

# **SOUTH CAROLINA Mass Casualty Plan**

## **Appendix 5**

### **to the South Carolina Emergency Operations Plan**



S.C. Department of Health and  
Environmental Control

April 2018

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# **APPROVAL, IMPLEMENTATION, AND PROMULGATION SOUTH CAROLINA MASS CASUALTY PLAN, APPENDIX 5**

The 2016 South Carolina Mass Casualty Plan was developed for use by Emergency Support Function (ESF) 8 (Health and Medical), primary agency South Carolina Department of Health and Environmental Control, and ESF-8 Supporting Agencies to provide a framework for the delivery of coordinated pre- and post-disaster health and medical support to the citizens and visitors of South Carolina. This plan is Appendix 5 to the South Carolina Emergency Operations Plan.

This plan, dated August 2016, supersedes the base South Carolina Mass Casualty Plan dated December 2014, which should be discarded.

I hereby authorize the publication of this plan.

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

# RECORD OF CHANGES

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## South Carolina Mass Casualty Plan

<b>Record of Changes</b>				
<b>Change Number</b>	<b>Change</b>	<b>Date of Change</b>	<b>Date Entered</b>	<b>Change Made By</b>
1	Add Annex 8 (Ebola Preparation and Response Plan) and update base plan to reflect changes.	19 Dec 2014	19 Dec 2014	Phyllis Beasley
2	Updated Mass Casualty Plan. Deleted Regional Mass Casualty Plan and combined with State Mass Casualty Plan	01 August 2016	01 August 2016	Phyllis Beasley
3	Updated Mass Casualty Plan. DHEC Dept. /Division name changes. Pan Flu, Medical Countermeasures, and Behavioral Health Annexes have been relocated. Updated base plan to reflect changes.	10 April 2018	10 April 2018	Whitney Cofield

# DISTRIBUTION LIST

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The South Carolina Mass Casualty Plan is digitally published at the following website:

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

# SOUTH CAROLINA MASS CASUALTY PLAN BASIC PLAN

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## I. INTRODUCTION

- A. The South Carolina Mass Casualty Plan is Appendix 5 to the South Carolina Emergency Operations Plan (SCEOP). State government must be organized and responsive after the occurrence of an event that would generate large numbers of casualties. This plan establishes a framework for mass casualty incident response and pre-assigned responsibilities and actions to state agencies and organizations.
- B. Natural and man-made hazards to the citizens of South Carolina have the potential to generate large numbers of casualties. South Carolina is vulnerable in varying probability to hurricanes, earthquakes and dam failure. The potential also exists for a radiological disaster, a criminal act releasing a weapon of mass destruction, or a hazardous chemical release. Additionally, certain communicable diseases have the potential to spread among the population and cause illness and fatality in such large numbers that the current capacity of our medical infrastructure could be overwhelmed.
- C. Under the direction of the State Department of Health and Environmental Control (SCDHEC), four public health regions serve the citizens of South Carolina. Each health region has developed mass casualty standard operating procedures in cooperation with county and local government officials, health care providers and the first responder community. Under the direction of the South Carolina Emergency Management Division, the state level response to a mass casualty-producing event would primarily involve coordination of the response among the health regions and arranging for support from state and federal assets as needed.
- D. Authority for operations in response to a mass casualty-producing incident is derived from four main sources. The first are the powers conferred upon the Governor to declare a state of emergency and to direct the State's response to such emergencies, including S.C. Code of Laws, Sections 1-3-410 to 490 and Section 25-1-440. The second is the State of South Carolina Executive Order Number 2003-12, which authorizes emergency operations under the State Emergency Operations Plan. The third authority has its basis in the traditional Health Powers held by the Commissioner of the Department of Health and Environmental Control. Those powers include the ability to declare a Public Health Emergency and issue Public Health Orders under traditional public health authority. Fourth, after a mass casualty-producing incident, the Governor may invoke the Emergency Health Powers Act, SC Code of Laws Annotated Section 44-4-100, et seq. The Emergency Health Powers Act gives extraordinary powers to the Commissioner of the Department of Health and Environmental Control so that he may issue

extraordinary Public Health orders, including ordering quarantine, isolation, school closings, and cancellation of public gatherings in order to protect the public from disease or other public health threats.

- E. This annex also outlines the general responsibilities and actions of SCDHEC’s four public health regions during a mass casualty event. Regional standard operating procedures (SOPs) outline the specific steps, unique to each region, that guide their local response.
- F. SCDHEC’s public health regions rely on the collaboration of the healthcare entities, local emergency management personnel and other planning partners and stakeholders to successfully manage a mass casualty event that may overwhelm the resources of one entity or one county. Regional SOPs address the memberships and roles of their healthcare coalitions.

## **II. PURPOSE:**

This plan provides operational concepts unique to mass casualty response, assigns responsibilities to state and regional agencies to coordinate and maximize response efforts in order to meet the needs of local governments following a mass casualty-producing incident.

## **III. SITUATION AND ASSUMPTIONS**

### **A. Situation**

- 1. Refer to the Hazard Analysis in the SC Basic Plan of the SCEOP and the SC Mitigation Plan. A detailed discussion of South Carolina’s situation is available in that plan.
- 2. The counties that make up each of the state’s four public health regions are as follows:
  - a. Upstate Region: Abbeville; Anderson; Cherokee; Greenville; Greenwood; Laurens; McCormick; Oconee; Pickens; Spartanburg; and Union.
  - b. Midlands Region: Aiken; Barnwell; Chester; Edgefield; Fairfield; Kershaw; Lancaster; Lexington; Newberry; Saluda; Richland; and York.
  - c. Pee Dee Region: Chesterfield; Clarendon; Darlington; Dillon; Florence; Georgetown; Horry; Lee; Marion; Marlboro; Sumter; and Williamsburg.

