South Carolina

Department of Health and Environmental Control

Emergency Operations Plan

August 2021

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Record of Changes

Change #	Date	Description of Change	Page #	Initials
001	8/1/2021	Updated Letter of Promulgation signed by Dr. Edward Simmer	05	WC
002	8/1/2021			
003		Update Annex A (COOP) Agency Director Succession Section		

Distribution

Name	Date	Agency	# Copies	Initials

Statement of Promulgation

The purpose of the Department of Health and Environmental Control (DHEC) Emergency Operations Plan is to provide a framework of service and support for the citizens and visitors of South Carolina during disasters or health threats of all forms.

This plan was developed for use by DHEC to ensure mitigation and preparedness, appropriate response and timely recovery from all hazard disasters or other health threats that affect the State of South Carolina.

This publication, dated July 2021, supersedes all previous versions of agency Emergency Operations Plans.

I delegate authority to the following personnel to make specific modifications to the plan without my signature. A thorough review of updates and changes will be conducted with the DHEC Director at least annually.

1. Director, Bureau of Public Health Preparedness
2. Director of Plans, Operations and Training, Bureau of Public Health Preparedness

The South Carolina Department of Health and Environmental Control Emergency Operations Plan was reviewed and updated in accordance with state and federal provisions. This plan is effective upon the date of signature and will be activated by the DHEC Director.

Signed:

Edward D. Simmer, MD, MPH, DFAPA
Director

13 July 2021

I. Introduction.

The State of South Carolina in accordance with South Carolina Regulation 58-101 is required to prepare for, respond to, and recover from emergencies and disasters. Emergency response and designated personnel, equipment, and facilities will maintain a state of readiness to save lives, prevent or minimize damage to property, protect public health and provide assistance to all who are threatened by an emergency or become victims of a disaster or public health threat. As mandated in the State Emergency Operations Plan (SCEOP), the Department of Health and Environmental Control (DHEC) is charged with primary and support responsibilities for a number of emergency response activities.

II. Purpose.

This plan establishes standards and procedures for DHEC and assigns responsibilities for delivering emergency environmental and health services to the citizens and visitors of South Carolina in the event of either man-made or natural disasters, or other threats to public health and well-being. This agency-wide operations plan provides for the coordination and use of all DHEC personnel and resources, before, during and following emergencies. This plan supplements but does not replace the SCEOP.

III. Scope.

The operational scope of this plan pertains to DHEC actions. The plan, to include annexes, attachments and appendices support the National Response Framework (NRF) and the use of an Incident Command System (ICS) for command and control of the event. It recognizes the responsibilities and respects the autonomy of other jurisdictions and response agencies at all levels and is not intended to define or supplant existing plans for any particular agency or organization.

The scope of this plan is not limited to any particular hazard. This plan is applicable with equal effectiveness against all disasters, public health and/or environmental control incidents, whether they are infectious or noninfectious, intentional or unintentional. DHEC, under the SC Code of Laws, Title 44, Chapter 4, exercises unique authorities and responsibilities for coordinating the State's response in the event of a state emergency. These authorities and responsibilities include specified special powers concerning the control of property and persons.

DHEC will perform actions as an agency, and in various lead and supporting Emergency Support Function (ESF) roles at state and possibly county level. ESF roles include ESF 3 Utility Infrastructure Systems – Regulated Infrastructure Monitoring (RIM), ESF 6 Mass Care, ESF 8 Health and Medical Services **(lead**

agency), ESF 10 Environmental and Hazardous Materials Operations **(lead agency)**, ESF 14 Initial Recovery and Mitigation, ESF 15 Public Information and ESF 17 (Animal and Agriculture).

This plan is activated when any one of the following triggers occur:

- The Governor declares or intends to declare a State of Emergency.
- The Agency Director directs it to be so.
- The Secretary of the United States Department of Health and Human Services declares a Public Health Emergency impacting the State of South Carolina.
- The South Carolina ESF 8 (Health and Medical Services) and/ or ESF 10 (Environmental and Hazardous Materials Operations) are activated in conjunction with the South Carolina State Emergency Response Team (SERT).
- An incident occurs at the local level that overwhelms the local public health and medical system and requires state support to respond.
- At the direction of the State Health Officer in anticipation of an emerging risk to South Carolina's public health and medical system that has the potential to overwhelm local public health and medical systems and the potential to require state support or coordination to effectively respond.

IV. Situation.

This plan assumes an event has occurred or is likely to occur which requires refocusing, mobilization and/ or deployment of DHEC resources to protect and preserve public health and the environment to mitigate effects of an incident or pending disaster. Event-specific situations and requirements are detailed in the SCEOP and supporting Appendices. These include:

- SC Hurricane Plan
- SC Earthquake Plan
- SC Operational Radiological Emergency Response Plan (SCOREP)
- SC Dam Emergency Response Plan
- SC Mass Casualty Plan
- SC Civil Disturbance Plan
- SC Catastrophic Incident Plan
- SC Drought Response Plan
- SC Tsunami Response Plan
- SC Repatriation Plan
- SC Active Shooter-Hostile Action Consequence Management Plan
- SC Infectious Disease Plan
- SC Medical Counter-Measures (MCM) Plan
- SC Opioid Emergency Response Plan

These and other hazards to our state are addressed in additional detail in the SC Hazards and Vulnerabilities Analysis. Additional responsibilities are found in the:
- SC Hazard Mitigation Plan
- SC Recovery Plan

V. Goals and Objectives.

The overarching goal is to provide and coordinate essential support services to people in South Carolina in time of disaster or crisis. Simultaneously, we must emphasize the safety and well-being of our employees and their families. In large scale events, many of our facilities may be adversely impacted. Resumption of our daily, critical roles in support of our communities should occur as quickly and smoothly as feasible. We must be committed, diligent, tireless and keenly focused on details along the path from stage setting to conclusion.

- Provide and coordinate essential health, medical and environmental services to the citizens and visitors of South Carolina. This includes public health, coordination of essential medical care as required, emergency medical service transportation coordination, health care facility coordination, regulated dam safety, hazardous material and radiological response, shelter operations and support, coastal assessment operations, and maintain situational awareness of post disaster potable water supply and waste water system.
- Protect our personnel and their families, facilities, and vital records.
- Rapidly and efficiently realign personnel to meet mission requirements using internal resources. Provide quality support to these personnel while deployed, and phase demobilization as soon as feasible.
- Coordinate for and synchronize resources external to South Carolina as required in a rapid, thorough and cost-conscious manner.
- Resume normal operations.
- Attain reimbursements to ease financial burdens incurred from the event.

VI. Facts and Assumptions.

Facts and assumptions influencing content of this plan include:

- Lifesaving and protecting health, to include responders, take priority over all other activities.
- Incidents may involve multiple hazards or threats.
- Incidents may occur with little or no warning impacting single or multiple geographic areas.
- Incidents may immediately or rapidly overwhelm local capabilities.
- Incidents may affect DHEC employees and family members.

- DHEC personnel may serve in disaster related capacities not aligned to normal duties, may be temporarily relocated to alternate sites to provide services.
- Incidents may affect DHEC facilities.
- Local governments will manage disasters/emergencies utilizing resources within their jurisdictions.
- Actions must be coordinated with other State agencies, Federal and local governments, and private entities and organizations.
- Incidents may require prolonged incident management and support operations.
- Re-entry into evacuated or effected areas may require restoration of services to include medical and water.
- Incidents may require assistance and integration of resources outside of the State.
- Finance practices may require expedition.
- By exception, some DHEC procedures may be relaxed or waived to maintain essential services, or to effectively meet public health or environmental objectives.

VII. Organizational Structure.

DHEC responds to incidents using a modified Incident Command Structure. When doing so, some normal roles and duties may change, as may reporting relationships. Whenever feasible, ICS will closely mirror regular structure, authorities and responsibilities within the agency to the maximum extent possible. An example is in Figure 1 below.

