I. INTRODUCTION

Health and medical services consist of resources temporarily realigned from established programs and includes coordination, reporting or direct service capability for the following:

- Medical Care
- Public Health
- Behavioral Health
- Fatality Management
- Medical Transport
- Healthcare Facility Evacuation

II. PURPOSE

A. Organize the capability to provide medical care, public health, behavioral health, fatality management, medical transport and healthcare facility evacuation in disaster situations.

Outline responsibility and policy established for health and medical operations before, during, and after a disaster.
III. CONCEPT OF OPERATIONS

A. The SC Department of Health and Environmental Control (SCDHEC) is responsible for the coordination of all ESF-8 administrative, management, planning, training, preparedness/mitigation, response, and recovery activities to include developing, coordinating, and maintaining the ESF-8 Annex and Standard Operating Procedure (SOP).

B. ESF-8 supporting agencies will assist SCDHEC in the planning and execution of ESF-8.

C. ESF-8 will coordinate with all supporting and other appropriate departments/agencies and organizations to ensure operational readiness in time of emergency.

D. ESF-8 personnel will be familiar with the National Response Framework for ESF-8 and the corresponding Annex with Federal counterpart concepts, actions and responsibilities. This familiarization will include the organization, structure, functions and responsibilities of the Incident Management Assistance Teams (IMAT) and the Joint Field Office (JFO).

E. ESF-8 will assess the situation (both pre- and post-event), and in coordination with Emergency Management officials, develop strategies to respond to the emergency.

F. Additional resources maybe requested to sustain emergency operations from participating States via Emergency Management Assistance Compacts (EMAC).

G. ESF-8 will coordinate with Federal ESF-8 to obtain assistance as necessary.

H. Veterinary medical support is managed by State ESF-17 (Animal and Agricultural Emergency Response).

IV. ESF ACTIONS

A. Prevention/Protection

1. General

   a. Develop mutual support relationships between agencies, professional associations and other private services and volunteer organizations that may assist during an emergency or disaster, including vulnerable populations’ service agencies and advocacy groups.

   b. Ensure procedures are in place to document costs for any potential reimbursement.

   c. Participate in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs.

e. Develop plans and prior coordination efforts to pre-position implementation of the Emergency Health Powers Act.

f. Develop and maintain internal planning and common operating picture tools for disaster implementation.

2. Medical Care

a. Maintain situational awareness of medical resources.

b. Coordinate the SC Medical Countermeasures Plan (MCM) (published separately), to include Strategic National Stockpile (SNS), Potassium Iodide Distribution, CHEMPACK, and Medical POD plans and coordinating instructions.

c. Develop protocols and maintain liaison with elements of the National Disaster Medical System (NDMS), to include Federal Coordinating Centers (FCC) in South Carolina and Disaster Medical Assistance Teams (DMAT).

d. Report opioid cases treated in prehospital setting(s).

3. Public Health

a. Establish procedures to monitor the state’s public health.

b. Coordinate procedures to protect the public from communicable diseases and contaminated medication, vaccine and biologic supplies.

c. Coordinate technical assistance, inspection procedures and protocols to ensure acceptable conditions related to food and water.

d. Coordinate laboratory testing or identify appropriate laboratory testing facilities to include the Centers for Disease Control and Prevention (CDC).

e. Coordinate environmental surveillance of diseases transmitted by mosquitos, ticks, and arthropods (i.e. arbovirus).

f. Establish procedures for large scale immunization operations (e.g., mass prophylaxis).

g. Provide technical assistance and consultations on disease and injury prevention and precautions.

h. Provide opioid cases treated in prehospital setting(s) to SC Opioid Emergency Response Team (SCOERP).
4. Behavioral Health  
   a. Reference Attachment 1 (Behavioral Health Plan) of Annex 8 (Health and Medical Services).  
   b. Coordinate delivery of behavioral health services to affected individuals, families, communities, responders, and volunteers.  
   c. Provide assistance to other agencies or organizations dealing with behavioral health concerns during and following disasters.  

5. Fatality Management  
   b. Coordinate support for location, identification, registration, certification, removal and disposition of the deceased.  
   c. Coordinate with Disaster Mortuary Operational Readiness Teams (DMORT) of the NDMS.  
   d. Maintain capabilities and procedures for alert, assembly and deployment of state mortuary assistance assets.  

6. Medical Transport  
   a. Maintain situational awareness of certification levels of Emergency Medical Technicians (EMT) and licensed ambulance services.  
   b. Maintain systems (ie. BioSpatial) used to monitor EMS transport patterns.  