- d. Lowcountry Region: Allendale; Bamberg; Beaufort; Berkeley; Calhoun; Charleston; Colleton; Dorchester; Hampton; Jasper; and Orangeburg.
3. The healthcare response capabilities and assets within each public health region differ, including the number of acute care hospitals, the care levels available in those hospitals and the surge capabilities of those hospitals, as well as the distribution of the numbers and levels of designated trauma centers. The mass casualty SOPs of each public health region identify the pre-hospital and licensed facility medical, behavioral health, public health, and mass fatality management capabilities of their region.
4. An emergency may occur that triggers the regional mass casualty SOPs of one or more regions, depending on the extent of the disaster or the need to provide mutual aid. Local emergencies may occur that trigger the activation of the Regional Coordination Center (RCC) and may be handled locally without the need to activate the state Mass Casualty Plan.
5. The State has an extremely limited capacity for treatment of severe burn cases; there is no designated adult burn center in South Carolina. There is one designated pediatric burn center at the Medical University of South Carolina Medical Center.

B. Assumptions

1. The plan assumptions stated in the Basic Plan of the SCEOP are valid for this Mass Casualty Plan.
2. Mass casualty-producing events may occur with little to no notice and may quickly overwhelm local, regional, and state resources.
3. Mass casualty-producing events will have the potential to generate mass fatalities.
4. Healthcare entities will report situations that compromise their ability to continue normal operations, such as extremely large volumes of immediate patients and high staff absenteeism.
5. Mass casualty events will produce an initial and long-term need for psychological first aid and/or behavioral health services for response personnel, as well as disaster victims.
6. The existing standard of care may be adjusted to provide a level of care appropriate for the circumstances given the resources available.



## **IV. CONCEPT OF OPERATIONS**

### **A. General**

1. The concept of operations integrates several responses using a variety of facilities and resources, both medical and on-medical, to support Emergency Support Function 8 (Health and Medical).
2. The first response to a mass casualty-producing event is local. The local response involves triage, transport, treatment, and logistics support.
3. When local resources are depleted or local response is overwhelmed, state support provides coordination and acquisition of additional resources, including response personnel, equipment and facilities, both state and federal.
4. Federal response and assistance involves access to additional federal health and medical assets, including, but not limited to, the FEMA Ambulance Contract and National Disaster Medical Assistance teams and resources.

### **B. Command and Control**

1. Refer to the SC Emergency Operations Plan.
2. The Governor may be asked to declare a State of Emergency and may request a Presidential Declaration, depending on the situation.
3. The Governor, in consultation with the Public Health Emergency Plan Committee, may implement the Emergency Health Powers Act. A mass casualty incident may not necessarily constitute a Public Health Emergency.
4. The Director of SCDHEC may declare that a Public Health Emergency exists and invoke traditional Health Powers.
5. During a mass casualty event, response, as with all disasters, will be handled at the local level first. An RCC may be stood up to support county health and medical response.
6. If an RCC is activated, the ACC of SCDHEC may also be activated to support regional response. The Coordination Centers may be activated without a declaration of emergency and without the activation of the SEOC.
7. There is no centralized Medical Control authority in South Carolina. The healthcare facility destination for patients who are transported via ambulance during a mass casualty event will be determined by the standing orders and protocols that have been previously established by the

jurisdiction from which the patient is being transported. Protocols and standing orders should be followed based on the patient's condition, but may be modified or adjusted after verbal consultation with medical control authorities to allow for diversion or destination direction during a mass casualty event.

8. Coordination of ambulance support from within the state and for the staging and dispatch of in-state support and out-of-state or federal ambulance resources that are received is handled by SCDHEC's Bureau of EMS and Trauma.

#### C. Activation

1. See the SC Emergency Operations Plan.
2. Activation of this plan will occur as a mass casualty-producing incident exceeds local response capabilities. Depending on the nature of the incident, it may gradually increase demand on response resources, or it may be such that certain local and state resources are quickly overwhelmed.
3. Activation of the RCCs will occur as outlined in Regional Standard Operating Procedures, or if the SCDHEC Agency Coordination Center (ACC) is activated. Generally, activation of an RCC occurs when a mass casualty-producing event exceeds local response capabilities.

#### D. Response Operations

1. Local response
  - a. Triage, patient tracking, treatment
    - (1) Patients will be triaged initially by local EMS providers and healthcare facilities. A statewide system of triage tags is used by EMS licensed providers. Regional Medical Assistance Teams (RMATs) may be deployed to assist counties in the initial triage and treatment of casualties. Request for RMAT support must be made through SCEMD, if activated. If SCEMD is not activated, request for assistance may be made county to county.
    - (2) Tracking of patients between local and regional hospitals is conducted between the transferring and receiving facilities. No state wide patient tracking system exists. The Low Country Public Health Region has implemented a patient tracking system for that region.
  - b. Medical Surge

