

South Carolina Infectious Disease Plan

Appendix 14-1, of the South Carolina Emergency Operations Plan



S.C. Department of Health and
Environmental Control

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APPROVAL, IMPLEMENTATION, AND PROMULGATION

SOUTH CAROLINA INFECTIOUS DISEASE PLAN

The 2016 South Carolina Infectious Disease Plan was developed for use by South Carolina Department of Health and Environmental Control, and ESF-8 Supporting Agencies. It is intended to provide a framework for the processes that are needed to coordinate pre-and post-infectious disease events that require health and medical support for the citizens and visitors of South Carolina.

I hereby authorize the publication of this plan.

Michael A. Elieff, Director
SC Department of Health and Environmental Control
Office of Public Health Preparedness

DISTRIBUTION LIST

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<http://www.scemd.org/planandprepare/plans/mass-casualty-plan>

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South Carolina Infectious Disease Plan

Infectious Disease Plan				
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I. Introduction

Effective response to an infectious disease outbreak depends on rapid identification of the causative agent and a specific diagnosis. A larger problem arises when the identity of an agent is uncertain or an intentional release may be suspected but its type is unknown. In the globalized world, infectious diseases can spread rapidly through the processes of international air travel, tourism and humanitarian efforts in remote locations. This can cause humans to be exposed to deadly or infectious agents that are uncommon in their native countries. Infectious disease emergencies such as epidemics and pandemics can result in an ongoing threat to all humans, regardless of gender, ethnic background, lifestyle, age and socioeconomic status.

These types of emergent situations can be caused by the rapid spread of biological agents such as bacteria, virus, fungus, parasite, toxin or prion that can largely impact the health and welfare of humans. These agents have the potential to cause significant illness or death in the human population that they inhabit. Infectious disease emergencies may include (but are not limited to) naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, Avian Influenza, Ebola, Zika), food-borne outbreaks and types of terrorism. The circumstances surrounding infectious disease emergencies include many variables such as (but not limited to), types of agents, scale of exposure, mode of transmission or intentionality (bioterrorism or agro terrorism). While environmental, technologic and societal factors can have an impact on the outbreak of emerging diseases worldwide, drug-resistant forms with no susceptibilities can often emerge due to climate changes, terrorism, and increasingly more compacted human populations.

Breaches to societal health norms in our state would directly impact the way South Carolinians conduct their daily lives. The potential for infrastructure, businesses and industries to be adversely impacted because of the high rate of absenteeism, combined with potential for healthcare resources to be unavailable because of excessive need, could foster a significant economic and humanitarian disaster for our state if initial signs of the impending disease are not quickly recognized and mitigated. The advance preparation of public health measures to contain such outbreaks are especially important for any diseases that are identified to pose a risk for high morbidity or mortality and limited medical prophylaxis and/or treatment.

This plan establishes the basic framework by which the South Carolina Department of Health and Environmental Control (DHEC), that has been established as the lead public health agency for South Carolina during a public health emergency, along with partner agencies and entities, will prepare, train, mobilize, and implement measures for identifying infectious disease outbreaks by coordinating the delivery of prophylaxis, treatment, and health care services to the

citizens and residents of South Carolina. This plan may be supplemented with other plans and annexes that address specific infectious diseases.

A. Purpose

The overarching goal of any infection control plan is to prevent or break the chain of infection. The purpose of this plan is to provide staff assigned to ESF-8 and partners with a clear vision for decision making in the event of any emerging infectious disease and identifies critical response functions and responsibilities for those functions within the state of South Carolina. This plan was written in an effort to reduce the burden of disease through preparation, response and mitigation. This plan is written to be used in the appearance of any human acquired infectious disease, regardless of whether an epidemic or a pandemic has been declared.

B. Scope

This plan contains management directives that convey and implement preparations and commitment to environmental protection, health and safety during an emerging infectious disease event. It shall be consistent with applicable federal, state, and local laws and regulations.

Because a biological contagion must reproduce and multiply within a susceptible host organism, each disease has its own characteristic transmission method and incubation period. This plan will identify hazard issues that have been deemed applicable and shall contain both a description of established processes and the appropriate guidance for procedures needed to implement practices that are sound with respect to mitigation, response and recovery of an emerging infectious disease event.