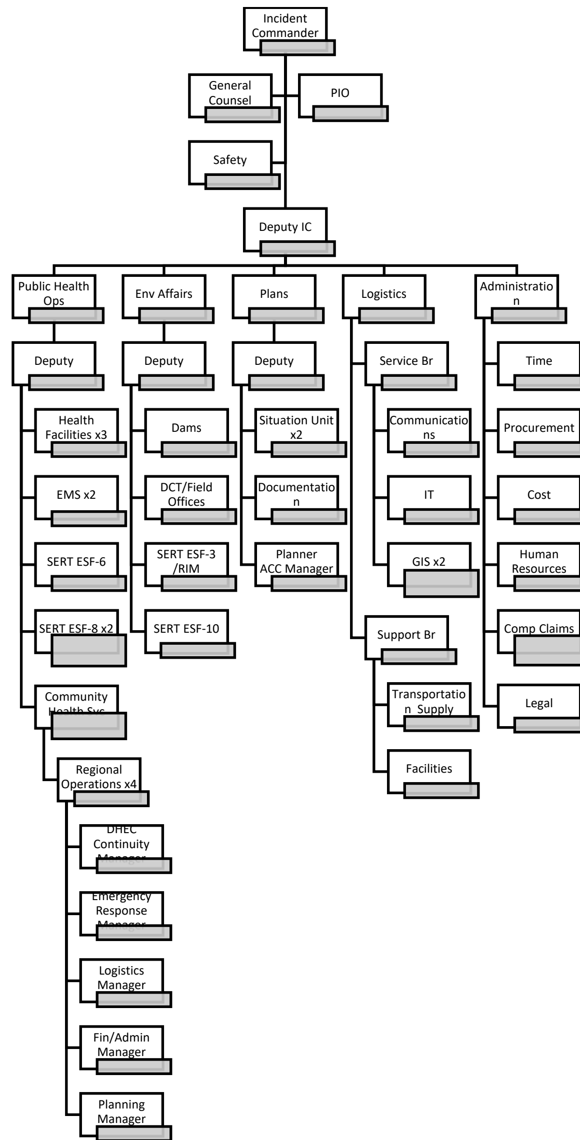

Figure 1, Incident Command Structure.

While Figure 1 is an example, it is only an example and depicts a large-scale agency wide response structure in a disaster such as a hurricane. For all events, the first step is identifying the appropriate Incident Commander (IC) for our agency response. While the "default" IC is our Agency Director, a regional response may be better suited to a Regional IC representing DHEC, a tuberculosis event a Medical Doctor as IC, or a significant series of dam breaches or overtopping an Engineer. Other events, such as a DHEC response to a local transmission of the Zika Virus, while localized may be very complex and require a combination of health and environmental personnel, regional and state, operating under an IC who may be designated by the

Director from any area of the agency. An example of this type Incident Command Structure is shown below in Figure 2.

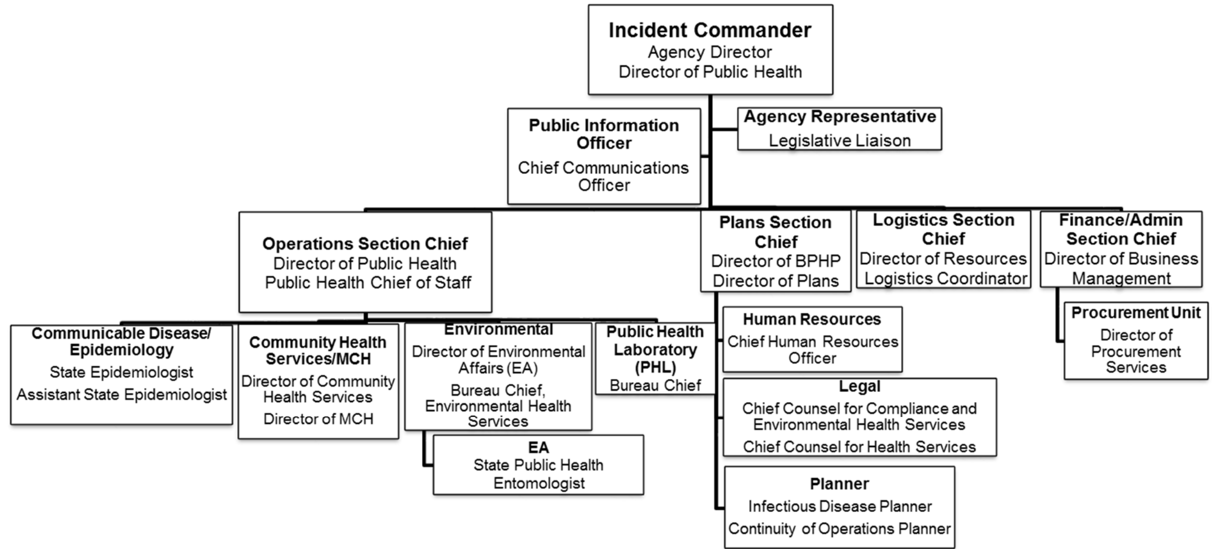

Figure 2, Zika Incident Command Structure.

Once the DHEC IC is established, key positions are designed and assigned. At a minimum, all ICS operations include the IC, an Operations Chief, a Plans Chief and a Logistics Chief. Where costs outside normal budgets may be incurred, a Finance/ Admin Chief is assigned. Public Information is a critical component of all we do as an agency at all times, therefore when a dedicated PIO is not assigned to the ICS staff, support will be provided from the Agency Communications section. The same is true for other staff roles, such as legal, procurement, safety, etc. In all instances where other agencies or governmental entities are responding to the same incident, liaisons are established and assigned as required. While detailed descriptions of this process and positions are provided as instructional material in FEMA IS 100, 200, 700 and 800, there are several general characteristics that define these positions and can assist in identifying and assigning DHEC personnel in these roles. When assigned as an IC or in key roles in support of the ICS, some generic guidelines remain constant incident to incident. These include:

- The Incident Commander is responsible for all actions pertaining to the incident and is the agencies sole authority for outcomes.
- The Operations Chief "runs" the incident today under the authority of the IC.
- The Plans Chief prepares the incident response for the next "operational period," which in most instances is tomorrow.
- The Logistics Chief identifies, coordinates, and procures all needed resources, personnel, material, vehicles and facilities for use by the ICS.
- "Branches" and "Divisions" exist when the ICS is larger or more complex. They normally align in reporting channels within operations. For example, in a coastal evacuation for a pending hurricane, the DHEC Director is the IC for the DHEC ICS. All agency personnel are likely to be affected in some way, and all leaders will be engaged in response related roles. DHEC will designate "Branches," likely led by Regional Directors who themselves will designate essential ICS staff positions within their respective branches. Branch directors and their representatives will coordinate directly with agency ICS chiefs, the designated Operations Chief for operations today, the Plans Chief for tomorrow's activities, and the Logistics Chief for additional personnel and resources.
- ICS is a guide; and is intended by FEMA to be flexible and adjustable to needs and modifications.
- DHEC responds to incidents as a single ICS representing the entire agency.
- The Bureau of Public Health Preparedness (BPHP) and Environmental Affairs/ Bureau of Environmental Health Services/ Division of Emergency Response/ (EA/ BEHS/ DER) maintain agency processes and procedures, and personnel with training and expertise to assist all response operations, Incident Commanders, and others assigned to ICS related duties. Bureau personnel are available to fill critical roles as needed unless assigned to other roles during an active response.

Additional information can be found in Annex B of this document.

VIII. Concept of Operations.

During disasters or other crisis affecting the state, DHEC will provide or coordinate for:

- Public health
- Essential medical care as required
- Emergency medical service transportation coordination
- Health care facility coordination
- Regulated dam safety
- Hazardous material response
- Radiological response
- Shelter operations and support
- Situational awareness of potable water supplies and waste water systems

- Coastal assessment operations
- Protect agency personnel and families
- Records protection
- Restoration of normal services

While many of these tasks closely associate to normal services our agency provides, those that are may become significantly increased in size and scale and may have to be performed in an accelerated timeframe. Other tasks fall outside of our regular set of services, requiring additional training in advance of disaster and requiring process development, procedural or regulatory review and modification, and contingency contracting.