- (1) To provide for local medical surge, Emergency Medical Services and hospital systems have established procedures to handle a certain level of increased patient load by transferring less critical patients to other treatment facilities, canceling elective procedures, and expanding to surge capacity.
- (2) Local facility surge may be handled by internal surge or external surge by the implementation of offsite Alternate Care Sites (if previously approved by SCDHEC Health Facility Licensing).
- (3) An agreement exists between over half of the state's licensed acute care facilities, primarily facilities in the Upstate, to provide communication and surge support. This agreement, the Mutual Aid Sheltering Agreement, or MASA, is coordinated and managed between healthcare facilities.
- (4) Surge for triage and medical care may be supported by the deployment of one of six SC Meds located throughout the state. (SCMeds are mobile shelters with capacity for fifty cots, electricity, climate controlled, running hot water, sink and shower.)
- (5) Coordination of surge and transfer of patients will be done hospital to hospital. Assistance with acquisition of resources and coordination may be provided by ESF-8 in county EOCs, or by the RCC, if activated.
- (6) Regional awareness of bed availability to assist in determining surge patterns will be determined by communications between hospitals and the RCC (if activated) and by updates to the bed availability system.

c. Mass fatality response

- (1) Responsibility for mass fatality and victim identification falls to the county coroner. In South Carolina, the majority of county coroners are part-time officials.
- (2) Assistance for manpower and resources to the local county coroner will be requested first through local coroner mutual aid agreements. Additional requests for assistance are then handled through the SC Coroners Association.

2. State response

- a. Preliminary Damage Assessment / Preliminary Impact Assessment
  - (1) The Operations Unit of SC Emergency Management Division is responsible for the deployment of technical assistance teams to affected areas. SCDHEC, along with all counties, municipalities, the private sector and non-governmental organizations, provides technical assistance support as needed and as requested.
  - (2) State-level technical assistance teams from appropriate Emergency Support Functions will be deployed when requested by the affected counties. A State Assessment Team will conduct preliminary damage and needs assessment, and report results immediately to the State Emergency Operations Group. These reports will enable State Emergency Operations Group to analyze, process, and prepare damage reports. Epidemiologists and other public health personnel will be available through ESF-8 to support the technical assistance efforts.
  - (3) SCDHEC EA Emergency Response Teams may provide rapid assessments of hazardous substance incidents that may impact first responder and public health.
  - (4) SC State Guard teams (ESF-19) may be deployed to provide house-to-house assessments and determine populations which may need additional medical support.
- b. Triage, patient tracking and treatment
  - (1) Triage, patient tracking and treatment of patients is conducted at the local and regional level. If state support is needed, requests for assistance may come directly to the SCDHEC ACC from the RCC, if activated, or to ESF-8 through the SEOC.
  - (2) SCDHEC will coordinate ambulance, mass casualty bus, metro-transport bus and Emergency Medical Technician (EMT) support to supplement local resources as needed for evacuation or transport. This includes determining ambulance and EMT available support and staging and dispatching of those resources.
  - (3) In coordination with State Emergency Response Team Operations Group, ESF-16 (Emergency Traffic Management, Annex 16 of the SCEOP) will control the

disaster response priority flow along main supply routes into and out of the disaster area. The disaster response priority flow may affect the deployment times of ambulances, volunteers and health care providers and the delivery of medical and other countermeasures.

- (4) If roads are passable and ground transport assets available, patients will be evacuated via ground transportation. Otherwise, ESF-8 will coordinate with ESF-1 to select airfields to transport critically injured patients to the nearest functional treatment facilities. The need for air transportation will be determined at the triage scene, and priority for aircraft and other evacuation resources will be coordinated with State Emergency Response Team.
- (5) ESF-8 will coordinate with Labor, Licensing, and Regulation and SCDHEC, Health Regulations to allow medical students, pharmacy students, EMT students, paramedic students, behavioral health professionals and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.
- (6) ESF-8 will coordinate with ESF-19 for the activation of SC Air National Guard Medical Squadron to provide additional care for victims. The squadron consists of physicians, nurses, paramedics, EMT, public health technicians, bioenvironmental technicians and engineers, dentists, and a veterinarian public health officer.
- (7) ESF-8 will coordinate the registration, credentialing and deployment of medical and behavioral health volunteers through the South Carolina's Statewide Electronic Registry of Volunteers (SC-SERV) database system. The REACHSC system will serve as a backup notification and deployment system. Volunteers who are members of the Public Health Reserve Corps may be deployed by the state and regional Volunteer Coordinators to augment and support public health staff. The National Disaster Medical Assistance Teams may be requested by ESF-8 to support state medical response and would assume the field responsibility upon arrival (if deployed). NDMS consists of the Disaster Medical Assistance Team, the Disaster Mortuary Operational Response Team, Medical Support Unit, Mental Health and Stress Management teams, and the National Veterinary Response Team.