This plan describes the expected operational intent for responding to any emerging infectious disease situation in the State of South Carolina and details the system that has been developed by relevant stakeholders for actions within the boundaries of the ESF-8 jurisdiction. It specifically outlines the duties that must be performed by ESF-8 during the preparedness, response and recovery phases when planning for, or responding to any disease which has little or no precedence in our state, region or country.

C. Situation

1. *Hazard Analysis Summary*

Infectious disease emergencies are generally not initially recognized by traditional first responders, but rather by clinicians such as primary care

providers, hospital emergency department staff and other public health officials. Simultaneous outbreaks of a disease in non-contagious areas should prompt officials to consider the potential for an epidemic or a pandemic to occur.

Microorganisms have the ability to mutate and adapt rapidly which can facilitate the reemergence of various communicable diseases causing the evolution of antimicrobial resistance. Incubation periods may vary but are typically several days in length which allows for the widespread dispersion of exposed cases in time and space. An infectious disease emergency occurs when public health and medical interventions are needed to respond to and/or contain any biological or infectious disease threat that has the potential to result in significant numbers of human morbidity or mortality.

2. Capability Assessment

- a. All hospitals in the state of South Carolina may be required to isolate and care for a patient under investigation (PUI) for an emerging infectious disease (EID) for up to 48 hours.
- b. The Division of Acute Disease Epidemiology (DADE) and the State Epidemiologist will provide guidance on confirmation process and quarantine recommendations of any suspected EID patient.
- c. DHEC Bureau of EMS and Trauma will provide guidance on transport decisions and precautions in regards to any suspected EID patient.
- d. It is recommended that patients with confirmed cases of a potentially lethal infectious disease be transported from the initial receiving hospital to a designated treatment facility within the State of South Carolina unless no designated treatment facility is available. At this time, the only hospital that has been designated as a *treatment facility* to treat Ebola Virus Disease in the State of South Carolina is the Medical University Hospital Authority in Charleston. There are also three DHEC designated *assessment facilities*. They are: Palmetto Richland Hospital in Columbia; Spartanburg Regional Healthcare Center in Spartanburg and Greenville Medical Center in Greenville.

D. Planning Assumptions

1. At least one case of a potentially fatal and highly infectious disease has been confirmed in the United States. If the confirmed case is not in South Carolina, only portions of this plan will be implemented.
2. *Individuals* occupying leadership positions have achieved high level ICS training which can be adapted to direct a public health and medical response.
3. *Epidemics and Pandemics* can affect 30-40% of the population and absenteeism can be expected to mirror those percentages.
4. *The impact of an infectious disease* can last for several months and some can continue to re-appear in multiple waves of illness. It will affect the operational processes of private agencies, volunteer groups, and government-operated businesses.
5. *The long term effects* can be catastrophic to the State of South Carolina and can result in lost revenue, decreased tourism and travel activity and a decrease in logistics and food supplies which can be depleted.

II. AUTHORITIES AND RESPONSIBILITIES

A. State Level Authorities

1. *Public Health Authority-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 an emerging infectious disease in South Carolina.
 - a. SCDHEC's Public Health Authority refers to the legal authorities granted in the SC Code of Laws Emergency Health Powers Act No. 339, also known as the South Carolina Homeland Security Act, and in accordance with all S.C. Code Sections contained therein, granted to SCDHEC that enable the agency to respond effectively to a disease outbreak which may include:
 - 1) Ordering and enforcing Quarantine;
 - 2) Ordering and enforcing Isolation;
 - 3) Requiring the release of medical information for epidemiological investigation;
 - 4) Expanding or lifting regulations and licensure requirements to allow for the expansion of medical services;
 - 5) Ordering expansion of medical services under emergency conditions; or
 - 6) Issuing other lawful directives in support of the emergency response;
 - b. **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.
 - c. **State of Emergency.** The Governor may declare a State of Emergency.
 - d. 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.

e. Public Health Emergency

- 1) 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).
- 2) 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.
- 3) 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.
- 4) 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.

B. State Level Responsibilities

1. Departments and agencies within the state government will conduct operations in accordance with direction and guidance published in this document and other plans and SOPs that might be relevant to an infectious disease situation.
2. State organization and assignment of responsibilities are discussed throughout this document and also throughout the SCEOP. Specific responsibilities in response to mass casualty situations that result from infectious disease incidents are identified in the Mass Casualty Plan and its supporting documents.

