon the county plans, provide an ESF-8 representative to the county emergency operations center upon request.
7. Coordinate the delivery of health and medical services, personnel and supplies within the region.
8. Coordinate for the provision of behavioral health support to individuals, communities, and first responders.
9. Support hospitals' implementation of their emergency response plans for surge capacity.
10. Coordinate staff for Special Medical Needs Shelters as needed.
11. Coordinate the request, receipt and distribution of the Strategic National Stockpile.
12. Activate regional mass fatality plan, if needed.
13. Collect, compile, and maintain all essential information, generate reports and records concerning regional mass casualty disaster response.
14. Develop requests for Disaster Medical Assistance Teams, volunteers and EMAC assistance if needed.
15. Monitor, and assist where necessary, the coordination of patient evacuation and relocation.
16. Support deceased identification and disposition.
17. Maintain records of expenditures and resources used for possible post-event reimbursement.

C. Recovery

1. Assess impacted areas and populations. Request SCDHEC CASPER team assistance as needed.
2. Assist with the restoration of essential health and medical care systems.
3. Assist with the restoration of permanent medical facilities to operational status as needed.
4. Continue to support Special Medical Needs Shelters as needed.
5. Coordinate the management of behavioral health services to individuals communities, and first responders.

6. Continue to support deceased identification and disposition.
7. Continue to maintain records of expenditures and resources for possible reimbursement.

D. Mitigation

1. Document issues that may be needed for inclusion in agency or regional briefings, situation reports and after action plans.
2. Support and plan for mitigation measures.

V. SUPPORT AGENCY ACTIONS

A.. Healthcare Coalition Members

1. Provide a representative to planning meetings of the region healthcare coalition.
2. Maintain updated emergency plans for their agency.
3. Train personnel for their roles in regional plans.
4. Participate in mass casualty exercises.
5. Healthcare facilities should ensure that hospital bed and resource availability is kept up to date in SMARTT.
6. Participate in the Regional Coordination Center in response to regional activation.
7. Appropriate agencies should ensure procedures are in place to triage victims, including the use of a patient tracking system.
8. Appropriate agencies should identify temporary care areas to manage surge; may include alternate care sites.

B. County Emergency Management

1. Maintains pertinent emergency operations plans to serve as the response infrastructure, on which regional plans depend.
2. Participate in healthcare coalition planning meetings and exercises. Include regional public health preparedness personnel in local exercises.
3. If appropriate, activate the county Emergency Operations Center to gather information about the incident, serve as a point of contact for affected departments and agencies, establish communications links, support deployment of appropriate state resources, and serve as the initial coordination point for state and federal activity until a Joint Operations Center is established.

4. Mobilize, deploy, and coordinate resources to the impacted area to assist in lifesaving and life protection efforts and coordinate additional support resources. Track the status of assistance requests.
5. Coordinate shelter activities, if required.
6. Develop and maintain communications links and issue appropriate warnings to the public.
7. Coordinate the recovery activities of county departments and agencies.

C. Department of Mental Health

1. Participate as a member in emergency planning activities with the regional healthcare coalition.
2. Provide mental health staff to support mass casualty operations, i.e. crisis counseling response teams, mental health assessment and referral services for mass casualty victims and emotionally impacted citizens and first responders.
3. Participate in mass casualty exercises.
4. Provide short-term crisis intervention and support services.
5. Coordinate mental health assistance from other community mental health centers and satellite offices as needed.
6. Keep the public informed of available mental health assistance programs, in coordination with mass casualty support agencies and organizations.
7. Collect, compile and maintain all essential information, generate reports and records concerning mass casualty disaster response.

D. American Red Cross

1. Participate in mass casualty exercises.
2. Support county relief efforts through ESF-6 (Mass Care).
3. Support the local response by opening emergency shelters, providing food, first aid, blood and blood products as necessitated by the event.
4. Collect, receive, and report information about the status of victims and assist with family reunification.
5. Provide first aid and other related medical support within capabilities at temporary treatment centers.
6. Provide food for emergency medical workers, volunteers, and patients, if requested.

7. Provide behavioral health and spiritual care teams to support mass casualty operations, if available.
8. Collect, compile and maintain all essential information, generate reports and records concerning mass casualty disaster response.

E. Medical Reserve Corps

1. Participate in mass casualty exercises.
2. Provide credentialed and trained medical and behavioral health volunteers to support a mass casualty incident response.
3. Coordinate with hospitals to develop plans, procedures, and protocols for use of credentialed medical volunteers in hospital setting
4. Collect, compile and maintain all essential information, generate reports and records concerning mass casualty disaster response.

VI. ADMINISTRATION AND LOGISTICS

A. Each agency and facility should at least track the following items for resource management, potential reporting, and/or reimbursement purposes:

1. Personnel hours
2. Equipment/supply costs
3. Event logs for each shift

B Requirements for items such as food, equipment, supplies, personnel, and additional site security that are outside the scope or scale of normal daily facility operations will be requested through the county EOC.

VII. PLAN DEVELOPMENT AND MAINTENANCE

A. This plan was developed under the guidance and direction of the South Carolina Department of Health and Environmental Control in coordination with the SCDHEC regional preparedness staff and regional healthcare coalitions.

B. This plan outlines general actions and responsibilities of SCDHEC public health regions and their healthcare coalitions in response to a mass casualty event. Standard Operating Procedures specific to mass casualty events will be developed by each region and their healthcare coalitions and will address specific actions and responsibilities assigned to each agency and healthcare organization within that region.

C. Each regional healthcare coalition member, including county emergency managers and regional public health preparedness director should review this plan annually and update as necessary to meet current Department policy and organization.

