

ANNEX 9
SC HEALTHCARE RECOVERY PLAN

I. INTRODUCTION

Disaster recovery is broader in scope than disaster response. The goal of recovery is to promote the economic sustainability of a community and the long term physical and mental well-being of its citizens, to rebuild and repair the physical infrastructure, and to implement mitigation activities to reduce the impact of future disasters.

A major challenge in defining recovery is that each disaster and the affected community and healthcare systems are unique. Yet, more so than other aspects of the emergency management cycle, recovery can have profound impacts on the social, cultural and economic standing of a community. It takes much longer and involves a more complex set of activities than response activities, and without access to proper care, community residents will leave and not return.

II. PURPOSE

This Annex 9 to the SC Mass Casualty Plan outlines actions and responsibilities of ESF-8 in the recovery of public health, behavioral health, hospitals, nursing homes and other licensed healthcare facilities, as well as medical services such as dialysis clinics. For the well-being and restoration of the community, critical healthcare systems must be restored to at least pre-event status.

This Annex provides supplemental, healthcare system specific actions to the SC Recovery Plan and the SC Mass Casualty Plan.

This Annex addresses the actions needed to assist healthcare systems in recovery. It does not address responsibilities of ESF-8 that will be needed during disaster recovery that are not part of the recovery of specific healthcare systems. Recovery actions related to mass fatalities (See Annex 4 Fatality Management Plan), control of disease, recovery assistance to vulnerable populations, or monitoring for disease are addressed in Annex 8 to the SC Emergency Operations Plan and the SC Recovery Plan.

III. SITUATION AND ASSUMPTIONS

A. SITUATION

1. The healthcare systems that may be affected by a disaster include, but are not limited to:

- a) Public health
- b) Hospitals
- c) Nursing homes
- d) Community health centers
- e) Urgent Care Centers

- f) Dialysis
- g) Behavioral health
- h) Physicians' offices
- i) Pharmacies
- j) Methadone clinics

2. There are currently 105 hospital and institutional general infirmaries in the state (including 3 federal facilities), 194 licensed nursing facilities, 147 dialysis centers and 20 federally funded Community Health Centers.

3. There are 18 acute care hospitals and 40 nursing facilities in the 8 coastal counties (considered in coastal emergency planning).

4. Healthcare system recovery includes an immediate assessment of public health, medical and mental/behavioral health needs following a disaster.

5. Immediately following a disaster, the community's critical infrastructure, including water, sewer and power sources must be restored for the recovery of healthcare systems.

6. During the last decade, routine resource management among many hospitals has transitioned from supply room stockpiling of resources to reliance upon electronic inventory tracking and purchasing systems to order resources when they become scarce, "just-in-time system." While this system is efficient, it relies heavily on information technology and shipping systems that may not be available following a disaster.

7. Many hospitals have converted to electronic recordkeeping so the restoration of the hospitals' internal information technology systems will be critical.

8. Response and recovery begin at the same time.

9. Long term recovery can be a lengthy process, taking years depending on the severity of the disaster.

10. The long-term economic stability and vitality of a community also depend on the presence of a sound health care system. Without access to proper care, community residents will leave and not return. However, the majority of hospitals and other health care providers in any community are generally privately owned, run on thin margins, and are expensive to build and repair. Health care system administrators will need adequate numbers of paying patients to make recovery a realistic option.

11. Damages to healthcare systems and support recovery efforts can be minimized by the strengthening of capabilities within public health and medical emergency management, promotion of an effective medical countermeasures enterprise, development of effective continuity of operations

plans within public health and the health care community, construction practices that support the strengthening of medical facilities to natural disasters, and the encouragement of the development of family emergency plans by medical staff.

12. The development and maintenance of adequate continuity of operations plans are essential to an effective healthcare system recovery.

13. Safety and security needs for facilities and the community will increase after a disaster.

14. Following an event in which staff or patients are injured or killed, the psychological impacts of response will disrupt both clinical and support services throughout the entire facility.

15. Behavioral health care for staff of healthcare facilities will be critical and signs of psychological trauma following a disaster may be delayed or difficult to recognize.