- (8) ESF-8 will coordinate medical logistics to include deployment of the Federal Medical Countermeasures (MCM) cache when necessary, which is discussed in detail in the South Carolina Medical Countermeasures Plan.

c. Medical Surge

- (1) Survivors will also be transported to healthcare facilities in outlying areas that have not been affected by the mass casualty-producing event. Communication of critical information will be necessary in addition to transportation assets. Communication about bed availability will be shared through the state's bed capacity website, State Medical Asset Resource Tracking Tool (SMARTT), as well as through SCDHEC and hospital incident management software. Coordination of patient transport will occur between hospitals and Emergency Medical Services and will be supported by the Regional Coordination Centers, if active.
- (2) SCDHEC may coordinate the deployment of one or more of the six portable healthcare facilities called SC Med trailers as part of the SCDHEC Regional or state response. Each SCDHEC region has this resource that may be deployed to expand health care system capacity.
- (3) The two strategies for sheltering following a large-scale disaster are initial emergency shelters and long-term emergency shelters. Depending on the nature of the mass casualty incident, one or both types may be needed. SCDHEC will open and operate special medical needs shelters in conglomerates or counties where a regular shelter is opened by ESF-6. An increased demand on Special Medical Needs Shelters may develop and alternate staffing for Special Medical Needs Shelters may be needed since Health Care workers may be otherwise tasked.
- (4) ESF-8 will coordinate the establishment of mobile medical facilities as needed. If requested, Disaster Medical Assistance Teams, along with other medical professionals on scene, will triage to provide medical stabilization, and continued monitoring and care for patients until they can be transported to functioning facilities.

- d. State level Rapid Response Teams exist to support the mass casualty response and will assist in the following functional areas:

- (1) ESF-10 Emergency Response Team (ERT) for Hazardous Materials (HAZMAT): may be needed to respond if a HAZMAT release is involved.
- (2) SC Med medical surge units may be deployed in support of emergency response or medical surge.
- (3) 43<sup>rd</sup> Weapons of Mass Destruction Civil Support Team may be deployed to support the response effort.
- (4) Regional Public Health Reserve Corps volunteer teams may be deployed to support existing SCDHEC health teams. Additionally, one or more Social Work Behavioral Health Teams may be deployed to support the Department of Mental Health's behavioral health response.
- (5) ESF-9 (Search and Rescue) may deploy Emergency Response Teams in support of lifesaving efforts.
- (6) Public Health Epidemiology Outbreak Response Teams (ORTs) will deploy in response to certain communicable diseases and conduct case and contact investigations.

e. Behavioral Health

- (1) Refer to Attachment 1 (Behavioral Health Plan) to Annex 8 (Health and Medical) of the SCEOP.
- (2) ESF-8 will work to mitigate the psychosocial impact of any mass casualty incident. The Department of Mental Health is the support agency responsible for coordinating disaster behavioral health response in coordination with Voluntary Organizations Active in Disaster (VOAD) organizations utilizing available professionals, volunteer counselors and religious organizations.

f. Mass Fatality Management

- (1) 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 SCDHEC. SCDHEC regions will facilitate support within the region to local mass fatality response once county resources and county mutual aid resources are exhausted. 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 ESF-8 at the State Emergency Operations Center.

g. Public Information

- (1) Mass casualty event public information will be disseminated in accordance with public information provisions in Annex 15 (Public Information) of the all-hazards SCEOP. To prevent or minimize loss of life, damage to property, and harm to the environment in South Carolina, government on all levels will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible, be maintained throughout the event and continue well after the event ends.
- (2) Public information messaging for hazard specific events has been developed by the Division of Media Relations. The Division of Media Relations works closely with ESF-8, ESF-10 and SCDHEC's Division of Acute Disease Epidemiology (DADE), to prepare health precautions and guidance for the public and responders.

3. Federal response

- a. Because some or all of the state-level resources may quickly be exhausted, State Emergency Response Team Operations Group may request assistance from FEMA, the National Disaster Medical System (NDMS), the Centers for Disease Control and Prevention, the Department of Homeland Security, and other states through the Emergency Management Assistance Compact as required.
- b. Refer to the State Emergency Operations Plan

## **V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

A. General

Departments and agencies within the state government will conduct emergency operations in accordance with direction and guidance published in the Basic Plan of the SCEOP. Additional specific responsibilities are identified throughout this Mass Casualty Plan and its Annexes.

B. County



County emergency operations are discussed in detail in the SCEOP. Specific county response activities to mass casualty-producing events are also identified in Regional Mass Casualty SOPs.

### C. Region

1. Regional leadership for disaster response is comprised of individuals identified within each regional incident command structure who will serve as the points of contact concerning activation and implementation of this plan.
2. There are four Healthcare Coalitions organized within the ~~four~~ SCDHEC Public Health Regions. These Healthcare Coalitions provide the planning support for the regions and the healthcare entities within that coalition. In coordination with their healthcare coalitions and county emergency management organizations, Public Health Regions have developed Regional Mass Casualty SOPs.
3. Regional Mass Casualty SOPs coordinate response among counties without requiring or expecting the formation of a regional emergency operations structure. RCCs may be opened to provide coordination for public health and healthcare response.
4. When regional requests for health and medical resources cannot be fulfilled by the ACC, established emergency management procedures will be followed by submitting requests for assistance from the ESF-8 to other state level partners.

### D. State

State organization and assignment of responsibilities are discussed throughout the SCEOP. Specific responsibilities in response to a mass casualty-producing incident are identified in this Mass Casualty Plan and its supporting Annexes.

### E. Federal

The Department of Health and Human Services (DHHS) is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the SCDHEC, the Assistant Secretary for Preparedness and Response, and the Centers for Disease Control and Prevention (CDC) as well as with the Federal Emergency Management Agency (FEMA). Liaison between the State Emergency Operations Center (SEOC) and the Department of Homeland Security (DHS) will provide access to additional Federal health and medical assets.