C. DHEC/Organizational Authorities

1. SCDHEC may issue Public Health Orders, Health Alerts and Public Notices or may otherwise invoke other necessary communications, actions or directions within their scope of authority.
2. SCDHEC may facilitate isolation or quarantine precautions as outlined in S.C. Code Sections 44-1-140, 44-1-80, and 44-1-110, for implementation of mandatory isolation or quarantine in instances in which an individual meets the definition of patient or suspected patient as defined by the disease response, 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. DHEC Responsibilities

1. SCDHEC is responsible for monitoring, investigating and addressing issues that impact the health of the public. There are many actions that help DHEC increase situational awareness and allow staff to respond in a timely fashion to events that impact, or have the potential to impact public health. Some of those actions include, but are not limited to:
 - Disease investigation
 - Ongoing surveillance and reporting activities
 - Providing public education materials
 - Ensuring lab capacity/functionality is adequate
 - Providing medication distribution points as needed
 - Providing PPE guidance for responders, clinicians and the public
 - Notifying ESF-8 partners about an emerging infectious disease when current SOPs cite notification of these entities is warranted
 - Coordinating emergency medical transportation and EMS support
 - Coordinating the deployment of portable healthcare facilities

- Supporting medical surge activities

E. Partner Organizational Responsibilities

1. Department of Alcohol and Other Drug Abuse Services
 - a. Assist in the provision of behavioral health services
2. Leading Age of South Carolina
 - a. Participate in meetings and conference calls regarding disease response
 - b. Ensure members have access to current information on the disease
3. SC Healthcare Association
 - a. Participate in meetings and conference calls
 - b. Ensure members have access to current information on the disease
4. Department of Education
 - a. Will determine continuity of education of quarantined school children
 - b. Continuing education of quarantined/isolated student
 - c. Guidance will continue to be provided through the Health Preparedness Network
 - d. Act as a liaison with local school districts to assist in distributing communication and establish school located vaccination clinics.
5. SC Nurses Association
 - a. Participate in meetings and conference calls
 - b. Ensure members have access to current information
6. SC Emergency Nurses Association
 - a. Participate in meetings and conference calls
 - b. Ensure members have access to current information
7. SC Chapter, College of Emergency Physicians
 - a. Participate in meetings and conference calls
 - b. Ensure members have access to current information
8. HPP Coalitions
 - a. Participate in meetings and conference calls
 - b. Ensure members have access to current information
 - c. Conduct exercises on disease response

III. DIRECTION, CONTROL AND COORDINATION

A. Direction and Control

1. **SCDHEC is lead agency** for an infectious disease response. This plan may be activated with or without activation of the State Emergency Operations Plan.
2. **The SCDHEC Agency Coordinating Center (ACC)** may be established with or without the establishment of the State Emergency Operations Center (SEOC). 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 infectious disease event in accordance with the SCEOP.
 - a. **Scalable adjustments** will be made to the activation of the agency ACC as more information is known about the disease and throughout the progression of the disease.
 - b. **Health and Medical Response Operations**
 - 1) Agency response to the appearance of an EID in South Carolina begins immediately upon the report of a suspect case of the disease.
 - 2) SCDHEC requires immediate notification by phone from any healthcare provider regarding any individual who meets the criteria that is listed for a reportable condition or who is considered a suspect or confirmed case for an EID.
 - 3) In the response to a confirmed case of a highly pathogenic EID 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.
 - 4) Laboratory-For any testing that is able to be completed at the SC BOL, confirmatory laboratory results will be immediately communicated by phone to the Director of DADE, who in turn will notify the Director of the Bureau of Disease Control.

- (i) The BOL will maintain a record of samples and results that will be shared with DADE. This record will be updated at least daily.
- (ii) BOL will work with DADE to determine the data elements to be included in the record of samples.
- (iii) BOL and DADE will collaborate to communicate with CDC concerning updated diagnostic algorithms and laboratory reagents for disease testing (e.g., specific primers and probes), communicate results on the disease cases to CDC, and expedite specimen shipping per their request for additional disease characterization.
- (iv) BOL will continue to provide detailed guidance on updated case definitions, diagnostic algorithms, and laboratory infection control issues within SCDHEC and to external partners (hospitals and other members of the Laboratory Surveillance Network).

