

ANNEX 8

EBOLA PREPARATION AND RESPONSE PLAN

I. INTRODUCTION

- A. Ebola Virus Disease (EVD) is a virus with worldwide consequences. Confirmed or suspected cases of EVD present special requirements for disease surveillance, public communications, allocation of medical resources, and expansion of human services.
- B. EVD outbreaks in West Africa have increased the possibility of patients with EVD traveling from the affected countries to the United States.
- C. The likelihood of contracting EVD is extremely low unless a person has direct unprotected contact with the body fluids (e.g., urine, saliva, feces, vomit, sweat and semen) of a symptomatic EVD carrier or direct handling of bats, rodents or nonhuman primates from areas with EVD outbreaks.
- D. Initial signs and symptoms of EVD include sudden fever, chills and muscle aches, with diarrhea, nausea, vomiting and abdominal pain occurring after approximately 5 days. Other symptoms such as chest pain, shortness of breath, headache, or confusion, may also develop. Symptoms may become increasingly severe and may include jaundice (yellow skin), severe weight loss, mental confusion, bleeding inside and outside the body, shock, and multi-organ failure.
- E. EVD is an often-fatal disease, and care is needed when coming in direct contact with someone who has been identified as having EVD symptoms or a recent traveler from a country with an EVD outbreak that has symptoms of EVD. The initial signs and symptoms of EVD are similar to many other more common diseases found in West Africa (such as malaria and typhoid). EVD should be considered in anyone with fever who has traveled to, or lived in, an area where EVD is present. The incubation period for EVD, from exposure to when signs or symptoms appear, ranges from 2 to 21 days (most commonly 8-10 days). Any EVD patient with signs or symptoms should be considered infectious. EVD patients without symptoms are not contagious.
- F. The prevention of EVD includes the practice of careful hygiene by washing hands with soap and water or an alcohol-based hand sanitizer and avoiding exposure to blood or body fluids of infected patients including such as human waste, saliva, vomit or items such as clothes, bedding, medical equipment or injuries with contaminated needles or other sharp objects. The virus can enter the body through broken skin or unprotected mucous membranes, in, for example, the eyes, nose or mouth.
- G. Emergency Medical Services (EMS) personnel, along with other emergency services staff, have a vital role in responding to requests for help, triaging patients, and providing emergency treatment to patients. Unlike patient care in the controlled environment of a hospital or other fixed medical facility, pre-

hospital care is typically provided in an uncontrolled setting. This setting is often confined to a very small space and frequently requires rapid decision-making and life-saving interventions based on limited information. EMS personnel are frequently unable to determine the patient history before having to administer emergency care.

- H. Coordination among 9-1-1 systems, EMS systems, healthcare facilities, and the public health system is important when responding to cases with suspected EVD.

II. PURPOSE

- A. Provide information and coordination guidance to State, county and local Governments and all stakeholders in preparation for and response to an EVD event in South Carolina.
- B. Provide information and coordination guidance in the following general areas:
- Health and Medical Resources
 - Public Health and Sanitation
 - Behavioral Health
 - Deceased Identification and Mortuary Services
 - Public Information
 - Communication
 - Adjacent State Considerations

III. SCOPE

- A. Establishes the policies and procedures by which the State will coordinate State and Federal response.
- B. Describes how the State will mobilize resources and conduct activities to guide and support local medical and Emergency Management efforts through preparedness and response.
- C. Assigns specific functions and responsibilities to the appropriate State agencies and organizations, and outlines the methods by which private sector and voluntary organizations assist in response to events.
- D. Identifies the actions the State Emergency Response Team (SERT) may conduct in coordination with County and Federal counterparts as appropriate.

IV. KEY DEFINITIONS

A. Individuals

1. Person Under Investigation (PUI) - A person who has both consistent symptoms and epidemiologic risk factors
2. Confirmed case - A PUI with laboratory-confirmed evidence of EVD virus infection
3. Household Contacts - Persons who reside with the PUI or Confirmed case and were in the residence when the PUI or Confirmed case was exhibiting symptoms.
4. Close Contact
 - a. Being within approximately 3 feet (1 meter) of an EVD symptomatic person for a prolonged period of time while not wearing appropriate Personal Protective Equipment (PPE).
 - b. Includes someone who has had direct brief contact (e.g. shaking hands) with a symptomatic EVD patient while not wearing PPE.
 - c. Brief interactions (e.g., walking by a person or moving through a hospital, etc.) do not constitute close contact.

B. Status

1. Isolation/Isolated - The separation and confinement of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting the disease to others.
2. Quarantined - The physical separation, including restriction of movement, of persons, populations or designated groups of healthy people who have been potentially exposed to a contagious disease.

C. Facility

1. Isolation Bed/Isolation Room - An isolation unit set up to treat patients who are exposed to certain serious infectious diseases. It is physically separate from other patient areas and has unique equipment and infrastructure that provide an extraordinarily high level of clinical isolation.
2. Referring Hospital - A hospital in South Carolina that is referring a PUI to a Regional Treatment Hospital.