F. Department of Health and Environmental Control

1. Bureau of Public Health Preparedness

a. Columbia Office

- (1) Report any disaster intelligence to the SEOC Operations Group by whatever communication is available.
- (2) Maintain operational level of SCDHEC rapid response teams, including epidemiology Outbreak Response Teams and coordination of SC Med units, for deployment as needed.
- (3) Coordinate with Labor, Licensing and Regulation and SCDHEC Bureau of EMS and Trauma to allow medical students, pharmacy students, EMT students, paramedic students, behavioral health professionals and nursing students to practice prior to the completion of their licensing requirements on a case-by-case basis.
- (4) Coordinate the identification and assignment of out-of-state medical personnel.
- (5) Assist hospitals in surge planning and response efforts, including providing licensure approval for surge. This includes internal and external surge.
- (6) Coordinate the identification and credential verification of medical volunteers through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system.
- (7) Support local and regional mass fatality response by coordinating assistance with resources and equipment. (Reference Annex 4 Mass Fatality Management Plan.)

b. Regional Offices

- (1) Assist healthcare coalition planning partners in developing their emergency operations plans.
- (2) Identify and maintain a list of regional assets to include personnel and an inventory of medical supplies, equipment, ambulance services, hospitals and clinics that may be needed during a mass casualty event.

- (3) Depending on county emergency plans, provide an ESF-8 representative to the county emergency operation centers.
    - (4) Ensure that regional standard operating procedures are in place to support mass casualty notification, response and recovery.
2. Office of General Counsel
  - a. Coordinate the activation of a Public Health Emergency or the SC Emergency Health Powers Act.
  - b. Advise the Agency regarding actions that require legal authority, including isolation and quarantine.
3. Bureau of Emergency Medical Services and Trauma
  - a. Coordinate the staging of state resources of ground and air ambulances, mass casualty buses, metro-transport buses, and EMTs to supplement local resources as requested.
  - b. Coordinate the staging and dispatching of FEMA ambulance support, if used.
4. Environmental Affairs
  - a. Dispatch regional level or ESF-10 Emergency Response Teams (ERT) for HAZMAT as needed to respond to a HAZMAT release and to provide assessment information used to protect the health and safety of first responders and the public.
  - b. Develop and implement procedures to protect the public from contamination of food and water.
5. Health Regulation
  - a. Before an event, identify staging areas for medical personnel and coordinate with ESF-1 to select airfields to transport critical injured patients to the nearest functional treatment facilities.
  - b. Assist healthcare facilities in implementing medical surge by providing technical assistance and reviewing plans for internal or external surge capacity.
  - c. Assist healthcare facilities to return to evacuated facilities by promptly providing the inspections necessary for the facility to re-open.

6. Division of Media Relations
  - a. As needed, provide public information staffing to ESF-15 to assist in communicating health and safety information to the public.
7. Division of Acute Disease Epidemiology
  - a. Identify Epidemiology Outbreak Response Teams for support to disaster areas during recovery.
  - b. Monitor disease outbreaks in the disaster area and provide clinical guidance to control or prevent disease in the disaster area.

G. Healthcare Coalitions Members

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

H. Department of Mental Health

1. Participate as a member in emergency planning activities with the regional healthcare coalition.
2. Provide mental health staff to support mass casualty operations, i.e. crisis counseling response teams, mental health assessment and referral services for mass casualty victims and emotionally impacted citizens and first responders.
3. Provide short-term crisis intervention and support services.

4. Coordinate mental health assistance from community mental health centers and satellite offices as needed.
5. Keep the public informed of available mental health assistance programs, in coordination with mass casualty support agencies and organizations.
6. Collect, compile and maintain all essential information, generate reports and records concerning mass casualty disaster response.

I. South Carolina National Guard

1. Identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during periods of activation.
2. Assist in providing support transportation (air and ground) for:
  - a. Patient evacuation (sick and injured)
  - b. Health-related materials and personnel.
3. Provide medical assistance in casualty care.
4. Deploy the 43rd Civil Support Team (CST) to area of operations to support the response efforts when requested.
5. Expedite arrival of additional state and federal assistance.
6. Identify and provide a list of SC military medical resources to the SCDHEC for deployment.
7. Identify potential temporary non-refrigerated morgue facilities.
8. Assist with security, equipment, facilities and personnel to implement Medical Countermeasure operations.
9. Provide security personnel.
10. Assist in communications support.

J. South Carolina State Guard

1. Provide Advance Disaster-Area Reconnaissance Teams (ADARTs) to provide rapid area and route reconnaissance to determine open ground routes and needs of the impacted area.
2. Provide Rapid Response Teams trained in Search and Rescue, but available to assist with other tasks, including health and welfare checks, unarmed security and POD operations.

3. (Medical Detachment) Provide medical support to support the Medical Countermeasures program, National Disaster Medical System and execute missions similar to Medical Reserve Corps.
4. (Chaplain's Detachment) Provide spiritual and emotional support.
5. (Engineer Department) Assist with damage assessment.

K. American Red Cross

1. Support local government in opening emergency shelters, providing food, client health services assessments, providing blood products and staffing Family Assistance Centers.
2. Collect, receive and report information about the status of victims and assist with family reunification.
3. Provide first aid and other related medical support within ARC capabilities at temporary treatment centers, if requested.
4. Provide food for emergency medical workers, volunteers and patients, if requested.

L. Civil Air Patrol

1. Develop and maintain list of Civil Air Patrol fixed wing assets to support patient evacuation and transport of supplies and personnel.
2. Assist in providing air and ground support transportation for:
  - a. Patient evacuation (sick and injured)
  - b. Health-related materials and personnel
3. Assist in communications/support/provide radio operators for SEOC.
4. Provide air and ground Search and Rescue support.