16. Federal assistance following any disaster is not a guarantee.

17. Damage assessment begins immediately following the disaster and is critical to determination of the need to request a declaration of emergency or major disaster under the authorities of the Stafford Act.

18. Information regarding the areas eligible for federal assistance, the federal and non-federal cost shares, the time period of available assistance and other conditions will be determined by the Governor and the FEMA Region IV Director following the Presidential declaration of disaster.

B. ASSUMPTIONS:

1. If hospitals are damaged or destroyed, persons with psychological issues who normally seek out help at hospitals will need assistance through some other means. These persons may need medication assistance or may need to be confined elsewhere.

2. Damaged and closed health care facilities may seek approval from licensing regulators to reopen in stages, with emergency services given priority for reopening.

3. The cost of renovations and staff turnover are potentially crippling financial challenges that could inhibit healthcare system recovery.

IV. CONCEPT OF OPERATIONS

A. As with initial response, when local resources to support healthcare recovery are exhausted, SC DHEC Regions will coordinate assistance through the Regional

Healthcare Coalitions. Additional resources and support will be coordinated by state level ESF-8, or as needed, by federal resources and Emergency Management Assistance Compact (EMAC) requests.

- B. Initial recovery efforts will focus on assessment of damage to facilities and the health status of the affected populations. Medical surge will be managed by notifying EMS and the public of the availability and location of facilities that are operational within the region and the establishment of alternate care and treatment sites.
- C. SC DHEC will prioritize the inspection and re-opening of facilities based on community need, with facilities providing emergency and acute care being re-opened first.
- D. Intermediate and long-term healthcare system recovery efforts will focus on the re-opening of licensed healthcare facilities and public health services. The goal for the healthcare system recovery is to return the healthcare system to pre-disaster status, but depending on the extent of the disaster, those efforts may take years or may not be achievable. The health of the public will be monitored throughout the recovery process.
- E. Efforts to establish the recovery of the mental health healthcare system will be coordinated and led by the SC Department of Mental Health. The greatest need for behavioral health support will be in the intermediate and long-term recovery time periods.

V. INITIAL RECOVERY ACTIVITIES

A. General

1. Consider the need to monitor and assist with rapid restoration of critical infrastructure (power, water, and sewer) in support of healthcare system recovery efforts.
2. Consider the need to request staffing assistance for Public Health and healthcare facilities through EMAC.
3. Assist healthcare facilities as needed in coordinating the re-entry of medical staff to healthcare facilities in the disaster area.
4. Evaluate the need for federal assistance such as the Disaster Medical Assistance Team (DMAT) or a Federal Medical Station (FMS).
5. Maintain regular communications with healthcare facilities, either individually or conference calls depending on communication accessibility.

B. Public Health

1. Maintain Public Health Continuity of Operations.
2. Open and maintain Special Medical Needs Shelters.
3. Begin Public Information messaging immediately to address a status update of available healthcare facilities and alternate care locations. Messaging will also provide instructions for the public on receiving assistance for emergency care and EMS availability.
4. Coordinate EMS assistance, either state deployed teams and vehicles, or with additional assistance from EMAC or the FEMA Ambulance Contract.
5. Coordinate with ESF-1 to identify airfield locations for the evacuation of critical patients still located in the disaster area.
6. Coordinate the deployment of teams of public health personnel to support recovery efforts. Teams may include nurses for SMNS, health facility inspectors, environmental health inspectors, epidemiological surveillance teams, and other medical and regulatory support teams.
7. Deploy Public Health Reserve Corps volunteers to assist Public Health teams.
8. Evaluate and report the conditions of public health facilities in the affected area.
9. Coordinate community health assessments. Evaluate reports of medical needs to determine the availability of healthcare facilities for those specific health needs in the disaster area and determine the availability of the closest appropriate healthcare facilities.
10. Assist licensed health care facilities in reopening by considering waivers and/or temporary relaxation of regulatory requirements, including allowing the establishment of Alternate Care Sites.

C. Behavioral Health

1. Begin assessment of potential behavioral health needs.
2. Assess Department of Mental Health, Medical Reserve Corp and other behavioral team availability.
3. Coordinate the deployment of teams as requested.