To husband taxpayer dollars, DHEC will meet disaster caused needs using internal resources if possible. For larger events, this will cause reassignment of tasks and responsibilities for many (possibly most) of our employees, up to and including potential temporary change of job location. For example, in a large hurricane where the agency is providing shelter support to persons evacuated from the coast, administrative and nursing personnel from the upstate may be assigned to Conway to support this effort. Normal work days may expand to 12 or more hours. Even when responding in your “regular” job, disaster response will have affect. For example, the laboratory will see dramatic increase in test requirements related to water following an earthquake or hurricane, requiring extended hours to mitigate costs of outsourcing to private or contingency labs. Should all agency resources be exceeded or expended, we will use contingency contracts, mutual aid agreements with neighboring states, or the Emergency Management Assistance Compact (EMAC) coordinated through Emergency Management channels and processes.

To execute responsibilities, DHEC must work closely with the public, other organizations and our elected officials. This occurs in a variety of ways; readily seen and known are client interactions in the field and legislature interaction by our staff. Not so often seen are our Agency Director’s interaction with the Governor and other Executive Agency heads, which during emergencies occur daily and often several times a day. Current, accurate, detailed and all-encompassing information is required for success in this environment, to include items specified in Critical Information Requirements in section X of this plan, Incident Action Plan information, status of agency personnel and facilities, and elements of information associated to each Emergency Support Function (ESF). Coordination Centers and Emergency Operations Centers work closely with one another to synchronize operations and obtain and format the information required by executive leaders, and ESFs operating from the SEOC work to integrate and inform other members of information required for successful outcomes.

A detailed discussion of how the agency will respond and phase emergency or disaster operations is contained in Assignment of Responsibilities below.

IX. Assignment of Responsibilities.

DHEC is assigned tasks from multiple sources, primarily the South Carolina Emergency Operations Plan (SCEOP) and governing laws and regulations, and Federal grant mandates aligned to Federal Code. A detailed list, extracted from these documents, is at Annex F of this SOP.

In addition to agency tasks, we are assigned responsibilities as an Emergency Support Function (ESF) lead or supporting agency. ESFs are coordination entities, comprised of multiple agencies and organizations, governmental and private, who work together and further identify and assign roles within the collaborative entity. The SC Emergency Management Division (SCEMD) and ESFs in totality comprise the State Emergency Response Team (SERT) and perform duties at the South Carolina Emergency Operations Center (SEOC) during disasters.

DHEC ESF Responsibilities are defined by the SCEOP as a Primary (P) ("Lead") or Supporting (S) agency and are shown below in Figure 3. Where shaded, the SCEOP outlines tasks specifically for DHEC. These tasks are further defined in Annex F.

	Base	ESF 3	ESF 6	ESF 8	ESF 9	ESF 10	ESF 14	ESF 15	ESF 17	ESF 18
Communicable Disease Control	S						S		S	
Environmental Health	S					P			S	
Environmental Affairs	S	S			S	S	S			
Public Health Preparedness	S		S	P	S		S	S		S
Water, Dams, Reservoir Safety	S	S				S				

Figure 3, SCEOP ESF Assignment of Responsibilities.

DHEC assigns responsibilities for three phases of emergency management; prepare, respond and recover. Generally, "prepare" measures extend from day to day activities to either a) activation of the SERT/ SEOC or b) establishing an agency ICS. Response activities begin with (a) or (b) above and extend to c) ESF release from the SEOC or d) deactivation of the agency ICS. Note that some portions of DHEC perform response activities on a daily basis as a part of routine duties, for example the Environmental Affairs (EA) Division of Emergency Response, that are not necessarily synchronized to these phases. Recovery begins at (c) or (d) and may extend for years following an event.

Tables below outline tasks and responsibilities for DHEC.

PREPARE. ICS and SEOC are not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide executive direction to the agency for disaster planning and preparation ☐ Provide information to the Office of the Governor ☐ Be prepared to serve as or delegate/ assign the agency Incident Commander ☐ Be prepared to serve as a member of the SERT Executive Group. ☐ Designate succession of command for Annex A (COOP) ☐	**Lead:** DHEC Director **Supporting:** All Agency
☐ Primary responsibility for this document and ICS/ disaster related development and training. ☐ Develop guidance recommendations/ documents and guide coordination and planning. ☐ Establish and lead the DHEC Planning Committee. ☐ Establish a plan maintenance and update schedule to include internal agency and SCEMD required documents. ☐ Monitor CDC, FEMA and state disaster/ emergency developments, updates, and situations, and inform/ advise the DHEC Executive Leadership Team (ELT) as appropriate. ☐ Establish procedures for and be prepared to activate the DHEC ICS structure and ACC. ☐ Recommend RCC activations as required. ☐ As required and available, assign or coordinate for trained personnel to fill primary ICS roles in regional or localized agency ICS structures. ☐ Designate agency representatives for ESF 6 and 8. Participate in all SERT/ SEOC activities. ☐ Maintain policies and procedures for the Public Health Duty Officer integrated with SCEMD/ State Warning Point (SWP). ☐ Participate in agency relevant Task Forces designated by SCEMD. ☐ Agency lead for the Palmetto Common Operations Picture to include contracting, training, and utilization. ☐ Coordinate and conduct seminars, workshops, and exercises. ☐ Identify, engage and incorporate partner agencies, organizations and associations. ☐ Enhance readiness through active participation in national conferences, events, and exercises.	**Lead:** Bureau of Public Health Preparedness (BPHP) **Supporting:** All state level bureaus/ divisions, Regional PHP

<table>
<tr><td>

- ☐ As required and available, assist the DHEC ELT and agency Bureaus/ Divisions with disaster/ emergency related plan and Standard Operating Procedure (SOP) development.
- ☐ Be prepared to establish liaison to and assist federal, state or local government.
- ☐ Develop or coordinate, validate, and maintain disaster related contacts.
- ☐ Procure and maintain emergency communications equipment.
- ☐ Procure and maintain the status of disaster related materials and supplies.
- ☐ Recruit, train, and be prepared to employ the Public Health Reserve Corps (PHRC).
- ☐ Designate succession of command for ESF 8 in Annex A (COOP)

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<tr><th colspan="2">COMMUNICATIONS/ OUTREACH</th></tr>
<tr><th>Actions:</th><th>Responsibility</th></tr>
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- ☐ Coordinate DHEC external and internal communications strategy and activities.
- ☐ Be prepared to provide representatives to ESF 15.
- ☐ Be prepared to facilitate or establish a Joint Information Center (JIC) to facilitate local and state synchronized messaging within 12 hours if required.

</td><td>Lead: Communications
Supporting:</td></tr>
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- ☐ Post materials to the DHEC SharePoint site
- ☐ Conduct public education campaigns on topics such as ...

</td><td>Lead:

Supporting:</td></tr>
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- ☐ Legislative Affairs will use messaging developed by communications to update and keep informed members of the General Assembly and Congressional delegations.