M. South Carolina Hospital Association

1. Assist in the coordination of surge management and monitoring.
2. Assist in expansion of medical care infrastructure capacity as permitted by the Emergency Health Powers Act.
3. Assist in the coordination of information between governmental authorities and hospitals.

- N. Department of Labor, Licensing and Regulation – Division of Professional and Occupational Licensing and Division of Fire and Life Safety
  - 1. Verify credentials of out-of-state medical personnel.
  - 2. Verify credentials of in-state volunteers who register through SCSEERVE.
  - 3. Assist ESF-8 to allow medical students, pharmacy students, EMT students, paramedic students, behavioral health professionals and nursing students to practice prior to the completion of their licensing requirements on a case-by-case basis.
  
- O. Department of Public Safety
  - 1. Support Federal MCM cache deployment.
  - 2. Support mass fatality response.
  - 3. Assist in the enforcement of isolation and quarantine.
  
- P. South Carolina Law Enforcement Division
  - 1. Provide technical assistance, equipment, laboratory, and body location documentation services for mass fatality events.
  
- Q. Department of Transportation
  - 1. Coordinate with DSS and ESF-11 to deliver food to quarantined citizens.
  - 2. Coordinate with SCDHEC to select airfields to transport critically injured patients to the nearest functional treatment facilities.

## **VI. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION**

- A. Systems of information collection that will be used during a mass casualty event include, but are not limited to, the current bed availability system, 800 Mhz communications between healthcare facilities, EMS providers and government entities, State Fusion Center, communication between Emergency Support Functions through Palmetto, telephone, amateur radios and web-based communications between County EOCs and RCCs to the SCDHEC ACC and to ESF-8.
  
- B. The essential elements of information needed during a mass casualty response include, in general, status of healthcare facilities, injury and fatality information, availability of EMS providers, conditions of roads and accessibility of healthcare

facilities. Refer to Attachment C: Mass Casualty related Essential Elements of Information (EEI) for specific required EEI.

C. Healthcare Facility Communication

1. Hospitals may communicate their status via 800 MHz radios, VHF HEAR frequencies or amateur radio if normal communication is disrupted.
2. During an emergency, hospitals are notified by an alert through the bed availability system and in conference calls to begin updating their bed availability and facility status. The frequency of updates is determined by the situation and by the stage of the disaster. This information is used for situational awareness and to assist in determining the transport destinations. It is also used to determine where patients may be moved, if needed. Hospitals may also communicate their status in accordance with their individual plans.
3. In anticipation of, and after the occurrence of, an emergency event, conference calls with licensed healthcare facilities will be conducted regularly (on a schedule determined by the operational rhythm of the event). These calls will be organized and conducted by BPHP with the assistance of the SC Hospital Association and the nursing home associations.

D. Public Information

1. Health and Medical public information will be released by the Division of Media Relations, working with ESF-15.
2. Public information regarding the health and medical effects of the event will be distributed through the news media via news releases and interviews, SCDHEC website updates, social media, alerts through the Health Alert Network and ReachSC, CARE line and 2-1-1 (if activated).

E. Fatality Information

1. Data regarding fatalities will be collected through the affected region via the affected county coroners. The number of fatalities will then be transmitted to the Agency Coordination Center, if operational, or the SEOC ESF-8 staff.

## **VII. ADMINISTRATION AND LOGISTICS**

See SCEOP.



## **VIII. PLAN DEVELOPMENT AND MAINTENANCE**

- A. This plan was developed under the guidance and direction of the SCDHEC in full coordination with South Carolina Emergency Management Division.
- B. Heads of State Departments and Agencies should review this plan triennially and update assigned Annexes and Standard Operating Procedures to meet current department policy and organization. Revisions must be compatible with the policies set forth in the South Carolina Emergency Operations Plan. Two copies of the revised annexes shall be forwarded to the Director, South Carolina Emergency Management Division, when completed.
- C. Triennial review and update of the South Carolina Mass Casualty Plan will be conducted by the SCDHEC, Bureau of Public Health Preparedness in coordination with South Carolina Emergency Management Division.

## **IX. AUTHORITIES AND REFERENCES**

See SCEOP as updated.

## **X. ATTACHMENTS**

Attachment 1: Acronyms and Glossary

Attachment 2: SCDHEC Regions Map

Attachment 3: Trauma Center list

Attachment 4: Mass Casualty related Essential Elements of Information

## **XI. ANNEXES**

(Annexes provided separately)

Annex 1: Medical Countermeasures Plan (removed, now Appendix 17 to SCEOP)

Annex 2: Pandemic Influenza (removed, included in Appendix 14 to SCEOP)

Annex 3: Smallpox (under development, to be included in Infectious Disease Plan)

Annex 4: Mass Fatality Management Plan

Annex 5: Wide-area Radiological Response Plan

Annex 7: Behavioral Health Plan (removed, included in Annex 8 to SCEOP)

## ATTACHMENT 1: ACRONYMS AND GLOSSARY

### ACRONYMS

ACC	Agency Coordination Center
ARC	American Red Cross
CDC	Center for Disease Control and Prevention
CST	Civil Support Team
DADE	Division of Acute Disease Epidemiology
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Assistance Team
DSS	Department of Social Services
DHS	Department of Homeland Security
DHHS	Department of Human and Health Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EA	Environmental Affairs
ERT	Emergency Response Team
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Materials
LLR	Labor, Licensing and Regulation
MCM	Medical Countermeasures
NDMS	National Disaster Medical System
PPE	Personal Protective Equipment