D. Hospitals/Other Licensed Inpatient Facilities

1. Initiate facility Continuity of Operations Plans.

2. Consider the need to implement facility Altered Standards of Care.
 3. Record and report to ESF-8 detailed estimates of damage assessments for requesting private and federal assistance.
 4. Assess and report to the SC DHEC Regional Coordination Centers the functionality status of their facilities and specialty services and update the status in the bed availability system. Continue until facility is restored to pre-disaster condition. Bed availability status updates will continue on a daily basis.
 5. Assist with surge from damaged facilities.
 6. Consider establishment of alternate care sites or portable medical surge units, as needed.
 7. Coordinate with County Emergency Management staff to allow re-entry of facility staff.
 8. Identify staffing support needs.
 9. Coordinate with public health regulatory personnel for inspection and re-opening medical facilities as quickly as possible.
- E. Outpatient licensed facilities (dialysis, home health)
1. Initiate Continuity of Operations Plans.
 2. Coordinate transportation needs, as outlined in facility emergency operations plan.
 3. Coordinate with public health regulatory personnel to inspect and re-open medical facilities as quickly as possible.
- F. Pharmacies, community health centers, other medical systems
1. Initiate Continuity of Operations Plans.
 2. Assess status of partner and corporate facilities in disaster area.
 3. Work with local county emergency managers and Public Health to determine the status of at-risk populations who use alternative medical systems such as community health centers.
 4. Pharmacies should request or initiate waivers of regulations and insurance requirements through their regulatory agencies in order to provide pharmaceuticals as needed by the affected populations.

VI. INTERMEDIATE RECOVERY ACTIVITIES

A. General

1. During the intermediate recovery time period, ESF-8 will coordinate the recovery of the healthcare system by supporting medical staffing and surge needs, while facilities work to become operational again.
2. ESF-8 will work with other ESFs to ensure that accessibility to healthcare systems is given priority in critical infrastructure restoration.
3. Coordinate the identification, procurement and distribution of emergency medical resources and materials.
4. Identify and coordinate response to medical needs that arise from the disaster.

B. Public Health

1. Continue to coordinate and assist healthcare facilities in re-opening by providing guidance on process and relaxing inspection requirements. Give priority assistance to acute care facilities and trauma centers.
2. Consider re-assigning staff to assist inspectors in ensuring prompt inspections and re-opening of facilities.
3. Consider requesting EMAC assistance with engineers to assist in providing prompt inspections of damaged healthcare facilities.
4. Continue to provide regulatory assistance in allowing healthcare facilities to manage medical surge by the establishment of alternate care sites.
5. Continue to develop and coordinate the dissemination of information to the public regarding healthcare system availability and options.
6. Coordinate staffing assistance and resources from non-affected areas to support public health staff and services in the disaster area.
7. Identify public health concerns and prioritize the restoration of critical public health services such as WIC and vaccination clinics.
8. Continue to identify and support the at-risk communities with their public health needs.

C. Behavioral Health

1. Continue to assess behavioral health needs.
2. Continue to provide Behavioral Health teams as needed.

3. Develop messaging for the public on where to find behavioral health assistance and how to cope with the effects of the disaster.
4. Assist in locating psychotropic drugs for populations who require them and in locations where pharmaceutical access is unavailable.

D. Hospitals/Other Licensed Inpatient Facilities

1. Continue to coordinate the reopening of facilities with SC DHEC Health Regulation and Centers for Medicare and Medicaid Services (CMS) Survey and Certification staff to pre-disaster status.
2. If the facility is open, even partially, continue to regularly update the bed availability status.
3. Notify County Emergency Manager or Regional Coordination Center of potential need for staffing support, equipment, pharmaceutical, or other critical needs as shortages occur.
4. Begin to phase out the use of alternate care sites or portable medical facilities when possible.
5. Continue to follow the facility's continuity of operations plans to ensure that hospital staff receive relief and support as needed.
6. Begin to repopulate nursing home facilities, as possible.

E. Outpatient licensed facilities (dialysis, home health)

1. Continue to coordinate the response with Public Health regulatory staff to re-open facilities to pre-disaster status.
2. Monitor and report to the County Emergency Manager the needs of the at-risk populations that are served by the facility.
3. Continue to monitor and report status of the facility to local County Emergency Manager and Regional Coordination Center.