7. Healthcare Facility Evacuation  
   a. Review licensed health care facility (e.g. hospitals, nursing homes, and residential care facilities) evacuation plans and procedures.  
   b. Maintain situational awareness of licensed health care facilities to include capacity and bed space.  
   c. Develop and maintain facility evacuation survey tool, data collection methodology and evacuation coordination language.  
   d. Coordinate update Mandatory Medical Evacuation (MME) Order language for disaster implementation, as needed.  
   e. Coordinate with South Carolina Hospital Association (SCHA) for SCDHEC Agency Coordination Center (ACC) staffing and strategic planning.
B. Response

1. General
   b. Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel in the State Emergency Operations Center (SEOC) and Federal Medical Stations (FMS).
   c. Through all phases of emergency management, maintain records of expenditures and resources used for possible later reimbursement.
   d. Document matters for inclusion in agency or state/ federal briefings, situation reports and action plans.

2. Medical Care
   a. Monitor hospital and nursing home surge capacities statewide.
   b. Implement MCM/ SNS operations as required.
   c. Coordinate staging for medical personnel, equipment, and supplies.
   d. As required, assist or facilitate coordination for doctors, nurses, technicians and other medical personnel.
   e. Maintain situational awareness of the status of licensed providers.
   f. Coordinate emergency dental services.
   g. Coordinate NDMS support, to include patient evacuation assistance, as required.

3. Public Health
   a. Conduct epidemiological surveillance to monitor the health of the general and medical needs populations, as well as that of response workers, and identify emerging health trends related to the incident.
   b. Implement measures to prevent and control disease transmission.
   c. Coordinate large-scale immunization operations as required.

4. Behavioral Health
   a. Coordinate behavioral health services to affected individuals, families, communities, and responders.
   b. Upon notification of a Presidential major disaster declaration for Individual Assistance, apply for and prepare to implement Crisis
Counseling Programs to mitigate psychological distress in individuals, families, communities and responders.

c. Assist law enforcement or other agencies not typically responsible for delivering behavioral health services as needed.

5. Fatality Management
   a. Coordinate notification of teams for deceased identification.
   b. Coordinate DMORT services.
   c. Coordinate security issues with ESF-13 (Law Enforcement).
   d. Coordinate collection and dissemination of information regarding the numbers of fatalities.
   e. Coordinate supply and equipment procurement (e.g. refrigeration units, body bags, stretchers, embalming supplies, transportation), as required to maintain appropriate condition of the deceased until proper identification, notification and disposition can be determined.
   f. Coordinate State assistance for next-of-kin notification.
   g. Coordinate fatality reporting with ESF-16 (Emergency Traffic Management).

6. Medical Transport
   a. Maintain situational awareness of deployed Emergency Medical Services (EMS) assets.
   b. Utilize BioSpatial and other tracking tools to monitor EMS patterns.
   c. Coordinate activation and deployment of EMS resources.
   d. Coordinate EMS transportation with healthcare facilities as needed.

7. Healthcare Facility Evacuation
   a. Facilitate patient evacuation and relocation.
   b. Coordinate alternate care sites (by Centers of Medicare and Medicaid Services (CMS) definition) as necessary.
   c. Coordinate healthcare facility reentry procedures as necessary.
   d. Implement facility evacuation survey tool, data collection and communication processes to gather facility information.
e. Review Critical Data Sheets (CDS), weather forecast and other pertinent information for disaster specific vulnerabilities to determine MME waivers and exemptions.

f. Coordinate with the SCHA to ensure bed placement and information sharing is ongoing.

C. Recovery

1. General
   a. Anticipate and plan for arrival and coordination with Federal personnel in the JFO.
   b. Support long-term recovery priorities.
   c. Document matters for inclusion in agency or state/federal briefings, situation reports and action plans.

2. Medical Care
   Support restoration of essential health and medical care systems.

3. Public Health
   a. Continue monitoring of disease and injury patterns including for potential disease outbreaks in the general and medical needs populations.
   b. Assess the threat of vector-borne diseases and provide technical assistance and consultation on protective actions regarding vector-borne diseases.
   c. Assist ESF-17 to ensure the health of livestock and animals used for human food production to protect the public from food-borne disease transmission.
   d. Reconcile final incident fatality report(s) with SCDHEC’s Office of Vital Statistics.

4. Behavioral Health
   Continue behavioral health services to affected persons through Crisis Counseling Programs and/or other appropriate, available behavioral health services.

5. Fatality Management
a. Support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects.

b. Receive the required death reports throughout the incident.

6. Medical Transport

a. Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting.

7. Healthcare Facility Evacuation

a. Coordinate re-opening procedures with evacuated facility(s).

b. Coordinate with facilities that encountered evacuation issues to ensure compliance and/or take appropriate enforcement actions to correct problems.

c. Re-evaluate existing regulations and emergency plans as needed.