5) Quarantine and Isolation

- (i) Quarantine and isolation are public health practices that are used to eliminate or limit the spread of an infectious disease by restricting the movement of people who are ill or could become ill from an infectious disease.

Quarantine practices restrict the movement of well persons who may have been exposed to an infectious disease, or they may have the disease and are not yet showing symptoms.

Isolation practices restrict the movement of people who are ill by separating them from those who are healthy.

- (ii) Based on the disease, DADE will make recommendations for voluntary quarantine or isolation with possible enforcement. This decision will be made jointly by DADE, the State Epidemiologist, the State Health Officer, and the SCDHEC Office of General Counsel (OGC).
- (iii) Mandatory quarantine or isolation 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.

B. Vaccine Procurement, Distribution and Use refers to acquisition, allocation, distribution, and administration of available vaccine, and monitoring the safety and effectiveness of vaccinations.

1. Vaccine programs are established as part of pharmaceutical intervention measures. Implementing an emerging infectious disease vaccine program involves SCDHEC staff as well as community health care providers and other stakeholders.
2. Activities that must be implemented include: the identification and registration of vaccine providers; the distribution and tracking of vaccine administration through these providers; the identification and hiring of additional staff needed to conduct a statewide vaccine campaign; and additional tasks to implement population specific campaigns (i.e. School-located vaccine clinics), if needed and to assist in the vaccination (when available) procedures for healthcare employees.
3. Implementation of school-located vaccination clinics require establishing procedures for school nurses as partners and addressing the training needed to incorporate the use of volunteers in the vaccine distribution program.
4. Hospitals must establish individual plans to respond to the disease and are responsible for the protection of their employees and their patients during the outbreak.

IV. CONCEPT OF OPERATIONS

A. Disease Surveillance and Outbreak Response

1. *Disease Surveillance and Outbreak Response refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize disease transmission and spread, as well as the actions required to respond to the outbreak to include case determination and the identification / tracking of contacts of known/suspected cases of the disease.*
 - 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.
 - b. Surveillance needs will expand and change as the EID evolves from the initial appearance of the disease, to being widespread. Surveillance needs will differ, depending upon where the disease has been identified, whether there is coexisting disease among poultry or other animals, whether and how efficiently transmission occurs between people, and whether disease outbreaks have occurred in the United States or other countries.
 - c. Surveillance data will be critical to help guide implementation of control measures, such as restricting travel, closing schools, canceling public gatherings, initiating medication and vaccine usage in target groups, assessing the impact of the disease on the healthcare system, and assessing the social and economic impact on society.
 - d. At the beginning of the outbreak, DADE will monitor persons who have met one or more of the disease screening criteria, but are not symptomatic and are not considered a suspect case. If the outbreak spreads, individual monitoring may become impossible due to staff availability.
 - e. At the onset of an ID, ESF-8 partners (if requested) will support SCDHEC and DADE as they monitor individual cases of suspected and confirmed infection and collect relevant demographic and clinical information. Once sustained community transmission is established, monitoring suspected and confirmed cases may become

overwhelming, and at which time SCDHEC may opt to only collect aggregate numbers.

B. Notification and Relay of Information

1. *Notification Process*

a. **In a suspected case**, notifications will proceed as outlined:

- 1) The Regional Epidemiologist will notify DADE.
- 2) DADE will notify the State Health Officer, State Epidemiologist and the Director of OPHP.
- 3) The Director of OPHP will notify the Public Health Preparedness Director in the region of the suspected case, and the State Warning Point.
- 4) Additionally, the State Health Officer or designee will contact the OGC in anticipation of a need to issue Public Health Orders.

b. **In a confirmed case**, notifications will proceed as outlined once the CDC determines with laboratory testing that the suspected case is a confirmed case of the EID:

- 1) The CDC lab director will call the State Epidemiologist and the State BOL, and alert the CDC Emergency Operations Center/Director of the CDC. The State Epidemiologist will notify DADE.
- 2) The State BOL will immediately notify the Director of Health Services.
- 3) The Director of Health Services will notify the Director of DHEC.
- 4) The Director of DHEC will notify the Governor.
- 5) The Director of Health Services or his designee will immediately alert the Director of OPHP.
- 6) 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.