  Legislative Affairs does not have contact information or established relationships with local governments and community leaders across the state and thus Legislative Affairs is not the appropriate contact for local governments and community leaders

</td><td>Lead: Legislative Affairs
Supporting: Agency SMEs</td></tr>
</table>

☐ Coordinate messaging with regional and local health officials.	**Lead:** Community Health Services **Supporting:** Communicable Disease Prevention & Control
☐ Coordinate messaging with state and local emergency management or designated points of contact.	**Lead:** BPHP
☐ Create and deploy messages for all DHEC employees.	**Lead:** Communications
☐ Identify key partners, stakeholders and community groups to help distribute educational materials.	**Lead:** Communications **Supporting:**
☐ EA Operations Section through the EA Communications Branch Chief coordinates all communications, outreach and public information.	**Lead:** EA Branch Chief; Communications **Support:** All EA program areas
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise before, during, and after an emergency. This may include 24-hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. ☐ Review or draft any documents or correspondence as required. ☐ Be prepared to perform incident command duties as requested or required.	**Lead:** OGC **Supporting:** Clients
PUBLIC HEALTH	
Actions:	**Responsibility**
☐ Participate in preparedness trainings and exercises ☐ Maintain emergency (COOP, KI, etc.) plans	**Lead:** Community Health Services **Supporting:**

☐ Evaluate laboratory surge capabilities for testing increased numbers of laboratory samples. ☐ Establish contract with private labs and other public health laboratories for overflow testing. ☐ Review and revise protocol development. ☐ Establish data sharing procedures with other public health laboratories.	**Lead:** Public Health Laboratory (PHL) **Supporting:**

ENVIRONMENTAL AFFAIRS	
Actions:	**Responsibility**
☐ Primary responsibility for Dams Coordination Room, Disaster Coordination Team (DCT), OCRM and ESF-10 preparedness and training. ☐ Develop guidance recommendations/documents and guide coordination and planning for EA. ☐ Establish a plan maintenance and update schedule to include internal agency and SCEMD required documents. ☐ Monitor EPA, USCG, FEMA and state disaster/ emergency developments, updates, and situations, and inform leadership as appropriate. ☐ Establish procedures for and be prepared to activate the EA Operations Section and our ACC Liaison. ☐ Recommend Dams Coordination Room and DCT activations as required. ☐ As required and available, assign or coordinate for trained personnel to function within EA Operations. ☐ Designate EA representatives for ESF 10. Participate in all SERT/ SEOC activities. ☐ Maintain MOU for the EA 24-hour line to be integrated with SCEMD/ State Warning Point (SWP). ☐ Participate in agency relevant Task Forces designated by SCEMD. ☐ Use the Palmetto Common Operations Picture application. ☐ Enhance readiness through active participation in national/regional/local conferences, events, and exercises.	**Lead:** Environmental Affairs (EA) **Supporting:** Bureau of Environmental Health Services (BEHS); Bureau of Water (BOW); Bureau of Air Quality (BAQ); Bureau of Land & Waste Management (BLWM); Ocean & Coastal Resource Management

HEALTH REGULATIONS	
Actions:	**Responsibility**
☐ Ensure licensed health care facilities (e.g. hospitals, nursing homes, community residential care facilities, etc.) develop evacuation plans and procedures. ☐ Coordinate waivers of rules and regulations regarding licensed health care facilities. ☐ Maintain and provide a listing of licensed health care facilities including names of Administrators and 24-hour phone numbers, as appropriate. ☐ Establish, review and coordinate health care facilities regulatory requirements. ☐ Maintain situational awareness of the status of licensed inpatient facilities. ☐ Coordinate and participate in conference calls for licensed care facilities and associations. ☐ Maintain situational awareness on the implementation of the Hospital Maintenance of Essential Services Plan by coastal hurricane vulnerable hospitals. ☐ Coordinate with South Carolina Hospital Association and hospitals to maintain situational awareness of MOUs. ☐ SCDHEC Architects and Fire and Life Safety provide opinions and information for building structures and standards.	**Lead:** Bureau of Health Facilities Licensing **Supporting:** Facility /Infrastructure Analysis, Bureau of Healthcare Planning and Construction
☐ Maintain current status of certification levels of EMTs and licensed ambulance services	**Lead:** Bureau of EMS and Trauma **Supporting:**

LOGISTICS	
Actions:	**Responsibility**
	Lead: Logistics Lead **Supporting:** Logistic Deputy

FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Financial Chief of Staff **Supporting:** Bureau and Office Directors
☐ Provide training to personnel assigned to emergency functions in EOP. ☐ Review agency plans annually and update SOPs to meet current department policy and organization. ☐ Participate in tests and exercises to ensure operational readiness in time of an emergency.	**Lead:** Project Management **Supporting:** Chief Financial Officer, BPHP
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Ensure the development of agency policy and procedures for the protection and safety of personnel during an event. Refer to ***Appendix S – Personnel Operations during Disaster (TBP)***.	**Lead:** HR **Supporting:** Policy Review Committee
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Hold preparation meeting for IT emergency responders ☐ Check IT personnel access to facilities and applications/systems ☐ Check availability of hardware and hardware functionality ☐ Check contact lists for IT staff and external vendors/partners ☐ Coordinate IT preparation activities with DHEC programs, DTO, GIC, EMD, State and Local Agencies ☐ Coordinate with bureaus for layers needed in Palmetto EOC ☐ Provide technical support for other programs preparing for hazard ☐ Establish shifts for GIS, EUS, and other IT sections	**Lead:** Office of Information Technology (OIT) **Supporting:**
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**

☐ Ensure staff complete routine preparedness trainings and participate in exercises	**Lead:** Region Training Coordinator **Supporting:** Region PHP Director
☐ Establish and maintain contracts with facilities that agree to serve as Medical Needs Shelters (MNS) ☐ Maintain emergency (COOP, KI, etc.) plans	**Lead:** Region PHP Director **Supporting:**
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ Lead Agency for the coordination of all ESF-8 administrative, management, planning, training, preparedness/mitigation, response, and recovery activities to include developing, coordinating, and maintaining the ESF-8 Annex and Standard Operating Procedure (SOP). ☐ Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during an emergency or disaster including Medical needs population and vulnerable populations' service agencies and advocacy groups ☐ Ensure procedures are in place to document costs for any potential reimbursement ☐ Participate at least annually in State exercises and/or conduct an exercise to validate this Plan and supporting SOPs ☐ Develop and maintain plans to implement the Medical	**Lead:** BPHP **Supporting:** All

☐ Develop protocols and maintain liaison with elements of the National Disaster Medical System (NDMS), to include Federal Coordinating Centers (FCC) in South Carolina and Disaster Medical Assistance Teams (DMAT). ☐ Plan to provide ESF-8 representation on the Recovery Task Force ☐ Establish a system for collecting and disseminating information regarding the numbers of fatalities ☐ Develop protocols and maintain liaison with Disaster Mortuary Operational Readiness Teams (DMORT) of the NDMS ☐ Identify agencies, organizations, and individuals capable of providing support services for deceased identification including South Carolina Funeral Directors Disaster Committee, South Carolina Morticians Association, and South Carolina Coroner's Association ☐ Maintain a description of capabilities and procedures for alert, assembly and deployment of state mortuary assistance assets	**Lead:** BPHP **Supporting:**
☐ Coordinate technical assistance, inspection procedures and protocols to ensure acceptable conditions related to food and water.	**Lead:** EA **Supporting:**
☐ Identify doctors, nurses, technicians and other medical personnel that may assist in disaster areas ☐ Plan for the provision of emergency dental care for the affected populations ☐ Maintain situational awareness of the availability of medical supplies, equipment. ☐ Plan for establishment of staging areas for medical personnel, equipment, and supplies	**Lead:** BPHP **Supporting:** Community Health Services; EMS & Trauma; Office of Oral Health
☐ Maintain situational awareness of licensed health care facilities to include capacity and bed space. ☐ Ensure licensed health care facilities (e.g. hospitals, nursing homes, and residential care facilities) develop evacuation plans and procedures ☐ Maintain situational awareness of certification levels of Emergency Medical Technicians (EMTs) and licensed ambulance services.	**Lead:** Health Regulations **Supporting:** BPHP