3. Regional Treatment Hospital - A hospital in South Carolina that has self-designated and agreed to receive patients that are considered PUI.

V. ASSUMPTIONS

- A. Local and tribal governments will provide initial emergency response and emergency management services within their jurisdictions and capabilities.
- B. The Public Health Regional Health Care Coalitions will serve as the local planning coordinating body. The six regional Coalitions are represented by licensed health care facilities and other healthcare system entities, such as behavioral health systems, nursing care facilities and community health centers. Coalition memberships also include local emergency management, coroners and others.
- C. State government will provide and/or augment emergency response services that exceed the capabilities of local governments.
- D. The Federal government will be available with financial and additional resources when Response and Recovery operations exceed the capabilities of State government in a Presidentially declared disaster or emergency. Federal agencies may provide direct assistance without a Presidential Declaration.

VI. SITUATION

- A. EVD is not spread through casual contact; therefore the risk of a catastrophic outbreak in the U.S. is very low.
- B. Symptoms may appear anywhere from 2 to 21 days after exposure to EVD, but the average is 8 to 10 days. This means that up to several weeks may pass before a case manifests and is suspected, and confirmed. Cases are considered infectious once symptoms appear; therefore it is important that cases are placed in isolation as quickly as possible to minimize EVD exposure to household and other close contacts.
- C. There is no FDA-approved vaccine available for EVD. Experimental vaccines and treatments for EVD are under development but they have not yet been fully tested for safety or effectiveness.
- D. Recovery from EVD depends on good supportive clinical care and the patient's immune response. People who recover from EVD infection develop antibodies that last for at least 10 years.
- E. Healthcare providers caring for EVD patients and the family and friends in close contact with EVD patients are at the highest risk of getting sick because they may come in contact with the blood or body fluids of sick patients. The virus also can be spread through contact with objects (like needles, syringes/sharps or other

medical equipment) that have been contaminated with the virus, or by contact with the blood or body fluids of infected animals (such as following close contact with bats, rodents or nonhuman primates in affected regions).

- F. Prompt identification, isolation, and contact tracing are keys to controlling further outbreaks of the EVD virus in South Carolina.
- G. To prevent introduction of a person infected with EVD, the Centers for Disease Control and Prevention (CDC) works with partners at ports of entry into the United States to prevent the disease from being introduced and spread in the United States. CDC works with Customs and Border Protection, U.S. Department of Agriculture, U.S. Coast Guard, U.S. Fish and Wildlife Services, State and local health departments, and local Emergency Medical Services staff.

VII. CONCEPT OF OPERATIONS

- A. General
 - 1. This plan may be implemented alone, or in conjunction with the State Emergency Operations Plan (SCEOP).
 - 2. Should the Governor implement the SCEOP, tasks identified in this plan by agency/organization will be conducted by the appropriate Emergency Support Function (ESF), State Agency or supporting Non-Governmental Organization (NGO).
- B. State Declarations and Orders:
 - 1. Executive Orders. The Governor has broad constitutional and statutory authority to issue Executive Orders including, but not limited to, proclaiming emergencies and issuing orders to prevent danger to people and property.
 - 2. State of Emergency. The Governor may declare a State of Emergency.
- C. Organizational Authorities
 - 1. Prior to a Governor's Declaration of Emergency or Executive Order SCDHEC serves as the SC Public Health Authority and as the Lead Agency for coordinating State Agency response to EVD in South Carolina.
 - 2. Public Health Authority
 - a. SCDHEC's Public Health Authority refers to the legal authorities, in accordance with S.C. Code Section 44-1-80, 44-1-110 and 44-1-

140, granted to SCDHEC that enable the agency to respond effectively to a disease outbreak which may include:

- Ordering and enforcing Quarantine
 - Ordering and enforcing Isolation
 - Requiring the release of medical information for epidemiological investigation
 - Expanding or lifting regulations and licensure requirements to allow for the expansion of medical services
 - Ordering expansion of medical services under emergency conditions
 - Issuing other lawful directives in support of the emergency response
- b. Even in the absence of a Public Health Emergency or an Executive Order, SCDHEC has authority to act to protect the public health through its traditional Public Health Authority powers.

3. Public Health Emergency

- a. The Governor may declare a Public Health Emergency, greatly expanding SCDHEC's powers. The trigger for a declaration of a Public Health Emergency is the occurrence or imminent risk of a qualifying health condition as defined in S.C. Code Section 44-4-130 (R).
- b. Prior to the declaration of a public health emergency, the Governor must consult with the Public Health Emergency Plan Committee and may consult with any public health agency and other experts as necessary. Nothing herein shall be construed to limit the Governor's authority to act without such consultation when the situation calls for prompt and timely action.
- c. The State of Public Health Emergency must be declared by an Executive Order that indicates the nature of the public health emergency, the areas that are or may be threatened, and the conditions that have brought about the public health emergency. In addition to the powers and duties provided in this article and in Article 7, Chapter 3 of Title 1, the declaration of a State of Public Health Emergency authorizes implementation of the provisions of Chapter 4 of Title 44, the Emergency Health Powers Act.
- d. The declaration authorizes the deployment and use of any resources and personnel including, but not limited to, local officers

and employees qualified as first responders, to which the plans apply and the use or distribution of any supplies, equipment, materials, and facilities assembled, stockpiled, or arranged to be made available pursuant to S.C. Code Section 25-1-440.