F. Pharmacies, community health centers, other medical systems

1. Continue to monitor and report status of the facility to local County Emergency Manager and Regional Coordination Center.
2. Monitor and report to the County Emergency Manager the needs of the at-risk populations that are served by the facility.
3. Notify County Emergency Manager or Regional Coordination Center of potential need for pharmaceutical or other critical needs as shortages occur.

4. Pharmacies should continue to work with insurance companies and providers to obtain needed medications for the at-risk and other populations in the disaster area.

VII. SUSTAINED RECOVERY ACTIVITIES

A. General

1. Continue to identify needs of healthcare systems to restore to pre-disaster capabilities.
2. Identify mitigation measures specific to healthcare system recovery.
3. Continue to calculate and record disaster related costs for federal reimbursement.
4. Revise Continuity of Operations Plans and Emergency Operations Plans.

B. Public Health

1. Identify and resolve outstanding issues that may be delaying the reopening of healthcare facilities and public health services.
2. For persons still residing in open Special Medical Needs Shelters, work with local emergency managers and the State Housing Task Force to find temporary housing for this population.
3. Continue to develop and coordinate the dissemination of public health information related to continuing healthcare system or public health issues.
4. Complete the restoration of public health services in the affected areas. If necessary, relocate public health operations.
5. Demobilize public health staff to their normal service areas and restock supplies and equipment.
6. Continue to promote communication of recovery efforts, needs, and support within the Healthcare Coalitions.
7. Ensure that responding staff complete time records and record expenses appropriately.

C. Behavioral Health

1. Continue to develop messaging for the public on where to find behavioral health assistance and how to cope with the effects of the disaster.
2. Develop special programs and services as needed specifically to address the behavioral health needs of the disaster community.

D. Hospitals/Other Licensed Inpatient Facilities

1. Continue to coordinate the response of SC DHEC regulatory staff to re-open facilities to pre-disaster status.
2. Continue to regularly update the bed availability status.
3. Work with Healthcare Coalitions to support the return of all healthcare systems in the affected area(s) by implementing coalition partner MOAs, assisting in identifying continuing community healthcare gaps and providing facility status updates to the Coalition.
4. If not already completed, phase out the use of alternate care sites or portable medical facilities as possible.
5. Update continuity of operations plans and emergency operations plans.
6. Continue to repopulate nursing homes and other inpatient facilities, as possible.

E. Outpatient licensed facilities (dialysis, home health)

1. Continue to coordinate the response of Public Health regulatory staff to re-open facilities to pre-disaster status.
2. Identify and support continuing gaps in healthcare needs of the populations served by the facilities.
3. Update continuity of operations plans and emergency operations plans.
4. Continue to record and report damage and personnel costs.

F. Pharmacies, community health centers, other medical systems

1. Identify continuing needs of clientele and work with Healthcare Coalitions, local emergency managers and corporate partners to resolve those needs.
2. Update continuity of operations plans and emergency operations plans.
3. Continue to record and report damage and personnel costs.

VIII. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. Refer to the State Recovery Plan and State Mitigation Plan.
- B. All Agencies and Organizations
 - 1. Monitor, record and report to ESF-8 all personnel time, equipment, and damage costs associated with the disaster.
 - 2. Implement changes in continuity of operations plans and emergency operations plans based on recovery needs and activities.
- C. SC DHEC
 - 1. Office of Public Health Preparedness
 - a) Maintain healthcare system situational awareness.
 - b) Medical Countermeasure Coordinator work with the SC Pharmacy Association to identify and resolve recovery issues associated with the availability and distribution of pharmaceuticals.
 - c) Coordinate the opening and staffing of the Agency Coordination Center as long as needed in the recovery period.
 - d) Staff the State Emergency Operations Center, Joint Field Office, and/or ESF-8, as long as needed for recovery efforts.
 - 2. Health Regulation
 - a) Coordinate the requests and inspections needed to re-open licensed healthcare facilities.
 - b) Support exemptions to licensure requirements during recovery periods so that healthcare systems may continue to provide care in the disaster area(s).
 - c) Ensure that adequate staff is available to re-open licensed healthcare facilities in a timely fashion.
 - d) Coordinate and provide regulatory support for healthcare facilities to manage medical surge and alternate care sites.
 - e) Coordinate emergency medical services mutual aid support to the disaster area.
 - f) Develop requests for EMAC or federal support with emergency medical services or healthcare facility engineers and inspectors.
 - g) Division of Emergency Medical Services and Trauma will coordinate the staging areas and dispatching of in-state, EMAC and FEMA ambulance support.
 - 3. Office of General Counsel
 - a) In coordination with SC Department of Labor, Licensing and Regulation, implement legal authorities available and needed to permit