☐ Develop procedures to protect the public from communicable diseases and contaminated drug supplies (including veterinary drugs) ☐ Develop surveillance procedures to monitor the public's health status ☐ Develop procedures for identification of disease and epidemic control ☐ Develop emergency immunization procedures	**Lead:** Communicable Disease Prevention & Control (CDPC) **Supporting:** BPHP
ESF-10 ENVIRONMENTAL AND HAZARDOUS MATERIALS OPERATIONS	
Actions:	**Responsibility**
☐ Participate with SCEMD to review and update plans and procedures per published schedule.	**Lead:** EA- BEHS Division of Emergency Response (DER) **Supporting:**
☐ Lead Agency for the coordination of ESF-10 administrative, management, planning, preparedness, mitigation, response and recovery activities to include developing, coordinating, and maintaining the ESF-10 Standard Operating Procedures (SOP) which detail both radiological and non-radiological responsibilities ☐ Coordinate, integrate, and manage the overall State effort to detect, identify, contain, clean up, dispose of, or minimize releases of oil or hazardous substances and minimize the threat of potential releases ☐ For radiological incidents, provide technical assistance and resources necessary to evaluate and assess the consequences of an incident, and to provide protective action guidelines to State and local authorities ☐ Notify ESF-10 supporting agencies upon activation ☐ Review files submitted to DHEC regarding presence of chemicals covered under the Emergency Planning and Community Right to Know Act (EPCRA) Tier II program (computer accessible) ☐ Utilize contact and inventory information submitted in compliance with EPCRA, as well as GIS data layers compiled by DHEC, to evaluate potential releases and monitor areas of concern ☐ Develop and coordinate all DHEC/ESF-10 emergency response plans and procedures	**Lead:** EA - BEHS/ DER **Supporting:** BEHS Regional Offices (BEHSRO); EA-DCT; ACC

☐ **Radiological**
☐ Coordinate/ assist updates or revisions to the:
  o South Carolina Operational Radiological Emergency Response Plan (SCORERP)
  o SC Technical Radiological Emergency Response Plan (SCTRERP)
  o SC State Technical Radiological Operating Procedures (SCSTROP)
  o Spent Nuclear Fuel Emergency Action Plan (SNF EAP)
  o DHEC Regulation 61-63 (Radiological Materials)
  o Standard Operating Procedures for Waste Isolation Pilot Project (WIPP) shipments
☐ Participate at least annually in State FNF exercises to validate, update and revise plans and supporting SOPs
☐ **Non-Radiological (Chemical)**
☐ Establish/ maintain the SC SOP for response to chemical spills and releases
☐ Coordinate/ assist updates or revisions to the:
  o South Carolina Oil and Gas Act (South Carolina Code of Laws, Title 48, Chapter 43)
  o Pollution Control Act (South Carolina Code of Laws, Title 48, Chapter 1)
  o South Carolina Hazardous Waste Management Act (South Carolina Code of Laws, Title 44, Chapter 56)
  o State of South Carolina Contingency Plan for Spills and Releases of Oil & Hazardous Substances (DHEC)
☐ Prepare an inventory of existing threats using Superfund Amendments and Re-Authorization Act (SARA) Title III, Tier II information
☐ Maintain a listing of private contractors capable of performing emergency and/or remedial actions associated with a hazardous materials incident
☐ Maintain an inventory of State assets capable of responding to a hazardous materials incident
☐ Develop plans and/or mutual aid agreements regarding hazardous materials incidents with local agencies, other state agencies, contiguous states, federal agencies, and private organizations as required
☐ Collect and utilize licensing, permitting, monitoring, and/or transportation information from the appropriate local, State, or Federal agencies and/or private organizations to facilitate emergency response
☐ Participate at least annually in State exercises and/or conduct an exercise to validate, update and revise plans and supporting SOPs
	Lead: DER
	
	Supporting: DCT, BEHSRO

ESF-6 MASS CARE	
Actions:	**Responsibility**
☐ Coordinate, manage, and operate MNS in SC. ☐ Maintain and update the list of MNS. ☐ Update MNS status information in Palmetto (formerly WebEOC /EMCOP). ☐ Participate in annual County Mass Care coordination meetings and/or training events. ☐ Coordinate for feeding support to MNS persons with ESF-6 ☐ Maintain an updated list of MNS	**Lead:** BPHP **Supporting:** Community Health Services
☐ Provide nurses, within capabilities, to support MNS and (as available) General Population shelters. ☐ Establish triage line and staff to receive triage line calls. ☐ Establish, review, and coordinate criteria for sheltering in a MNS. Criterial includes: - Uninterrupted power to operate equipment or refrigeration - Temperature control environment	**Lead:** Community Health Services **Supporting:** BPHP; Regional OPHP
☐ Assess the accessibility of potential MNS locations, to include both physical access as well as service access. ☐ Identify, contract and coordinate the use of facilities as MNS facilities, staffing to provide medical monitoring, liability coverage to MNS, and management.	**Lead:** Regional BPHP; Community Health Services **Supporting:** Regional Directors of Nursing; BPHP
ESF-3 UTILITY INFRASTRUCTURE SYSTEMS	
Actions:	**Responsibility**
☐ Review and update guidelines and procedures annually.	**Lead:** BOW **Supporting:** BLWM; BAQ; BEHS

☐ Develop regulations, plans, policies and procedures regarding non-packaged water supply, sewage treatment, and solid waste disposal.	**Lead:** BOW; BLWM **Supporting:** DER; DCT
☐ Develop regulations, plans, policies and procedures regarding dam safety under provision of the South Carolina Dams & Reservoir Safety Act and supporting regulations.	**Lead:** BOW/ Dam Safety and Storm-water Permitting Division/ Dam Safety Program (DSP) **Supporting:** DER, DCT

Response activities begin with activation of the SERT/ SEOC or establishing an agency ICS and conclude with ESF release from the SEOC and/ or deactivation of the agency ICS.

RESPOND. ICS and/ or SEOC are activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide information to the Office of the Governor ☐ Serve as or delegate/ assign the agency Incident Commander ☐ Serve as a member of the SERT Executive Group.	**Lead:** DHEC Director **Supporting:** All Agency
☐ Activate ACC/RCCs in consultation with ELT and Regional leadership ☐	**Lead:** BPHP **Supporting:** Regional OPHP
☐	

COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Determine, according to direction from the IC, any limits on information ☐ release. ☐ Develop accurate, accessible, and timely information for use in press/media briefings. Conduct periodic media briefings. ☐ Obtain IC's approval of news releases. ☐ Arrange for tours and other interviews or briefings that may be required. ☐ Monitor and forward media information that may be useful to incident planning. ☐ Maintain current information, summaries, and/or displays on the incident. ☐ Make information about the incident available to incident personnel.	**Lead:** PIO **Support:** Deputy PIO
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise during and after an emergency. This may include 24-hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. ☐ Review or draft any documents or correspondence as required. ☐ Perform incident command duties as requested or required.	**Lead:** OGC **Supporting:** Clients
PUBLIC HEALTH	
Actions:	**Responsibility**
☐ Activate CareLine through DHEC vendor and establish scripts (event-related).	**Lead:** Central Appointing/Care Line Coordinator **Supporting:** Internal Systems
☐ Activate MNS Triage Line ☐ Emergency Issuance of standing order and policy	**Lead:** Director of Office of Nursing **Supporting:** CHS Medical Consultant

☐ Provide staffing for the ESF-8 desk at the ACC ☐ Develop and distribute emergency information to the public ☐ Generate reports on the status of emergency operations	**Lead:** Director of Community Health Services **Supporting:** Director of Office of Nursing; Communication; Region Public Health Director
ENVIRONMENTAL AFFAIRS	
Actions:	**Responsibility**
☐ Implement plans and procedures for EA Operations Section to include DCT, Dams Coordination Room, OCRM and ESF-10. ☐ Track all EA activities, share pertinent information, provide information for briefings and ensure that information is accurate and timely.	**Lead:** EA **Supporting:** BEHS; BOW; BAQ; BLWM; OCRM
☐ Provide guidance to well owners, if required.	**Lead:** BOW
HEALTH REGULATIONS	
Actions:	**Responsibility**
☐ Coordinate and direct the activation and deployment of EMS agencies.	**Lead:** Bureau of EMS and Trauma **Supporting:**