RCC	Regional Coordination Center
RMAT	Regional Medical Assistance Team
SCDHEC	South Carolina Department of Health and Environmental Control
SCEOP	South Carolina Emergency Operations Plan
SEOC	South Emergency Operations Center
SMARTT	State Medical Asset Resource Tracking Tool
SOP	Standard Operating Procedures
US&R	Urban Search and Rescue
VOAD	Voluntary Organizations Active in Disaster
WebEOC	Web-based Emergency Operations Center

## GLOSSARY

**At-Risk Public** – Individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response, and recovery efforts. These groups include people who are physically or mentally disabled (e.g. blind, deaf, hard-of-hearing, have learning disabilities, mental illness or mobility limitations), people with limited English language skills, geographically or culturally isolated people, homeless people, senior citizens, and children.

**Casualty** – A person who is hurt or killed during a natural or man-made disaster. For the purposes of this plan, we differentiate between non-fatal casualties and fatalities, or deaths.

**Disaster Medical Assistance Team (DMAT)** - A regional group of volunteer medical professionals and support personnel with the ability to quickly move into a disaster area and provide medical care.

**Disaster Mortuary Operational Readiness Team (DMORT)** – A regional group of volunteer medical professionals and support personnel with the ability to quickly move into a disaster area and provide temporary morgue facilities, victim identification, and processing, preparation and disposition of remains.

**Emergency Management Assistance Compact** - A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues upfront: liability and reimbursement.

**Emergency Operations Center** - The site from which civil government officials (municipal, county, state and federal) exercise direction and control in an emergency/disaster.

**Emergency Support Functions** – A functional emergency management area with a corresponding Annex in the State Emergency Operations Plan and/or National Response Framework, which tasks State and Federal agencies to provide and/or coordinate certain resources in response to emergencies or disasters.

**Epidemiology Surveillance** - The continued watchfulness over the distribution and trends of incidence through the systematic collection, consolidation and evaluation of morbidity and mortality reports and other relevant data, and the regular dissemination of data to all who need to know.

**First Responders** - Persons who are certified to provide medical care in emergencies before more highly trained medical personnel arrive on the scene

**Hazard** - A dangerous event or circumstance that may or may not lead to an emergency or disaster.

**Hazardous Materials** - A substance or material in a quantity or form that may pose an unreasonable risk to health and safety or property when released to the environment.

**Healthcare Providers** – a provider of services, a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

**Isolation** – To separate ill persons who have a communicable disease from those who are healthy. In this document, it refers to the legal process to do so.

**Mutual Aid (Agreement)** - The pre-arranged agreement between two or more public and/or private entities which cover methods and types of assistance available during an emergency when essential resources of one party are not adequate to meet the needs of a disaster or emergency. Financial aspects for post-disaster or post-emergency reimbursements may be incorporated into the agreement.

**Pandemic** – A disease that is prevalent throughout an entire country, continent or the world.

**Personal Protective Equipment or PPE** - Protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury.

**Psychological First Aid** - an evidence-informed approach that is built on the concept of human resilience. Psychological First Aid aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis.

**Psychosocial** – The activity, response or needs of a community relating to the interrelation of social factors and individual thought and behavior.

**Quarantine** - Used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill.

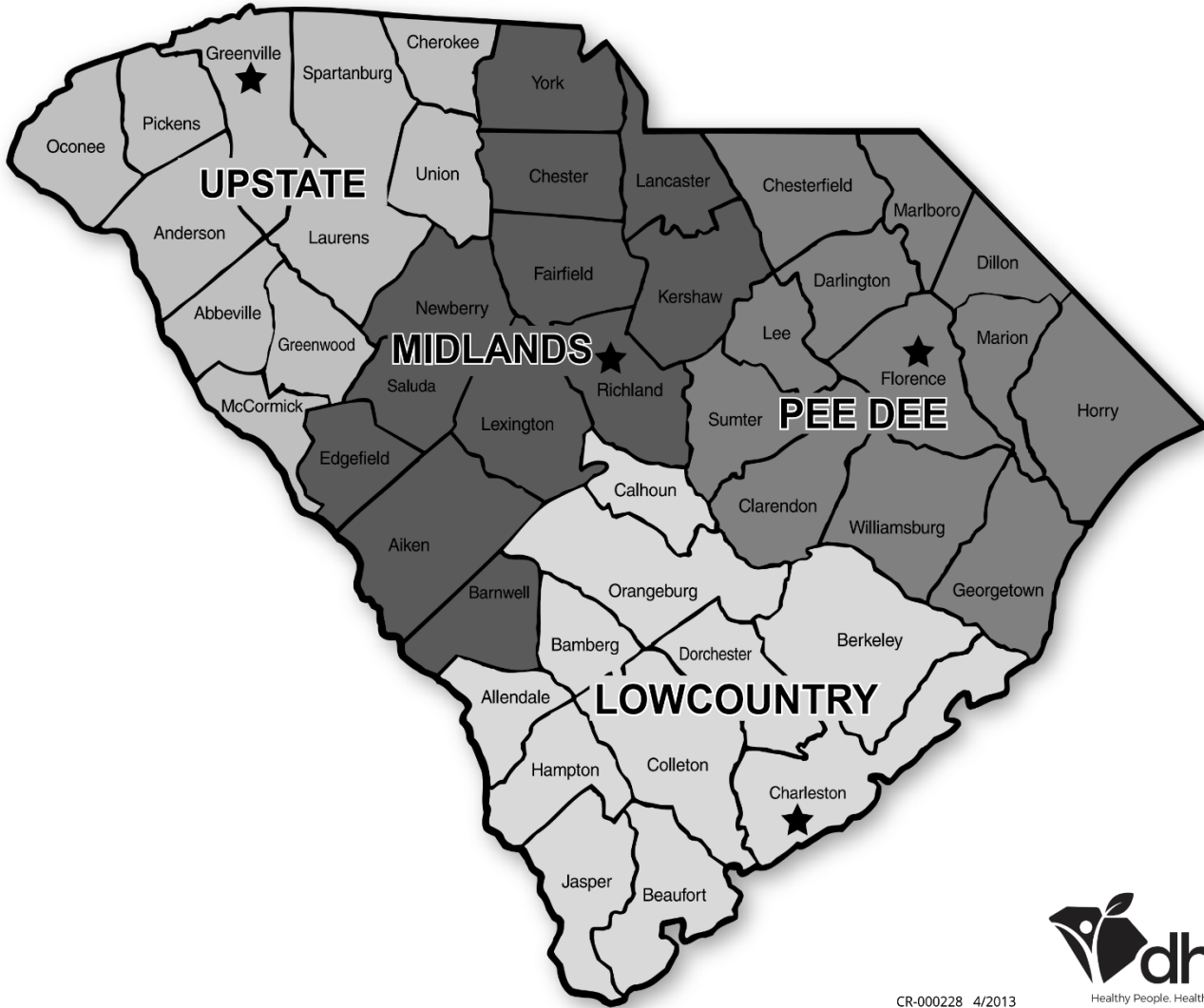
**Special Medical Needs Shelters** – Shelters opened to provide safety to persons with certain medical conditions that require constant electricity, but not hospitalization. These shelters are opened in conjunction with the opening of general population shelters.