4. **Public Health Orders.** SCDHEC may issue Public Health Orders, in accordance with S.C. Code Sections 44-1-140, 44-1-80, and 44-1-110, for mandatory isolation or quarantine in instances in which an individual meets the definition of PUI or Confirmed case who cannot or will not comply with voluntary isolation or quarantine orders and whose continued circulation among the public presents an unreasonable threat of exposure to others, putting their health at risk.

D. Activation of the SCEOP/State Emergency Operations Center (SEOC)

1. Upon the Governor issuing a Governor's Declaration of Emergency or Executive Order activating the SCEOP and/or the SEOC, the SEOC will serve as the Lead Coordinating Center for coordinating non-medical, State Agency response to an EVD event in accordance with the SCEOP.
2. In coordination with the SEOC, SCDHEC remains the Lead Agency for coordinating medical and public health response to an EVD event and retains its authorities as the State's Public Health Authority.
3. **Direction and control**
 - a. In accordance with the SCEOP, during a response to an emergency/disaster situation, the Governor may appoint a State Coordinating Officer (SCO), usually the South Carolina Emergency Management Division (SCEMD) Director, to manage the response and/or recovery.
 - b. Direction and control of a State emergency will reside with the SCEMD Director and the SEOC Command Section (Policy Group).
 - c. The SCEMD Director will coordinate all State agencies and departments mobilized pursuant to the SCEOP.
4. Based on the situation and in consultation with the Governor; SCDHEC, SCEMD and other agencies as specified may form a Unified Command.
5. **SEOC Operating Conditions and Activation**
 - a. The State has established a system of Operating Conditions (OPCON) levels to support response to key EVD specific

conditions (see Attachment A – Operational Status in Response to an Ebola Situation).

- b. These OPCONs are generally in accordance with the SCEOP.

E. Immediate Response

1. SCDHEC requires immediate notification by phone regarding any individual who may meet the criteria to be considered a PUI or confirmed case for EVD.
2. With a confirmed case of EVD in South Carolina, SCDHEC will activate the Public Health Region's Regional Coordination Center (RCC) in the SCDHEC Region in which the case appears and the SCDHEC Central Office Emergency Operations Center.
3. In the response to a confirmed case of EVD in South Carolina, SCDHEC may invoke certain Health Powers Authority or Emergency Health Powers Act authorities to enforce isolation and quarantine or other restrictions, and/or the SEOC may be activated to the appropriate level (see Attachment 1 - Operational Status in Response to an Ebola Situation).
4. SCDHEC will conduct conference calls with affected partners and counties to obtain and provide information and guidance. SCDHEC will maintain continual contact with officials of affected counties, and State and local response agencies ensuring an immediate and coordinated response prior to activation of the SEOC/SERT.

F. Health and Medical Response Operations

1. Surveillance and Epidemiological Investigations:
 - a. SCDHEC surveillance consists of the daily monitoring of voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize its transmission (This is a normal daily function of SCDHEC). EVD is considered a Reportable Condition.
 - b. SCDHEC Division of Acute Disease Epidemiology (DADE) will monitor persons who have met one or more of the EVD screening criteria, but are not symptomatic and are not considered PUI.
 - c. DADE will conduct epidemiological investigations of a PUI reported to SCDHEC until EVD is ruled out based on epidemiological evidence, clinical information and/or laboratory tests, or continued if the case is lab confirmed.

2. Transportation and Destination of PUI
 - a. All hospitals may be required to isolate and care for PUI for up to 48 hours.
 - b. The Referring Hospital and the Regional Treatment Hospital will coordinate the EMS transport of the PUI to a Regional Treatment Hospital. The Medical Director of each EMS system should provide appropriate medical supervision and development of protocols for the transport of potential EVD cases.
 - c. The following hospitals have self-identified as EVD Regional Treatment Hospitals:
 - Medical University of South Carolina (Charleston)
 - Greenville Memorial Medical Center (Greenville)
 - Palmetto Health-Richland (Columbia)
 - Spartanburg Regional Healthcare System (Spartanburg)
3. Quarantine
 - a. DADE will make recommendations for voluntary quarantine with possible enforcement during the 21-day monitoring period. This decision will be made jointly by DADE, the State Epidemiologist, the State Health Officer, and the SCDHEC Office of General Counsel (OGC).
 - b. Mandatory quarantine may be needed. This decision will be made by DADE in consultation with the State Health Officer and the OGC. OGC will apply for a court order if one is required.
4. Response Procedures
 - a. Patient identification
 - (1) Healthcare providers will notify the SCDHEC Regional Epidemiologist on-call when a patient presents with a complaint of symptoms and travel history.
 - (2) If the healthcare provider feels that the patient is stable for transfer to a Regional Treatment Hospital and DADE determines that the patient meets the definition of a PUI, DADE will contact the appropriate Regional Treatment Hospital to initiate the transfer process. The Regional Treatment Hospital and the Referring Hospital will then coordinate the transport of the patient.