☐ Coordinate waivers of rules and regulations regarding licensed health care facilities. ☐ Identify hospital and nursing home surge capacities statewide. ☐ Identify and provide bed capacity and availability status of all hospitals throughout the state. ☐ Coordinate patient evacuation and relocation in conjunction with architectural and Fire and Life Safety efforts. ☐ Maintain a situational awareness of the status of licensed inpatient facilities. ☐ Consolidate and coordinate Critical Data Sheet and relevant facility status information with SCDHEC PHP and health care facilities. ☐ Maintain situational awareness of South Carolina Hospital Association MOUs with evacuating and receiving health care facilities. ☐ Maintain situational awareness of medical surge, bed matching efforts ☐ Consider requests for facility exemptions from proposed Mandatory Medical Evacuation Order on a case-by-case basis. ☐ Maintain situational awareness/monitor status on census reduction and Shelter-In-Place measures for hospitals and inpatient facilities. ☐ Continue coordination and communications with health care facilities to identify and fill gaps. ☐ Coordinate with vulnerable coastal hospitals and maintain situational awareness on the implementation and operational status of Hospital Maintenance of Essential Services Plan. ☐ Coordinate with CMS to provide required federal information and updates during response efforts.	**Lead:** Bureau of Health Facilities Licensing **Supporting:** Bureau of EMS and Trauma; BPHP; ICS Designated Personnel, Bureau of Healthcare Planning and Construction

LOGISTICS	
Actions:	**Responsibility**
• Provide all facilities, transportation, communications, supplies, equipment, maintenance and fueling, food and medical services for incident personnel, and all off-incident resources. • Manage all incident logistics. • Provide logistical input to the IAP. • Identify anticipated and known incident service and support requirements. • Ensure and oversee the development of the Communications, Medical, and Traffic plans as needed.	**Lead:** Logistics Lead **Supporting:** Logistic Deputy

FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Notify and assure staff are on point to perform/expedite operations.	**Lead:** Chief Financial Officer **Supporting:**
☐ Identify mechanism for funding emergency operations during event. ☐ Ensure procedures are in place to document costs for any potential reimbursement. ☐ Receive approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority to exceed budget authority for emergency operations.	**Lead:** Financial Management **Supporting:**
☐ Maintain capability for emergency procurement of supplies and equipment.	**Lead:** Procurement **Supporting:**

☐ Manage all financial aspects of an incident. ☐ Provide financial and cost analysis information (to include contract monitoring/purchase order limits) as requested. ☐ Ensure compensation and claims functions are being addressed relative to the incident. ☐ Ensure that personnel time records/PCAS are submitted appropriately. ☐ Ensure that all obligation documents initiated at the incident are properly prepared and completed. ☐ Brief Command and General Staff (CGS) on all incident-related financial issues needing attention or follow-up.	**Lead:** ICS Finance/Admin Section Chief **Supporting:** ICS Deputy Finance/Admin Section Chief; Finance/Admin Section
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐	**Lead:** **Supporting:**
☐	**Lead:** **Supporting:**
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Support ACC, RCCs, and agency EOCs IT requirements ☐ Mobilize IT staff at various support stations ☐ Setup stations with equipment, telecommunications, etc. and active new services (if needed) ☐ Activate/monitor personnel shifts ☐ Provide dedicated local hardware/software support for ACC, RCC, and DCT locations ☐ Maintain telecommunications and connectivity services for critical functions ☐ Attend ACC briefings	**Lead:** OIT **Supporting:**
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**

☐ Maintain MNS staffing and operate shelters ☐ Track staff working time during the disaster	**Lead:** Region Public Health Director **Supporting:** Region PHP Director
☐ Open and staff Regional Coordination Centers (RCCs) ☐ Maintain coordination with, and staffing at, county Emergency Operations Centers (EOCs)	**Lead:** Region PHP Director **Supporting:** Region Health Director
☐ Complete relevant portions of the After-Action Report (AAR).	**Lead:** Region PHP Director **Supporting:** Director of Community Health Services
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ Maintain records of expenditures and resources used for possible later reimbursement ☐ Coordinate information releases to the public with the public information officer in ESF-15 (Public Information) ☐ Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel in the State Emergency Operations Center (SEOC) and Federal Medical Stations (FMS) ☐ Implement Strategic National Stockpile (SNS)/medical countermeasures operations, as needed ☐ Coordinate DMORT services ☐ Coordinate the notification of teams for deceased identification ☐ Coordinate State assistance for next-of-kin notification. The SC Department of Administration (Veterans' Affairs) will notify deceased veterans' next-of-kin ☐ Coordinate technical assistance to the responsible entities in their efforts to manage the public health services ☐ Determine the need to issue Public Health Orders for clean up on private property if an imminent health hazard is declared	**Lead:** BPHP; ICS Designated Personnel **Supporting:** All

☐ Coordinate doctors, nurses, technicians and other medical personnel that may assist in disaster areas ☐ Maintain situational awareness of the status of licensed providers. ☐ Coordinate establishment of staging areas for medical personnel, equipment, and supplies. ☐ Coordinate the delivery of health and medical services, including the provision of medical personnel, equipment, pharmaceuticals, and supplies ☐ Arrange for NDMS services, to include patient evacuation assistance, as needed	**Lead:** BPHP **Supporting:** Health Regulations
☐ Coordinate alternate care sites as necessary. ☐ Coordinate patient evacuation and relocation. ☐ Coordinate and direct the activation and deployment of EMS agencies. ☐ Monitor hospital and nursing home surge capacities statewide.	**Lead:** Health Regulations **Supporting:** BPHP
☐ Coordinate medical decontamination for hazardous materials response.	**Lead:** BPHP **Supporting:** EA
☐ Provide support for location, identification, registration, certification, removal and disposition of the deceased	**Lead:** BPHP **Supporting:** Vital Statistics
☐ Provide laboratory testing or if appropriate identify laboratory testing facilities	**Lead:** PHL **Supporting:**
☐ Coordinate epidemiological surveillance. ☐ Coordinate requirements for health surveillance programs.	**Lead:** Communicable Disease Prevention & Control; Chronic Disease & Injury Prevention **Supporting:** BPHP

ESF-10 ENVIRONMENTAL AND HAZARDOUS MATERIALS OPERATIONS	
Actions:	**Responsibility**
☐ Implement plans and procedures.	**Lead:** DER **Supporting:**
☐ Coordinate available personnel, equipment, and technical expertise necessary to contain, counteract, and supervise cleanup of hazardous materials for: o Non-Radiological or Chemical. Non-radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety o Radiological. Radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety ☐ Coordinate technical assistance on hazards known to be present in the disaster area. These activities include decontamination and long-term remediation ☐ Coordinate technical assistance for hazardous material recognition and identification ☐ Coordinate laboratory assistance to include analyzing and identifying contaminants, pesticides, and other toxic materials in air, soils, vegetation, and water ☐ Coordinate responsible party responses or the use of Federal/State contractors to control and contain a hazardous material release to protect public health and/or the environment ☐ Coordinate expertise on environmental effects of oil discharges, or releases of hazardous substances, pollutants, or contaminants and environmental pollution control techniques ☐ Coordinate decontamination activities with appropriate local, State, and Federal agencies ☐ Coordinate technical assistance and guidance to decontamination activities for the protection of human health and the environment	**Lead:** DER **Supporting:** BEHSRO, DCT, ACC
☐ Radiological. Adhere to policies/ procedures defined in the preparedness section.	**Lead:** DER **Supporting:** DCT, BEHSRO