- 7) The Director of OPHP and the Director of Health Services will make the decision to activate the Incident Command System and/or to activate the SCDHEC Agency Coordinating Center (ACC).
- 8) The Director of OPHP or his designee will notify the ESF-8 Support Agencies.
- 9) DADE will alert healthcare and emergency response partners through the Health Providers Network and by issuance of a Health Alert through the emergency alert system.
- 10) A schedule of conference calls for other state agencies and health care providers will be initiated at a time recommended by the Director of Public Health or the Incident Command Staff.

2. ***Communications to ESF-8 Staff***

- a. Once activated, ESF-8 staff must conduct the ESF-8 Activation Checklist (Attachment 14 of the ESF-8 SOP); notify support agencies as needed (Attachment 15 of the ESF-8 SOP and report to assigned duty stations.

3. ***Communications to Health Care Professionals***

- a. SCDHEC will provide information to healthcare providers regarding PPE, reporting procedures, screening procedures and other pertinent information through:
 - 1) Conference calls with healthcare providers and planning partners
 - 2) Health Alerts
 - 3) Email
 - 4) SCDHEC website

4. ***Communications to the Public*** Information and Communications refers to communications to the public, planning partners and the media.

- a. Public Information is the development of appropriate and necessary information and messages about the disease by SCDHEC and the provision of this critical information to the public and the media.

- b. Appropriate and timely messages to the public are an essential element of community mitigation. All requests for public information should be referred to ESF-15 or to Public Information Officers attached or designated to the situation by the Division of Media Relations if possible.
- c. Communication, in this plan, refers to actions taken to ensure that other statewide planning partners and citizens are provided with information that will establish and maintain situational awareness of the unfolding agency response. This may include clinical guidance and information regarding the disease and mitigation measures in a timely fashion. Information may include, but is not limited to training and workshops, community mitigation recommendations and recommendations for personal protective equipment, and guidance on altered standards of care.
- d. Communication with response partners refers to the communications that will occur between other state partners in FEMA Region IV and national communications, such as participation in conference calls. SCDHEC will share public information messages so that partners may assist in providing updated disease messages to their employees and public.
- e. In the event of a confirmed case of a contagious infectious disease in SC, SCDHEC may establish a Joint Information Center (JIC).
- f. SCDHEC Division of Media Relations will act as the central clearing point for all State Agency infectious disease related news releases and inquiries.
- g. In the event of multiple confirmed cases of an infectious disease, the SCDHEC Division of Media Relations may consider the implementation of regularly scheduled media briefings to manage the number of media requests.
- h. Communication with planning partners and the public may be conducted in the following means, and other means as identified:
 - 1) Health Alert Notifications
 - 2) Conference Calls
 - 3) Public Meetings
 - 4) SCDHEC website

- 5) Disease-specific email address
- 6) Fact sheets, flyers, brochures, posters
- 7) Public Service Announcements
- 8) Provision of speakers to community programs and events
- 9) Release of information to the media by the Division of Media Relations
- 10) Social media (SCDHEC Facebook and Twitter accounts)
- 11) CARE Line (800-868-0404)
- 12) 2-1-1

5. *Communications with FEMA Region IV Authorities*

Communication of ESF-8 activation will be made to FEMA Region IV authorities as outlined in the ESF-8 SOP in the communication section.

C. **Plan Activation**

Only authorized staff are permitted to direct the activation and deactivation of this plan. The Infectious Disease Plan will be activated in the event of any significant infectious disease situation that will necessitate prevention, treatment and quarantine, isolation or other control measures to protect the citizens of South Carolina and the visitors to the state at the time of the event regardless of epidemic or pandemic status. This plan may be implemented alone, or in conjunction with the State Emergency Operations Plan (SCEOP). The appropriate personnel will respond as outlined below.

1. *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).
2. *The Implementation of stages and activities* in this plan will be determined by the type of disease that appears in the state. General disease preparedness, response, recovery and mitigation activities are cited in the Annex. Responses specific to disease with different modes of transmission are outlined in the appendices to this plan.

3. *The decision to activate the plan* or portions of the plan will be made by the Director of SCDHEC in consultation with the Director of the Bureau of Disease Control and the Director of the Office of Public Health Preparedness.
4. *The activation of this plan*, or parts of this plan, will be triggered by the detection of any of the diseases, conditions or situations that would warrant an emergency reaction or response as outlined in this plan and within the Annexes of this plan.