b. PUI Cases

- (1) DADE will make the determination of whether a patient is a PUI.
- (2) DADE and the SCDHEC Bureau of Laboratories (BOL) will contact the CDC to determine if testing will be conducted and to coordinate sample collection and testing.
- (3) If CDC determines that the patient should be tested, EMS will transport the patient from the Referring Hospital to the appropriate Regional Treatment Hospital within the Regional Referral and Treatment System.
- (4) The SCDHEC Director of the Office of Public Health Preparedness (OPHP) or designee will contact SLED Fusion Center to arrange for escort for the transporting ambulance (see Attachment D - Ebola Patient Transportation Protocol).
- (5) The Regional Treatment Hospital will draw the specimen for testing (see Appendix H - CDC Guidelines for Specimen Collection, Transport, Testing and Submission for PUI).
- (6) The BOL will contact the State Fusion Center to arrange for the transportation of the lab specimen to the BOL (see Appendix E - Ebola Specimen Transport Protocol).

c. Management of a PUI or Confirmed EVD Case

- (1) The patient will be directed to remain in the Regional Treatment Hospital under isolation.
- (2) The Regional Treatment Hospital will manage patient care and is responsible for patient's waste, linens and other debris.
- (3) If initial PPE support is needed by the Regional Treatment Hospital, they may request support through OPHP who will request the support from the CDC Strategic National Stockpile (SNS).
- (4) As needed to enforce isolation (i.e. patient noncompliance), these steps will be taken:

- (a) DADE will request a Public Health Order from the SCDHEC OGC to enforce the isolation order.
 - (b) Local law enforcement will assist in enforcement of the Mandatory Isolation Order.
 - (c) SCDHEC OGC will provide a copy of the Order to local law enforcement, if needed.
- d. Notifications for PUI or Lab-confirmed case of EVD
- (1) In the case of a PUI, notifications will proceed as outlined:
 - (a) The Regional Epidemiologist will notify DADE.
 - (b) DADE will notify the State Health Officer, State Epidemiologist and the Director of OPHP.
 - (c) The Director of OPHP will notify the Public Health Preparedness Director in the region of the PUI, and the State Warning Point.
 - (d) If the CDC recommends testing, the BOL will contact the Fusion Center for assistance with specimen transport.
 - (e) Additionally, the State Health Officer or designee will contact the OGC in anticipation of a need to issue Public Health Orders.
 - (f) In the case of a confirmed case, notifications will proceed as outlined:
 - (2) When the CDC determines with laboratory testing that the PUI is a confirmed case of EVD:
 - (a) The CDC lab director will call the State Health Officer, the State Epidemiologist and the BOL, and alert the CDC Emergency Operations Center/Director of the CDC. The State Epidemiologist will notify DADE.
 - (b) The State Health Officer will immediately notify the Director of SCDHEC who will notify the Governor.
 - (c) The State Health Officer or State Epidemiologist will immediately alert the Director of OPHP.

- (d) The Director of OPHP will notify the Regional Public Health Preparedness Director of the SCDHEC Region in which the case is confirmed, and the State Warning Point.
 - (e) The Director of OPHP will make the decision whether to activate the SCDHEC Emergency Operations Center (EOC).
 - (f) The Director of OPHP will notify the ESF-8 Support Agencies.
 - (g) SCDHEC OPHP will alert healthcare and emergency response partners through the Health Providers Network.
- e. Contacts of the PUI or Confirmed Case
- (1) Direct active monitoring (observation and temperature measurement by health care provider or staff) or active monitoring (self measuring and reporting) will be conducted based on the contact's risk level as determined by DADE.
 - (2) Monitoring begins when the case with whom contact was made is identified as a PUI. Twenty-one (21) days is the recommended period for monitoring of contacts.
 - (3) DADE will make recommendations for voluntary quarantine with possible enforcement during the 21-day monitoring period. This decision will be made by DADE in consultation with the State Epidemiologist, the State Health Officer, and the OGC.
 - (4) Mandatory quarantine may be needed. DADE will make this decision in consultation with the State Health Officer, the State Epidemiologist, and the OGC. The OGC will apply for a court order if one is required.
 - (5) The Regional Epidemiology staff, or Medical Reserve Corps volunteers if needed, will monitor individuals who must be quarantined.