**Standard Operating Procedures (SOP)**- a detailed explanation of how an emergency plan is to be implemented.

**Surge Capacity** – A health care systems' ability to rapidly expand beyond normal services to meet the increased demand for qualified personnel, medical care and public health in the event of bioterrorism or other large-scale public health emergencies or disasters.

**Triage** - The assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.

**ATTACHMENT 2: SCDHEC REGIONS MAP**



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## ATTACHMENT 3: DESIGNATED TRAUMA CENTERS

### **LEVEL 1:**

Greenville Memorial Medical Center  
701 Grove Rd.  
Greenville, SC 29605

Upstate Region

Medical University of South Carolina  
169 Ashley Ave.  
Charleston, SC 29425

Low Country Region

Palmetto Health-Richland  
5 Richland Medical Park Dr.  
Columbia, SC 29203

Midlands Region

Spartanburg Medical Center  
101 E. Wood St.  
Spartanburg, SC 29303

Upstate Region

### **LEVEL II:**

AnMed Health Medical Center  
800 N. Fant Street  
Anderson, SC 29621

Upstate Region

Grand Strand Medical Center  
809 82<sup>nd</sup> Pkway.  
Myrtle Beach, SC 29572

PeeDee Region

McLeod Regional Medical Center  
555 E. Cheves St.  
Florence, SC 29506

PeeDee Region

Trident Medical Center  
9330 Medical Plaza Dr.  
North Charleston, SC 29406

Low Country Region

**LEVEL III:**

Carolina Pines Regional Medical Center  
1304 W. BoBo Newsom Hwy.  
Hartsville, SC 29550

PeeDee Region

Carolinas Hospital System  
805 Pamplico Hwy.  
Florence, SC 29505

PeeDee Region

Conway Medical Center  
300 Singleton Ridge Rd.  
Conway, SC 29526

PeeDee Region

East Cooper Medical Center  
2000 Hospital Dr.  
Mount Pleasant, SC 29464

Low Country Region

Lexington Medical Center  
2720 Sunset Blvd.  
West Columbia, SC 29169

Midlands Region

Roper Hospital  
316 Calhoun St.  
Charleston, SC 29401

Low Country Region



Roper St. Francis Mount Pleasant Hospital  
3500 N. Hwy 17  
Mount Pleasant, SC 29466

Low Country Region

Piedmont Medical Center  
222 S. Herlong Ave.  
Rock Hill, SC 29732

Midlands Region

Self Regional Healthcare  
1325 Spring St.  
Greenwood, SC 29646

Upstate Region

The Regional Medical Center of Orangeburg & Calhoun Counties  
3000 Saint Matthews Rd.  
Orangeburg, SC 29118

Low Country Region

**ATTACHMENT 4: CRITICAL MASS CASUALTY RELATED ESSENTIAL  
ELEMENTS OF INFORMATION**

Number of Injuries (Estimated)

Number of Fatalities

Status of Hospitals and Other Licensed Healthcare Facilities in Affected Area

Closed/Open

Services Available

Evacuation/Shelter in Place Status

Accessibility

Potential Needs

Hospital Bed Availability

Number of Special Medical Needs Shelters Open, Capacity, Number in Shelters, Available  
Space

Affected Special Needs Populations

Status of DHEC Facilities and Coordination Centers

Medical Transport Gaps and Transport Support Dispatched

Other DHEC Personnel/Volunteers/Equipment Deployed

Potential Behavioral Health Needs

Federal Support Requested