D. Mobilization of Resources and Response

1. **Stages of Implementation** The implementation of stages and activities in this plan will be determined by the type of disease that appears in the state. Responses specific to diseases with different modes of transmission are outlined in the appendices to this plan.

2. Prior to the appearance of an infected person and during an outbreak or epidemic, SCDHEC's role in assisting health care providers to prepare for disease response includes:

- a. encouraging and assisting providers in participating with surveillance of the disease;
- b. submitting laboratory specimens for confirmatory testing;
- c. providing current medical information regarding the disease;
- d. assisting health care providers to address alternate care sites and to develop plans; and
- e. assisting health care providers to distribute vaccine, as available, to at-risk populations and priority groups.

3. **Medical Countermeasures Distribution and Use** refers to the acquisition, apportionment, and dispensing of pharmaceuticals (other than vaccines) and other countermeasures such as personal protective equipment, IV fluids and ventilators to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving antiviral medications, antibiotics and non-pharmaceutical intervention measures.

4. **Strategic National Stockpile** planning and additional information can be found in the SNS Plan which is available from the SCDHEC Office of Public Health Preparedness.

E. Management of Medical Surge

1. *Medical surge is the rapid expansion* of the health care system (primary care, urgent care, hospital and rehabilitative care) to accommodate a surge in the number of patients. Public health activities are a minor part of medical surge. SCDHEC's role in the management of medical surge is primarily related to ensuring that regulations are in place to allow healthcare facilities to accommodate medical surge, to provide guidance on the allocation of scarce resources, including ventilators, and to provide clinical guidance, especially concerning personal protective equipment, infection control, etc., and to assist healthcare providers in planning for emerging infectious diseases. The SC Hospital Association works with SCDHEC to disseminate guidance and information on regulatory issues regarding medical surge. This includes, but is not limited to SCDHEC's support for:
 - a. the establishment of alternate triage or alternate care sites established to relieve patient surge in hospitals;
 - b. the recommendations for hospital policies to address visitors/children, vaccination of employees, scarce medical equipment such as ventilators and altered standards of care during patient surge;
 - c. recommendations for infection control procedures and PPE
 - d. recommendations for the establishment of critical care triage policies in hospitals; and
 - e. surge as a result of the arrival of the emotionally impacted.

2. *Management Of Medical Facilities* refers to the regulatory and disease control recommendations provided by SCDHEC that are needed to respond to patient surge created by persons suffering from an emerging infectious disease and by persons who arrive at a facility who are not currently suffering from any diagnosable disease, but may fear that they have been exposed to the disease in hospitals, emergency medical service providers and physician offices.

3. *Refer to the SC Mass Casualty Plan* for more specific and detailed information on this topic that is not outlined here.

F. Coordination of Federal Response

1. This plan is supported by the National Response Framework for ESF-8 (Public Health and Medical Services). The US Department of Health and Human Services (HHS) is responsible for directing Federal ESF-8 operations. Refer to the SCEOP for more detailed information on the coordination of federal response and federal resource requests.
2. At the request of the state, federal ESF-8 representatives will deploy with the IMAT to the SEOC or other designated location and will assist in the deployment of the following teams if needed:
 - MCM Teams
 - DMAT Teams
 - FCCs in South Carolina
 - DMORT Teams
 - NVRT
3. *DMORT Teams*-Disaster Mortuary Response Teams (DMORT) and mass fatality management will be coordinated among the incident command structures involved in the response, coroners in affected counties, the South Carolina Coroners Association, and the Vital Records representatives of the Department of Health and Environmental Control. If a DHEC region has a regional mass fatality plan, local mass fatality response will follow the procedures outlined in that plan. Federal assistance for mass fatalities management is primarily available through Disaster Mortuary Operational Response Teams (DMORT). DMORT and other assistance resources external to South Carolina are coordinated through state Emergency Support Function 8 at the State Emergency Operations Center.

G. Animal/Agricultural Emergency Response

1. An agricultural emergency event in South Carolina could adversely affect the State's the multibillion dollar livestock, poultry, plant and crop industries. In addition, such an event could also affect the health of humans and could be a natural or technological disaster, or a disease event from introduction of a biological agent introduced from an animal accidentally (zoonosis) or via an intentional act (agro terrorism).
 - a. Clemson University Livestock-Poultry Health (CULPH) is the lead agency responsible for coordination of all ESF-17 administrative, management, planning, training, preparedness, and mitigation, response, and recovery activities to include developing, coordinating, and maintaining the ESF-17 SOP.
 - b. ESF-17 support agencies will assist CULPH in the planning and execution of the above.