☐ **Non-Radiological (Chemical)** ☐ In coordination with and in support of Counties, assess the situation (pre and post-event), and, in coordination with local emergency management officials, develop strategies to respond ☐ Coordinate all hazardous substance response-specific efforts with the Incident Command, and provide information to the State Warning Point (SWP) or SEOC for coordination of all other State efforts ☐ Coordinate 24-hour response capability to an incident scene as necessary ☐ Assess the situation to include: o The nature, amount and location of real or potential releases of hazardous materials o Exposure pathways to human and environment o Probable direction and time of travel of the materials o Potential impact on human health, welfare, safety, and the environment o Types, availability, and location of response resources o Technical support, and cleanup services o Priorities for protecting human health, welfare and the environment ☐ After reviewing reports, gathering and analyzing information and consulting with appropriate agencies, determine and coordinate necessary levels of assistance ☐ Provide Protective Action Recommendations (PAR) as the incident requires ☐ Coordinate monitoring efforts to determine the extent of the contaminated area(s) and consult with appropriate support agencies to provide access and egress control to contaminated areas ☐ Decontamination: o Consult with appropriate local, State, or Federal agencies and/or private organizations with regard to the need for decontamination o Coordinate technical assistance regarding decontamination of injured or deceased personnel o Coordinate decontamination activities with appropriate local, State, and Federal agencies o Coordinate technical assistance and guidance to decontamination activities for the protection of human health and the environment ☐ Coordinate with appropriate local, State, and Federal agencies to ensure the proper disposal of wastes associated with hazardous materials incidents; and assist in monitoring or tracking such shipments to appropriate disposal facilities ☐ Coordinate with appropriate ESF's (when activated) for use of assets, technical advice and support as needed ☐ Coordinate with SEOC Logistics for the location and use of staging areas for the deployment of personnel, assets, and materials into the affected zones	**Lead:** DER **Supporting:** DCT, BEHSRO

ESF-6 MASS CARE	
Actions:	**Responsibility**
☐ Coordinate personnel, food safety, healthcare, crisis counseling, and water quality services to support Mass Care operations. ☐ Assist sheltered individuals in making arrangements for essential medical equipment, as the situation allows. (Shelterees should bring medicine and equipment with them if possible.) ☐ In a multi-county event, coordinate the opening and closing of MNS to include coordinating regional support. ☐ Maintain and ensure confidentiality of medical records in shelters ☐ Determine most appropriate shelter for those who qualify for an MNS.	**Lead:** Community Health Services **Supporting:** BPHP
☐ Coordinate with other ESF-6 support agencies and organizations to MNS requirements as needed or necessary.	**Lead:** State MNS Coordinator **Supporting:** Regional OPHP
☐ Maintain and ensure confidentiality of medical records received. ☐ Open and close MNS in coordination with County Emergency Management in order to meet the sheltering needs of the local impacted areas.	**Lead:** Regional OPHP **Supporting:** Community Health Services

ESF-3 UTILITY INFRASTRUCTURE SYSTEMS	
Actions:	**Responsibility**
☐ Publish solid waste guidance and implement procedures.	**Lead:** BOW **Supporting:** BLWM; BAQ; BEHS

☐ Coordinate surveillance, sampling, testing, and monitoring of water and sewage pumping, treatment, distribution and collection systems to ensure public health and safety and integrity of such systems. ☐ Coordinate or assist utilities in issuance of advisories, confirm the initiation of utility emergency preparedness actions, and provide technical assistance and liaise with wastewater utility companies. ☐ Coordinate increases in chlorine residuals in utility systems and monitor/ report storage system fill. Coordinate additional disinfection equipment and emergency power generation for pump stations. ☐ Coordinate boil water advisories as required. ☐ Coordinate expedited well water inspections and prioritization ☐ In conjunction with SEOC Logistics, the Office of Regulatory Staff (ORS) and affected utilities, identify and locate additional or alternative sources of potable water to augment or maintain water supplies	**Lead:** BOW **Supporting:**
☐ Coordinate technical assistance concerning the disposal of waste materials, household hazardous waste, and debris containing or consisting of animal carcasses. ☐ Coordinate with ESF-17 (Animal/Agriculture Emergency Response) for advice and assistance regarding disposal of debris containing or consisting of animal carcasses ☐ Coordinate with ESF-10 (Environmental and Hazardous Materials Operations) for advice and assistance regarding disposal of hazardous materials to include chemical, biological, and radiological incidents	**Lead:** EA **Supporting:** BLWM; BEHS; Bureau of Radiological Health
☐ Coordinate and report status of state regulated dams that are threatened or failing and ensure accurate status portrayal in Palmetto.	**Lead:** Dams War Room **Supporting:** BOW; BEHS; BLWM

Recovery begins at ESF release from the SEOC or deactivation of the agency ICS and may extend for years following an event.

RECOVER. ICS and SEOC are deactivated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ ☐	**Lead:** DHEC Director **Supporting:** All Agency
☐ Schedule/facilitate After Action Reviews. An AAR will be completed for an event in which the Incident Command Structure is utilized or an exercise that is considered a table top, functional exercise, or full-scale exercise. After Action Reports and corresponding improvement plans will be approved by the appropriate incident commander ☐	**Lead:** Bureau of Public Health Preparedness (BPHP) **Supporting:** Regional PHP
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ ☐	**Lead:** **Supporting:**
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise after an emergency. This may include 24-hour support to the ICS Command Group, the Agency Coordinating Center, and/or the State Emergency Operations Center. ☐ Review or draft any documents or correspondence as required. ☐ Perform incident command duties as requested or required.	**Lead:** OGC **Supporting:** Clients
PUBLIC HEALTH	
Actions:	**Responsibility**
☐	**Lead:** **Supporting:**
ENVIRONMENTAL AFFAIRS	
Actions:	**Responsibility**

☐ Work with any identified needs to participate in the Resource Support Functions established by FEMA ☐ Work to recover all environmental programs functionality. ☐ Conduct an After-Action Review.	**Lead:** EA **Supporting:** BEHS; BOW; BAQ; BLWM; OCRM
☐ Continue to provide guidance to well owners. Expedite well water testing to owners in affected areas, if required.	**Lead:** BOW
HEALTH REGULATIONS	
Actions:	**Responsibility**
☐ Coordinate the restoration of permanent healthcare facilities to operational status. ☐ Track and determine status of public health and healthcare support systems. ☐ Coordinate Re-Entry and repatriation efforts for healthcare facilities. ☐ Coordinate final data collection efforts for final event. ☐ Participate in Health Regulations and Agency After Action Reviews.	**Lead:** Bureau of Healthcare Planning and Construction **Supporting:** Bureau of Health Facilities Licensing; ICS Designated Personnel
LOGISTICS	
Actions:	**Responsibility**
	Lead: Logistics Lead **Supporting:** Logistic Deputy
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Account for expenditures of SC funds for emergency operations in accordance with SC laws and regulations. ☐ Recoup costs associated with expenditures if federal funds administered by FEMA become available.	**Lead:** Chief Financial Officer **Supporting:** BPHP, Financial Management

☐	**Lead:** **Supporting:**
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐	**Lead:** **Supporting:**
☐	**Lead:** **Supporting:**
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Update Palmetto EOC with latest layers ☐ Post GIS Analysis ☐ Post EUS Support Evaluation ☐ Hold recap meeting with IT emergency responders ☐ Return equipment to original state and deactivate unneeded services	**Lead:** OIT **Supporting:**
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Demobilize shelters and work to discharge all clients ☐ Return equipment, facilities and staff to normal operations	**Lead:** Region Nursing Director; Region Health Director **Supporting:** Region PHP Director; Community Health Services
☐ Complete relevant portions of the AAR	**Lead:** Region PHP Director **Supporting:** Director of Community Health Services
ESF-8 HEALTH AND MEDICAL	

Actions:	Responsibility
☐ Compile and maintain records of expenditures and resources used for possible later reimbursement. ☐ Anticipate and plan for arrival of, and coordination with, Federal personnel represented in the Joint Field Office (JFO). ☐ Provide ESF-8 representation on the Recovery Task Force. ☐ Support long-term recovery priorities as identified by the Long-Term Recovery Committee and the Recovery Task Force	**Lead:** BPHP **Supporting:** All
☐ Coordinate restoration of essential health and medical care systems. ☐ Coordinate the restoration of permanent medical facilities to operational status ☐ Coordinate the restoration of pharmacy services to operational status ☐ Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting ☐ Coordinate emergency pharmacy and laboratory services	**Lead:** Health Regulations **Supporting:** BPHP; PHL
☐ Continue to support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects ☐ Receive the required death reports throughout the incident ☐ Provide a final fatality report	**Lead:** BPHP **Supporting:** Vital Statistics
ESF-10 ENVIRONMENTAL AND HAZARDOUS MATERIALS OPERATIONS	
Actions:	**Responsibility**
☐ Provide ESF-10 representation on the Recovery Task Force ☐ Work to recover emergency response program to pre-event status. ☐ Conduct an After-Action Review.	**Lead:** DER **Supporting:**
ESF-6 MASS CARE	
Actions:	**Responsibility**
☐ Maintain and ensure confidentiality of medical records. ☐ Deactivate the triage line. ☐ Close/consolidate shelters as necessary.	**Lead:** Community Health Services **Supporting:** Regional OPHP
ESF-3 UTILITY INFRASTRUCTURE SYSTEMS	
Actions:	**Responsibility**

☐ Review guidelines and procedures for improvements.	**Lead:** EA BOW **Supporting:** BLWM; BAQ; BEHS

X. Information Collection, Analysis and Dissemination.

The ICS Situation Unit within the Planning Section is responsible for collection, analysis and dissemination of incident information. The Situation Unit aggressively seeks incident information to establish a common operating picture for the incident.