5. Public Health and Sanitation

a. Infectious Waste

- (1) SCDHEC will follow U.S. Department of Transportation (DOT) guidance in relation to the packaging and transportation of infectious waste of a PUI (see Appendix F - U.S. Department of Transportation Guidance For Transporting EVD Contaminated Items).
- (2) SCDHEC's Division of Waste Management will assume the lead for providing direction and information to healthcare providers in proper management and disposal of infectious waste and in providing information regarding available waste disposal resources.
- (3) For additional information and guidance, see the SCDHEC website at <http://www.scdhec.gov/Health/FHPPF/HealthAlertsNotifications/ebola/>

b. Sanitation

- (1) Environmental cleanup and sanitation is the responsibility of the property owner. SCDHEC does not pay for cleanup services.
- (2) SCDHEC must be notified of locations suspected to have been contaminated with EVD.
- (3) Clean-up of properties must comply with CDC, SCDHEC, DOT, OSHA and other applicable requirements and guidance.
- (4) SCDHEC provides the names of contractors willing to clean up Ebola waste and those permitted to transport Ebola waste for disposal on its website: <http://www.scdhec.gov/Health/FHPPF/HealthAlertsNotifications/Ebola/EbolaContractors/> (clean-up contractors).

6. Behavioral Health

- a. The behavioral health needs and information will be similar to any other disaster or emergency.

- b. The primary support agency for coordinating the behavioral health response following a confirmed case of EVD is the SC Department of Mental Health (SCDMH).
 - c. SCDHEC's Disaster Behavioral Health Coordinator will coordinate agency efforts to provide behavioral health guidance prior to the appearance of a confirmed case of EVD in South Carolina in conjunction with the SCDMH.
 - d. SCDHEC behavioral health guidance includes:
 - Availability of current stress management fact sheets on www.scdhec.gov.
 - Communication and training of Behavioral Health Medical Reserve Corps and partner behavioral health agencies.
7. Deceased Identification and Mortuary Services
- a. SCDHEC will provide guidance to fatality management partners on the PPE and handling of deceased, confirmed EVD victims.
 - b. CDC Guidance concerning the handling of human remains is located at: <http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>.
 - c. Remains of EVD fatalities may be transported across state lines with notification to receiving location, and appropriate handling and containment.
8. Animal Care
- a. SCDHEC, SC State Animal Health Officials at Clemson Livestock-Poultry Health (CULPH) and the CDC will collaborate in risk assessments and provide guidance on the infection control, quarantine and management of animals suspected of having contact with PUIs or Confirmed EVD patients.
 - b. See Appendix G (Management of Animals).
9. Transportation of Infectious Waste Contaminated with EVD
- a. Only infectious waste haulers specifically permitted by the U.S. Department of Transportation and registered with SCDHEC are authorized to transport EVD medical waste.

- b. A current list of SCDHEC Registered Infectious Waste Haulers specifically permitted by DOT for the transportation of EVD medical waste is maintained on the SCDHEC website: <http://www.scdhec.gov/Health/HPF/HealthAlertsNotifications/Ebola/EbolaContractors/>. SCDHEC will update this list as additional transporters qualify.
- c. See Appendix F (U.S. Department of Transportation Guidance For Transporting Ebola Contaminated Items).

G. Public Information

- 1. Prior to the appearance of a suspected or confirmed EVD case in South Carolina
 - a. SCDHEC will provide information regarding PPE, reporting procedures, screening procedures and other pertinent information through:
 - Conference calls with healthcare providers and planning partners
 - Health Alerts
 - Email
 - Health Preparedness Network
 - b. SCDHEC will provide information for the general public through:
 - Release of information to the media by the Division of Media Relations
 - SCDHEC Website
 - Social media (SCDHEC Facebook and Twitter accounts)
 - CARE Line (800-868-0404)
 - Health Preparedness Network
- 2. In the event of a confirmed case of EVD in SC, SCDHEC may establish a Joint Information Center (JIC).
- 3. SCDHEC PIO will act as the central clearing point for all State Agency EVD related news releases and inquiries.
- 4. In the event of multiple suspected or confirmed cases of EVD in SC, the Governor will order the activation of the State EOP which will trigger the establishment of the State JIC at the SEOC. The State JIC will continue to

act in support of the SCDHEC Public Information Officer (PIO) and SCDHEC JIC.

- H. Adjacent State Considerations. In South Carolina locations near the borders of adjacent states, PUIs will be transported to South Carolina Regional Treatment Centers, unless a patient is in need of immediate treatment (i.e., is unstable or critical, and needs to go to the closest available hospital).

VIII. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. General. All primary, supporting and partner agencies responsibilities include:

- Participating in meetings and conference calls regarding EVD response
- Ensuring members have access to current information on the EVD virus
- Participating in exercises on EVD response

- B. Counties and Municipalities

1. Counties and municipalities retain all normal authorities, roles and responsibilities other than those defined in the SC Code of Laws in reference to state Public Health Authority and emergency powers granted to specific individuals and organizations in the event of a Public Health Emergency or declared State of Emergency.
2. The process for requesting State-level assistance will be in accordance with the SCEOP and established mutual aid agreements.

- C. ESF Responsibilities/Specified Actions

1. ESF-2 (Communications)

Coordinate for additional communications resources as requested (to include additional 800 MZ radios) to support healthcare operations.

2. ESF-6 (Mass Care)

- a. Coordinate non-medical support to quarantined individuals and families.
- b. Coordinate support for individuals separated from their primary care giver(s) or from their residence as the result of quarantine(s).