- c. ESF-17 agencies, organizations, and individuals will operate under their respective mandated Federal, State, or organizational regulations and will maintain complete administrative and financial control over their activities.
 - d. ESF-17 agencies will coordinate with other ESFs and appropriate parties as necessary to provide assistance throughout the State in emergency events.
 - e. The State Emergency Response Team (SERT) is the Point of Contact (POC) for all requests for animal-agricultural emergency response.
2. For more information on this type of response, refer to Annex 17 of the State EOP.

H. Community Mitigation

1. *Community Mitigation* refers to the actions considered for implementation by public health to control the spread of the disease. The State Health Officer, DHEC's OGC, State Epidemiologist, OPHP Director and DADE will collaborate to develop recommendations for community mitigation. Recommendations will vary based on the mode of transmission of the disease, the transmissibility of the disease, and its pathogenic characteristics. The collaborating group will implement recommendations for individual isolation and quarantine of suspect and confirmed cases and their close contacts, appropriate to the disease, and as long as allowable by resources. These actions may include, but are not limited to:
- a. **Isolation and Quarantine** mean the compulsory physical separation (including the restriction of movement or confinement) of individuals and/or groups believed to have been exposed to or known to have been infected with a contagious disease from individuals who are believed not to have been exposed or infected, in order to prevent or limit the transmission of the disease to others; if the context so requires.
 - i. , "Quarantine" means compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas.

- ii. "Isolation" means 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 disease to others. DHEC may encourage self-isolation and quarantine throughout the disease outbreak. Voluntary isolation of the ill at home will be recommended for all severity levels of some diseases.
- b. **Provide educational resources** to local education agencies regarding disease containment measures including vaccinations, if available, and PPE .
- c. **Coordinate disease control activities** with the Department of Education and the Department of Social Services (DSS) by ensuring timely dissemination of health information to schools, child and day care centers.
- d. **Determine travel restrictions** or recommendations that are needed.
- e. **Infection control measures**- Infection control measures are needed to protect individuals from coming in direct contact with infectious materials or agents to limit transmission and include physical barriers (e.g. masks, gloves, hygiene (e.g. respiratory and hand hygiene) and disinfection measures.
- f. **Community based activity restrictions** – Community based restrictions (also referred to as “social distancing”) may be required to increase distance between members in a community by restricting or limiting public gatherings, public events, or group activities. This includes school closures.

I. **Behavioral Health**

1. *Behavioral Health* refers to actions taken to provide behavioral health response to first responders, staff and the general public. Most of the behavioral actions to be taken during a disease outbreak are outlined in Annex 8 of the State Emergency Operations Plan.
2. *Behavioral Health Response* is a critical piece of the response to an emerging infectious disease. Effective behavioral health response may lessen the burden on the health care system by supporting the

communication efforts of ESF-8. Depending on the mortality and morbidity rates of the disease, behavioral health will be critical in helping citizens to deal with mass fatalities or devastating effects of the disease.

- 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 an EID is the SC Department of Mental Health (SCDMH).
- c. SCDHEC behavioral health guidance includes:
 - 1) availability of current stress management fact sheets on www.scdhec.gov; and
 - 2) communication and training of Behavioral Health Medical Reserve Corps and partner behavioral health agencies.

J. Mass Fatality Management

1. The plan for mass fatality management is Annex 4 in the South Carolina Mass Casualty Plan, Appendix 5 to the South Carolina Emergency Operations Plan.
2. *Mass Fatality Management* during a disease outbreak refers to the local and statewide management and identification of human remains that will overwhelm local and regional resources.
 - a. The need for mass fatality management will be dependent on the pathogenic nature of the disease. If the disease is highly pathogenic and has a high mortality rate, there will be a need for a state level fatality response.
 - b. During a disease outbreak coroners, morticians and funeral directors will depend on SCDHEC to provide guidance on the handling of the deceased and the use of personal protective equipment.

K. MEDICAL COUNTERMEASURES PLAN

1. For more information on the Strategic National Stockpile and Medical Countermeasures, please reference the Medical Countermeasures Plan.