non-jurisdictional clinicians to be credentialed to work in emergency situations.

- b) In coordination with CMS, implement legal authorities available and needed to grant exemptions to health facility licensing requirements.
- c) Provide guidance in developing and reviewing the agency's continuity of operations plan.

4. Public Health Regions/Healthcare Coalitions

- a) Coordinate activity within the Healthcare Coalitions to support healthcare facilities within each region.
- b) Ensure that regional hospitals update the bed availability system and maintain situational awareness of the status and condition of local healthcare facilities and providers.

D. SC DEPARTMENT OF MENTAL HEALTH

- 1. Identify the special behavioral health needs that occur with reduced healthcare system resources, develop programs and strategies, and provide staff to administer counseling and behavioral health support.
- 2. Coordinate with other agencies and nonprofit organizations that may assist in providing behavioral health support.
- 3. Conduct surveillance on mental health impacts to inform programs and policies.
- 4. Work with healthcare providers and pharmacies to acquire psychotropic drugs that may be in shortage or difficult to locate.
- 5. Request and coordinate Federal Crisis Counseling Programs, if needed.

E. SC DEPARTMENT OF TRANSPORTATION

Provide priority road access to hospitals and other critical healthcare facilities.

F. SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Provide dental, nursing and other disabilities and special needs personnel to support shortages in the disaster area during recovery.

G. SC VOCATIONAL REHABILITATION DEPARTMENT

- 1. Provide crisis counseling personnel to facilitate recovery.
- 2. Provide accessible transportation assets.
- 3. Provide warehouse space for temporary storage of medical supplies.

4. Provide temporary alcohol and drug treatment bed space.

H. SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

Provide behavioral health counseling personnel and other substance abuse services.

I. SC DEPARTMENT OF LABOR, LICENSING AND REGULATION

1. Assist with acquisition of medical professionals (i.e. physicians, nurses and pharmacists) for sustained recovery operations.
2. Assist with temporary licensing of health care workers.
3. Assist with coordination of rules and regulations regarding licensed health care workers.

J. SC HOSPITAL ASSOCIATION

1. Assist with determining the operational status of hospitals.
2. Assist with determining the staffing and medical supply needs of hospitals.
3. Assist with locating and procuring medical supplies and equipment for hospitals.
4. Assist with acquisition of physicians for emergency response and sustained recovery operations.
5. Assist facilities in developing damage cost estimates.

K. SC MEDICAL ASSOCIATION

Assist with acquisition of physicians for emergency response and sustained recovery operations.

L. SC PHARMACY ASSOCIATION

1. Assist with acquisition of pharmacists for sustained recovery operations.
2. Assist with acquisition and distribution of pharmaceuticals for sustained recovery operations.
3. Assist facilities in developing damage cost estimates.

M. AMERICAN RED CROSS

Support sustained behavioral health recovery efforts with trained personnel.

N. THE SALVATION ARMY

Support sustained behavioral health recovery efforts with trained personnel.

O. SC BAPTIST DISASTER RELIEF

Support sustained behavioral health recovery efforts with trained personnel.

P. SC HEALTH CARE ASSOCIATION

1. Assist in maintaining awareness of the status of nursing facilities in the disaster area.
2. Assist facilities in developing damage cost estimates.

Q. LEADINGAGE OF SOUTH CAROLINA

1. Assist in maintaining awareness of the status of nursing facilities in the disaster area.
2. Assist facilities in developing damage cost estimates.

IX. FEDERAL DISASTER MEDICAL ASSISTANCE

Refer to State Recovery Plan.