3. ESF-7 (Finance and Administration).

Establish contracts for provision of non-medical services, equipment, personnel and supplies to support expedient operations associated with incident.

4. ESF-13 (Law Enforcement)
 - a. Coordinate with local law enforcement for additional law enforcement support as requested in support of local law enforcement agencies.
 - b. Coordinate the escort of ambulances carrying PUIs from the Referring Hospital to the Regional Treatment Hospital as requested (see Appendix D - Ebola Patient Transportation Protocol)
 - c. Coordinate the transportation of samples from the Regional Treatment Hospital to the DHEC BOL as requested (see Appendix E - Ebola Specimen Transportation Protocol).
5. ESF-14 (Recovery and Mitigation)
 - a. Assist in coordination with local jurisdictions, private and non-profit organizations in the provision of assistance to affected individuals and families.
 - b. Coordinate with state agencies and organizations to identify and implement any programs that may offer assistance to individuals and families.
 - c. Convene meetings of South Carolina Recovery Task Force as needed to address community recovery issues.
6. ESF-15 (Public Information)
 - a. Active the Joint Information System (JIS) and the State JIC in accordance with SCEOP.
 - b. Operate in support of the SCDHEC Public Information Officer (PIO) and SCDHEC JIC.
 - c. The SCDHEC PIO will act as the central clearing point for all State Agency EVD related news releases and inquiries.
7. ESF-17 (Animal/Agriculture Emergency Response)

Coordinate with SCDHEC and the CDC to provide risk assessment, infection control guidance, and quarantine guidance for the management of animals determined to have had exposure to PUIs or Confirmed EVD patients (see Appendix G – Management of Animals).

8. ESF-18 (Donated Goods and Volunteer Services)

Coordinate with SCDHEC for the provision of donated goods and volunteer support.

9. ESF-19 (Military Support)

Coordinate the provision of PPE training by National Guard or Department of Defense (DoD) organizations as requested.

D. State Agency/NGO Responsibilities/Specified Actions

1. SCDHEC

a. Director, SCDHEC

- (1) Advise and update the Governor on planning and response activities.
- (2) Provide notifications of lab-confirmed cases to the Governor.
- (3) Request emergency actions as deemed necessary.

b. State Health Officer

- (1) Advise the Director of SCDHEC of the status of investigations and cases.
- (2) In consultation with DADE, determine the need for voluntary and involuntary isolation and quarantine.
- (3) Assist in the decision to activate the SCDHEC EOC.
- (4) Contact the OGC in anticipation of a need to issue Public Health Orders.

c. Department of Acute Disease Epidemiology

- (1) Monitor persons who have met one or more of the EVD screening criteria, but are not symptomatic and are not considered PUI.
- (2) In coordination with the BOL, contact the CDC to determine if testing will be conducted and coordinate sample collection and testing.
- (3) Make the determination of whether a patient is a PUI.

- (4) Coordinate with the Referring Hospital and the Regional Treatment Center to transfer the PUI to the Regional Treatment Center.
 - (5) Monitor quarantined persons.
 - (6) In conjunction with SCDHEC OGC, request Public Health Orders to enforce isolation orders as required.
 - (7) Conduct epidemiological investigations.
 - (8) Maintain data related to EVD cases.
 - (9) Monitor CDC guidance for updates and provide this guidance through conference call presentations, Health Preparedness Network, and web links at www.scdhec.gov.
 - (10) Coordinate with the CARE line.
 - (11) Provide guidance to hospitals and pre-hospital providers regarding treatment protocols and PPE levels.
 - (12) Ensure the provision of current information and recommendations to licensed healthcare facilities.
 - (13) Provide guidance on the proper handling and disposal of the diseased deceased.
- d. Office of Public Health Preparedness
- (1) Provide notifications to the Director of SCEMD and partner federal agencies.
 - (2) Assist in the decision to open the SCDHEC EOC.
 - (3) Work with Regions to provide volunteer support with Medical Reserve Corps.
 - (4) Submit requests for initial PPE support to CDC SNS for the Regional Treatment Hospital(s), if requested by the hospital(s).
 - (5) Provide the coordination of regional response through the Regional Public Health Preparedness Offices with the Healthcare Coalitions.

- (6) For PUI cases, contact the SLED Fusion Center to request escort for the transporting ambulance (see Attachment D - Ebola Patient Transportation Protocol).
 - (7) Notify the Regional Public Health Preparedness Director of the SCDHEC Region in which the case is confirmed, and the State Warning Point.
- e. Office of Nursing
- (1) Develop training for SCDHEC nursing staff.
 - (2) Provide staff to support the response.
- f. Public Health Regions
- (1) Open Regional Coordination Centers in consultation with the Office of Public Health Preparedness.
 - (2) Provide Healthcare Coalitions with updates.
 - (3) Provide Healthcare Coalitions with exercise opportunities.
- g. Bureau of Laboratories
- (1) Conduct presumptive confirmatory testing.
 - (2) Provide guidance to hospital laboratories on testing, shipping and handling of specimens.
 - (3) Share lab results with DADE, the hospital, and the State Health Officer.
 - (4) In coordination with DADE, contact the CDC to determine if testing will be conducted and coordinate sample collection and testing.
 - (5) For PUI cases, contact the SLED State Fusion Center to arrange for the transportation of the lab specimen to the BOL (see Appendix E - Ebola Specimen Transport Protocol).
- h. Division of Waste Management
- (1) Provide direction and information to healthcare providers in proper disposal of infectious waste.