D. Mitigation

1. Review, evaluate, and comment on proposed State Hazard Mitigation Plan amendments upon initiation and within the review period.

2. Support requests and directives from the Governor and/or federal agencies concerning mitigation and/or re-development activities.

3. Document matter for inclusion in agency or state/ federal briefings, situation reports and action plans.

V. RESPONSIBILITIES

A. General

ESF-8 primary and support agencies will identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during activation.

B. SC Department of Health and Environmental Control

1. Agency-wide

a. Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters including vulnerable populations’ service agencies and advocacy groups.

b. Implement isolation and quarantine procedures, as appropriate.
c. Implement Medical Countermeasures operations as required.

d. Establish agency Incident Command System (ICS) as required.

e. Coordinate large-scale immunization or mass prophylaxis procedures as required.

2. Bureau of Public Health Preparedness

   a. Provide ESF-8 lead representative and alternate.

   b. Coordinate and direct the activation and deployment of SCDHEC and volunteer health/medical personnel, SCDHEC supplies, and equipment.

   c. Develop and conduct drills and exercises which test the medical and behavioral health response to disaster situations.

   d. Develop protocols, maintain liaison with, and arrange for services of the NDMS, to include:

      - FCCs in South Carolina
      - DMAT
      - DMORT

   e. Plan for the deployment of Federal Medical Stations in SC, as needed.

   f. Provide opioid cases treated in prehospital setting(s) to SC Opioid Emergency Response Team (SCOERP).

   g. Develop, implement and manage emergency management training agency wide.

   h. Develop and maintain the ACC. Ensure communication with the SEOC/ SERT.

3. Communicable Disease Prevention and Control

   a. Coordinate and monitor surveillance, investigation, and response for communicable disease cases and exposures in the population.

   b. Maintain access to a disease tracking and surveillance system, ideally electronic.

   c. Coordinate collection, testing, and follow-up of results for laboratory samples/specimens.
d. Recommend protective actions and mitigation measures against communicable diseases.

e. Provide consultation on screening and medical treatment of individuals exposed to communicable diseases.

f. In coordination with SCDHEC OGC, determine need for isolation and quarantine measures.

4. Division of Oral Health

Coordinate emergency dental services.

5. Community Health Services

a. Coordinate personnel, as available, staff for medical need shelters and public health clinics.

b. Reconcile incident fatality report(s).

6. Healthcare Quality

a. Ensure licensed health care facilities (e.g. hospitals, nursing homes, residential care facilities, etc.) develop evacuation plans and procedures.

b. In conjunction with SC Hospital Association, determine operational status of hospitals.

c. Coordinate waivers of rules and regulations regarding licensed health care facilities.

d. Maintain and provide a listing of licensed health care facilities including names of Administrators and 24-hour phone numbers, as appropriate.

e. Identify and provide bed capacity and availability status of all inpatient care facilities throughout the state.

f. Maintain situational awareness of evacuating and repatriating facilities through facility evacuation survey tool, data collection and communication coordination.

g. Coordinate post-event with facilities that encountered evacuation issues to ensure compliance and/or take appropriate enforcement actions to correct problems.

h. Coordinate with SCDHEC OGC and Incident Command Staff to assist in implementing the MME and/or Emergency Health Powers Act.
i. Coordinate with federal partners to provide required Centers for Medicare and Medicaid Services (CMS) updates, as requested.

j. Maintain and provide a listing of licensed ambulance services and certification levels of EMT.

k. Maintain systems (ie. BioSpatial) used to monitor EMS transport patterns.

l. Coordinate activation and deployment of EMS resources.

7. Environmental Affairs
   a. Monitor environmental conditions to minimize public health threats.
   b. Coordinate with ESF-3 (Utility Infrastructure Systems) to provide technical assistance to responsible entities in their efforts to manage the public health services.

8. Office of General Counsel
   Advise SCDHEC Incident Command Staff regarding legal issues which arise during the emergency, including effects of recommending declaration of a Public Health Emergency pursuant to the Emergency Health Powers Act.

9. Public Health Reserve Corps
   Under the guidance of SCDHEC staff, provide support to public health response activities, including large-scale vaccinations, medical needs sheltering, medical countermeasures and other response efforts.

C. SC Department of Veterans’ Affairs
   Assist with burial arrangements for families of deceased veterans.

D. South Carolina National Guard
   1. Coordinate available military assets as requested.
   2. Assist with security, equipment, facilities, and personnel to implement Medical Countermeasures operations.

E. SC Department of Labor, Licensing and Regulation
   1. Division of Professional and Occupational Licensing
      a. Assist with temporary licensing of health care workers.
b. Assist with the coordination of medical professionals (i.e. doctors, nurses, and pharmacists).

c. Coordinate waivers of rules and regulations regarding licensed health care workers.