2. The SNS is a federally owned and managed national repository of antibiotics, antiviral medication, chemical antidotes, antitoxins, life support pharmaceuticals and equipment, vaccines, intravenous administration supplies, airway maintenance supplies, masks, medical/surgical items, pandemic countermeasures and other medical related supplies established by congress to supplement and re-supply state and local supplies of these critical need medical items in the event of an incident anywhere in the united states involving Weapons of Mass Destruction (WMD) (chemical, biological, radiological, nuclear and high-yield explosives) or a major natural or technological disaster. Should it be determined that the SNS plan needs to be invoked, the DHEC OPHP, assisted by the DHEC Medical Countermeasures Coordinator and other support staff will serve as the lead of ESF-8 response and recovery efforts. This includes all state and regional SNS, or other countermeasure distribution and dispensing activities, and upon activation the staff will be located at the DHEC ACC.

V. INFORMATION COLLECTION

A. Supporting Entities

1. ESF-8 depends on partnerships with many supporting agencies, each with specific tasks. In an infectious disease emergency, the following agencies (and other agencies not listed here) may be called upon to assist or to collect information for the state that is necessary for decision making:

a. Support Agencies with Specified Tasks

- 1) South Carolina Hospital Association
- 2) South Carolina Medical Association
- 3) South Carolina National Guard
- 4) South Carolina Department of Labor, Licensing and Regulation
- 5) South Carolina Law Enforcement Division
- 6) South Carolina Department of Disabilities and Special Needs
- 7) South Carolina Department of Mental Health

- 8) South Carolina Vocational Rehabilitation Department
- 9) South Carolina Department of Education
- 10) South Carolina Department of Alcohol and Other Drug Abuse Services
- 11) South Carolina Morticians Association
- 12) South Carolina Funeral Directors Association
- 13) South Carolina Coroners Association
- 14) South Carolina Pharmacy Association
- 15) American Red Cross
- 16) South Carolina Baptist Disaster Relief
- 17) The Salvation Army
- 18) South Carolina Health Care Association
- 19) Leading Age of South Carolina
- 20) Lt. Governor's Office, Office on Aging
- 21) Clemson University Livestock Poultry Health (CULPH)
- 22) South Carolina Department of Administration

b. Partner Agencies with Roles in this Plan

- 1) SC Nurses Association
- 2) SC Emergency Nurses Association
- 3) SC Chapter, College of Emergency Physicians
- 4) HPP Coalitions

c. Agencies with Roles Not Specified in this Plan

- 1) Governor's Office, Office of Veterans Affairs
- 2) South Carolina Department of Corrections
- 3) South Carolina Department of Transportation

2. The South Carolina Hospital Association and the South Carolina Medical Association assist by collaborating with liaisons within the hospitals or other ancillary service providers to accomplish needed actions.

VI. LOGISTICS AND FINANCE

Refer to the ESF-8 SOP and the SC Mass Casualty Plan for information about logistical and financial support for an infectious disease emergency.

VII. PLAN MAINTENANCE

- A. **Update and Review** of this plan shall occur every two years, or as a result of an After Action Review of events following the activation of the plan.
- B. **Supporting Activities and Training** should occur and activities described herein will be exercised on an annual basis (unless there is an actual event) or more frequently if needed. An evaluation of the exercise will be completed and plan revisions will be made within six months of the exercise or as needed.

VIII. ATTACHMENTS

- A. **Key Definitions**
- B. **Acronyms**
- C. **Trigger Points**
- D. **Health Protection Agency Guidelines**
- E. **Infection Control Plan**

IX.

ANNEXES

- A. **Airborne Pathogen Annex**
 - 1. *Pandemic Influenza Attachment*
 - 2. *Small Pox Attachment*
- B. **Bloodborne Pathogen Annex**
 - 1. *Ebola Virus Disease Attachment*
- C. **Vectorborne Pathogen Annex**
 - 1. *Zika Attachment*
- D. **Bio-Terrorism Annex**
 - 1. *Anthrax Attachment*
- E. **Animal/Agriculture Emergency Response Plan, Annex 17 to SCEOP**
- F. **Medical Countermeasures Plan (update under development)**
- G. **Mass Fatality Management Plan Annex 4 to the SC Mass Casualty Plan**