- (2) Provide information regarding available waste disposal resources
 - (3) Identify/coordinate entities to clean and package waste.
 - (4) Identify/coordinate entities to transport waste.
 - (5) Identify/coordinate entities willing to accept medical waste for treatment.
- i. Director of Emergency Medical Services and Trauma
- (1) Provide direction and guidance for PPE for responders to potential EVD related 911 calls
 - (2) Work with the SCHA to develop Regional Referral and Treatment System transport protocols.
 - (3) Distribute surveys through the SMARTT system.
- j. Disaster Behavioral Health Coordinator
- (1) Provide behavioral health guidance and response.
 - (2) Assist the Regional Volunteer Coordinators in providing training to Behavioral Health Medical Reserve Corps.
- k. Division of Media Relations
- (1) Serves as the lead Public Information agency for coordinating the Public Information response to the event.
 - (2) Distribute guidance and communication through the Health Preparedness Network.
 - (3) Manage media releases.
 - (4) Work with the SCHA and other partner organizations to develop talking points.
- l. SCDHEC State Public Health Veterinarian
- (1) Coordinates and approve plans for sheltering, transportation and care of pets of hospitalized or quarantined contacts (See Appendix G - Management of Animals)
 - (2) Coordinate Veterinary Medical Reserve Corps activities.

- m. SCDHEC Office of General Counsel
 - (1) In conjunction with DADE, coordinate and process Public Health Orders to enforce isolation orders as required.
 - (2) Provide Public Health Orders to SLED and local law enforcement as needed.
- 2. South Carolina Emergency Management Division
 - a. Activate the State EOC to appropriate level.
 - b. Conduct conference calls to obtain and provide non-medical emergency management information.
 - c. Initiate Palmetto Vision/Web EOC situational reporting and resource tracking from State agencies.
- 3. South Carolina Department of Social Services
 - a. Provide support for dependent individuals separated from their primary care giver(s) or from their residence as the result of quarantine(s).
 - b. Provide Resource Officer and Case Workers to SCDHEC as requested.
- 4. South Carolina Law Enforcement Division
 - a. Provide the escort of ambulances carrying PUIs from the Referring Hospital to the Regional Treatment Hospital as requested (see Appendix D - Ebola Patient Transportation Protocol).
 - b. Provide the transportation of samples from the Regional Treatment Hospital to the DHEC BOL as requested (see Appendix E - Ebola Specimen Transportation Protocol).
- 5. South Carolina Department of Public Safety
 - a. Coordinate, support and facilitate movements of materials or waste (as permitted by the U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA)) through SC as requested.
- 6. South Carolina Department of Labor, Licensing and Regulation
 - a. Provide Fire Departments with CDC guidance.

- b. Provide Fire Departments with best practices and protective measures.
- 7. South Carolina Department of Mental Health
 - a. Coordinate the behavioral health response following a confirmed case of EVD.
 - b. In coordination with SCDHEC, support specific behavioral health needs of persons or contacts of EVD cases, first responders and/or supporting medical personnel and the needs of the general public in an on-going event.
 - c. Assist SCDHEC with behavioral health guidance and response.
- 8. South Carolina Department of Education
 - a. Coordinate with local school districts to ensure the continuity of education of quarantined school children.
- 9. Health Care Coalitions
 - a. Provide exercising and dissemination of information to coalition members.
 - b. Provide the coordination of regional response with the SCDHEC Regional Public Health Preparedness Offices.

IX. ADMINISTRATION, LOGISTICS AND FINANCE

- A. See Section IX (Administration, Logistics and Finance), Annex 7 (Finance and Administration), and Attachment 1 (SC Logistics Plan) to the SCEOP.
- B. Agencies will fund emergency operations from existing agency accounts.
- C. If the Governor signs a State of Emergency Executive Order, it may include an authorization for reimbursement of emergency expenditures from the State's Contingency Reserve fund maintained by the State Comptroller General.
- D. Each agency must have approval by the State Treasurer or a higher authority (Governor, Budget and Control Board, State legislature) to exceed budget authority for emergency operations.
- E. If the emergency results in a Presidential Declaration, Federal funds administered by FEMA will become available.
 - 1. The State (in combination with county or local jurisdictions) is normally required to provide 25% of all expenditures.

2. The Governor will recommend approval of an estimated amount to the General Assembly to be designated as the cost share for the emergency.