2. Division of Fire and Life Safety

a. Assist with the mobilization of EMS personnel and equipment registered within the fire service.

b. Provide large staging area for EMS equipment, as available.

F. South Carolina Law Enforcement Division

1. Provide assistance for the collection or rapid transportation of samples for analysis.

2. Provide technical assistance, equipment, laboratory, and body location documentation services for deceased identification and mortuary services.

3. Provide chaplains to assist County Coroners, as requested, for death notification services and crisis intervention services to families of affected Law Enforcement Agencies within the State.

4. Assist with law enforcement protective measures to implement Medical Countermeasure operations.

G. SC Criminal Justice Academy

Provide berthing and staging arrangements for incoming EMS assets, as available.

H. SC Department of Mental Health

1. Manage behavioral health services support within ESF-8.

2. Provide crisis and behavioral health counselors to facilitate response and recovery.

3. Provide nurses and other medical professionals as available.

4. Identify resources to secure medication, as needed.

5. Develop federally funded Crisis Counseling Programs for affected individuals, families, communities, and responders.

I. SC Coalition Against Domestic Violence and Sexual Assault

1. Provide crisis counseling for disaster victims with histories of domestic and/or sexual violence victimization to facilitate recovery.
2. Assess training needs that become evident during response.

J. SC Vocational Rehabilitation Department

Provide the following resources, if available:

- Behavioral health disaster response staff to facilitate recovery.
- Accessible transportation assets.
- Warehouse space for temporary storage and medical supplies.
- Temporary alcohol and drug treatment bed space.

K. SC Department of Education, Office of Transportation

Provide ambulatory and non-ambulatory transportation for health and medical services as outlined in Annex 1-Transportation.

L. SC Department of Alcohol and Other Drug Abuse Services

Provide behavioral health counseling personnel and other substance abuse services.

M. SC Department of Corrections

Provide refrigerated trucks in support of ESF-8 operations.

N. SC Department of Transportation

Ensure clear roadway access to critical healthcare facility infrastructure.

O. SC Department on Aging

Assist with the identification of medically vulnerable senior adult populations.

P. SC Morticians Association

Provide mortuary services including personnel, supplies, equipment, transportation, and obtaining information from the families of deceased.

Q. SC Funeral Directors Association

Provide mortuary services including personnel, supplies, equipment, transportation, and obtaining information from the families of deceased.

R. SC Coroner’s Association

1. Coordinate collection and dissemination of information regarding the numbers of fatalities.
2. Augment county fatality management resources, as necessary
3. Assist County Coroner with victim identification and next-of-kin notification.

S. SC Hospital Association
1. Assist with identification of hospital bed information.
2. Assist with determining operational status of hospitals.
3. Assist in facilitating communications with hospitals.

T. SC Medical Association
1. Assist with acquisition of physicians for emergency operations.
2. Assist in facilitating communications with physicians.

U. SC Pharmacy Association
1. Assist with acquisition of pharmacists for emergency operations.
2. Assist with acquisition and distribution of pharmaceuticals for emergency operations.
3. Coordinate appropriate storage of pharmaceuticals.
4. Assist with alerts to community pharmacies.

V. SC EMS Association
1. Coordinate augmentation of county EMS resources as necessary.
2. Augment county, private and hospital Mobile Integrated Healthcare Resources (i.e. Community Paramedicine) as necessary.
3. Facilitate healthcare facility(s) transportation gaps in coordination with SCDHEC’s Division of EMS and Trauma.
4. Coordinate with private EMS (i.e. Medtrust Ambulance) Business Emergency Operations Centers (BEOCs) and Department Operations Centers (DOCs) as required.
5. Support the deployment of EMS Compact resources in coordination with SCDHEC’s Division of EMS and Trauma.

W. American Red Cross
1. Provide disaster health services personnel, as available.
2. Provide disaster mental health personnel, as available.

3. Provide disaster spiritual care, as available.

4. Manage the mental health response during an aviation and high-speed passenger rail disasters.

X. The Salvation Army

Provide personnel trained in emotional and spiritual care as available

Y. Southern Baptist Disaster Relief

Provide personnel trained in emotional and spiritual care as available.

Z. SC Health Care Association

Prepare for and conduct operations in support of ESF-8.

AA. LeadingAge South Carolina

Prepare for and conduct operations in support of ESF-8.

VI. FEDERAL ASSISTANCE

A. This Annex is supported by the National Response Framework for ESF-8 (Public Health and Medical Services).

B. The US Department of Health and Human Services (HHS) is responsible for directing Federal ESF-8 operations.

C. Federal ESF-8 representatives will deploy with the IMAT to the SEOC or other designated location.