X. PLAN DEVELOPMENT AND MAINTENANCE

A. Maintenance

1. SCDHEC will conduct an annual review of this plan in coordination with the annual review of the SC Mass Casualty Plan.
2. SCDHEC will provide partner agencies the opportunity to review and make changes prior to the submission of the updated plan to SCEMD.
3. Each agency identified as providing a response role is responsible for the development and maintenance of Standard Operating Procedures for each action.

- B. Training and Exercise. Exercising of this plan may be included in other scheduled exercises at the local, regional and state levels.

XI. AUTHORITIES AND REFERENCES

- A. SC Code of Laws Sections 44-1-140, 44-1-80, and 44-1-110.
- B. SC Code of Laws S.C. Code Section 44-4-130 (R).
- C. SC Code of Laws Section 25-1-440 (d)(1)(2) and (e).

XII. ATTACHMENTS

- A. - Attachment 1 - Operational Status in Response to an Ebola Situation

XIII. APPENDICES

- A Ebola Response Timeline
- B SCDHEC Regional Contacts
- C Ebola Regional Referral and Treatment System Transport Protocols
- D Ebola Patient Transportation Protocol
- E Ebola Specimen Transportation Protocol
- F U.S. Department of Transportation Guidance For Transporting Ebola Contaminated Items
- G Management of Animals

H CDC Guidelines for Specimen Collection, Transport, Testing and Submission for PUI

Attachment 1
Operational Status in Response to an Ebola Situation

Public Health Situation	Response Actions			
	OPCON	General Actions	SEOC Actions	ESF Actions
<ul style="list-style-type: none"> • Confirmed Case (s) within the United States • May have Persons Under Investigation (PUI) within SC • No Confirmed Cases within SC 	5	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • No expectation of activation • Normal work hours • No limitation or restrictions on travel or availability 	<ul style="list-style-type: none"> • No expectation of activation • Telephone/email coordination
<ul style="list-style-type: none"> • A Confirmed Case within SC • 50% or greater of SC Ebola Response Capacity available 	4	<ul style="list-style-type: none"> • SCDHEC considers activating their Joint Information Center (JIC) 	<ul style="list-style-type: none"> • Possibility of activation • Normal work hours • 4 hour call-in availability • Recall as determined by ESF 	<ul style="list-style-type: none"> • Possibility of activation • Telephone/email coordination • Limited direct coordination/presence in SEOC (SERT determined)

Public Health Situation	Response Actions			
	OPCON	General Actions	SEOC Actions	ESF Actions
<ul style="list-style-type: none"> Multiple Confirmed Cases within SC At least 50% or greater of SC Ebola Response Capacity available 	3	<ul style="list-style-type: none"> SCDHEC will consider invocation of certain Health Powers Authorities and/or authorization of the Emergency Health Powers Act Consider Governor’s Public Health Emergency Declaration Consider Executive Order or Governor’s State of Emergency (implementation of SCEOP) based on requests for State Agency execution of missions or county requests Consider implementation of a Unified Command (SCEMD/ SCDHEC) if Public Health Emergency Declaration is in effect <u>and</u> the SCEOP is activated Consider request for Federal Emergency Declaration SEOC Joint Information Center (JIC) (in support of SCDHEC) and the SCDHEC JIC activated 	<ul style="list-style-type: none"> Partial activation Full activation possible 2 hour call-in availability Limited/key members on shift Cross-assigned and augmentation personnel available for use or activation 	<ul style="list-style-type: none"> Partial activation Activation of ESFs 1, 2, 6, 7, 8, 10, 11, 13, 15, 16, 17 and 19 Warning order to remaining ESFs for full SEOC staffing - Telephone/email coordination with remaining ESFs/SERT ESF support and support agency personnel available for use or activation
<ul style="list-style-type: none"> Multiple Confirmed Cases within SC Less Than 50% of SC Ebola Response Capacity available 	2	<ul style="list-style-type: none"> SCDHEC will consider invocation of certain Health Powers Authorities and/or authorization of the Emergency Health Powers Act Governor’s Public Health Emergency declaration (if not previously issued) Governor’s State of Emergency (implementation of SCEOP if not previously issued) Consider implementation of a Unified Command (SCEMD/SCDHEC) Request for Federal medical assistance/capacity Request for Federal Emergency Declaration (if not previously requested) 	<ul style="list-style-type: none"> Full activation All EMD staff on shift 	<ul style="list-style-type: none"> Full activation Full ESF/SERT direct coordination/presence in SEOC ESF support and support agency personnel activated or available for activation

Public Health Situation	Response Actions			
	OPCON	General Actions	SEOC Actions	ESF Actions
<ul style="list-style-type: none"> • Multiple Confirmed Cases within SC • SC Ebola Response at Full Capacity • Federal Assistance required 	1	<ul style="list-style-type: none"> • Continue to coordinate assistance to State Agencies and Counties • Coordinate requests for support with Federal Agencies 	<ul style="list-style-type: none"> • Full activation • All EMD staff on shift 	<ul style="list-style-type: none"> • Full activation • Full ESF/SERT direct coordination/presence in SEOC • ESF support and support agency personnel activated or available for activation