Information collection includes:

- The Bureau of Public Health Preparedness develops and maintains Essential Elements of Information (EEIs) for various hazards types. These EEIs identify the pieces of information necessary to collect and analyze for that hazard type.
- EEIs include the priority items of interest to the agency Director and the Incident Commander, which may in turn reflect priority items of interest to the Governor and other public officials.
- At the onset of an incident, the Situation Unit establishes a reporting schedule and notifies primary information sources of reporting expectations.
- Routine calls will be established with identified stakeholders impacted by the event to gather information on response activities.
- The Situation Unit will use all available information sources to gather relevant incident information.

Information Sources include:

- Assessment Reports – Reports from field personnel based on visual assessment and site survey of public health, medical, and environmental facilities and infrastructure.
- Regional Situation Reports – Status of regional operations, impacts and unmet needs.
- Palmetto – State, regional, and county incident reports, activation levels, public closures, operational tasks status, shelter/POD status, etc.
- EZ-Office Inventory – Quantities, types, and locations of response equipment and supplies.

- Inventory Management and Tracking System – Quantities, types and location of pharmaceutical and/or medical supplies.
- Syndromic Surveillance Systems – monitor chief complaint data to help identify events of public health concern.
- SCSERV – Deployable personnel by capability, role and organizational unit.
- Medical Needs Shelter Census Reports – Status of special needs shelters, current census of client, caregivers and staff.
- Point of Dispensing throughput and dispensing reports – Status of number of people services, number of regimens dispensed, process times, wait times, and staff.
- Technical Specialist Reports – Narrative reports from subject matter experts with professional intelligence.
- Others – Other sources of information to support establishing and/or maintaining common operating picture; and providing information to support agency leadership in decision making processes.

Analysis is critical as part of a response. It establishes a common operating picture and provides ICS leaders with information used to establish incident objectives, prioritize resources, develop tactics, and communicate effectively. Analysis enables leaders to:

- Understand the Incident.

    - Define specific elements and set a framework for the type, scope, severity, and duration of impacts likely to occur.
    - Identify specific health, medical, and/or environmental infrastructure systems and facilities that may be evacuated, severely damaged, or otherwise affected.
    - Identify continuum of care issues that may affect populations.
    - Identify historical information that may provide records of public health, medical and/or environmental impact.

- Define the area of operations.

    - Describe the specific areas impacted by the incident.
    - Forecast potential impact of injuries, treatment, and system demands that may result from the incident.
    - Provide a view of the entire healthcare system capacity in the area of operations, including specific medical facilities that have been or may be affected.
    - Portray infrastructure support capacity, equipment and supply capabilities, road and transport availability, and potential contingency resources.
    - Identify unique environmental conditions (e.g. flood plain, dams, etc.).

- Identify actual or potential **infrastructure** impacts on public health, medical and environmental systems.

    - Identify key infrastructure and support infrastructure to understand where potential problems may occur.
    - Describe the impacts to the supply chain for public health, medical and/or environmental systems.

- Understand the public health, medical, and environmental **systems** in the area of operations.

    - Analyze the public health, medical and/or environmental infrastructure and its current and projected needs to meet the demands of the incident.
    - Analyze current census, status, and patient demographic of the healthcare system capacity within the projected areas of operations.
    - Analyze specific details on the healthcare continuum of care capacity that may have evacuated and/or otherwise not available.
    - Analyze locations where augmented or alternate care systems could be established.
    - Maintain situational awareness of regulated environmental infrastructure.

- Identify and forecast impacts of protective actions.

    - Identify what type and where protective actions are occurring.
    - Identify numbers and locations where populations are sheltered and specific vulnerabilities within the sheltered group.

- Forecast and validate resource needs.

    - Project what type of resources and facilities are necessary to complete operational objectives.
    - Identify potential shortfalls/ gaps in resources.
    - Identify internal or external resources available to fill resource gaps.
    - Identify potential recovery actions.

Information is disseminated in multiple ways:

- Formal Briefings – A comprehensive written situation report will be provided at incident briefings. These briefings focus on high-level information for leadership and other response partners. These briefings are typically verbal.
- Situation Reports – During each operational period a written summary of situational awareness information is developed with a complete picture of the

public health, medical, and/or environmental systems. These reports are distributed widely. Recipients may include:

- DHEC Executive Leadership Team (ELT).
- ICS Staff.
- Agency ESF personnel in the SEOC. Further distribution includes:
  - ESF Partners defined by the State Emergency Operations Plan.
  - Members of the SERT.
  - Federal partner agencies.
  - Extracts are provided to SCEMD Operations for the Daily State Situation Report and SCEMD Plans for the State or Joint Incident Action Plan.
- Regional Directors/ Administrators.
- Regional Offices of Public Health Preparedness.

- Ad Hoc Reports – As needed, support response planning and tactics, the Situation Unit will prepare ad hoc reports providing more detail on specific aspects of the response. These reports typically support other parts of the incident management structure.

XI. Communications.

Incident communication are coordinated through the established ICS structure using communications infrastructure and equipment.

- Life-safety, urgent, or sensitive communication should use voice communications.
- Email serves as a voice supplemental method for dissemination of other incident information or for routine communication.

For communication failures during an incident, BPHP, regional OPHPs and the Office of Information Technology maintain redundant and deployable equipment to reestablish communications. These resources are staged throughout the state for immediate deployment. These include cellular, satellite, and various radio systems.

XII. Continuity.

Continuity of Operations Plans (COOP) are a necessary component of emergency planning and operations. The agency COOP plan is Annex A of this document. By policy, state agencies are required to:

- Establish COOP plans and procedures that delineate mission essential functions,
- Specify succession to office and the emergency delegation of authority,

- Provide for the safekeeping of vital records and databases,
- Identify alternate operating facilities,
- Provide for interoperable communications,
- Validate the capability to continue mission essential functions through tests, training, and exercises.

In addition to agency plans, Emergency Support Function personnel develop COOP plans for each ESF. This plan, as a component of the SERT COOP Plan, are published separately and is not available for online access.

While Annex A and the SERT COOP plans are required by policy and serve an essential role in agency preparedness, for DHEC "continuity" extends beyond content and established guidelines governing these documents. For example, in a hurricane event, significant parts of our agency may be directly affected and required to evacuate from coastal areas – effectually executing COOP. Other significant portions of the agency serve in direct response roles governed by this EOP. Still others within DHEC, for example Community Health Services in the Upstate Region, continue serving clients as they would routinely. However, due to response demands, these "routine" operations may become far from normal, as assigned staff and resources may be deployed out of area in support of disaster support operations further eastward. Should significant degradation of service occur in regions not directly affected by an event, ICS reporting and structure will be adjusted to enable capability assessment, status information and prioritization decision making by agency and ICS senior leaders.

XIII. Administration, Logistics and Finance.

In South Carolina, State level agencies initially fund emergency operations from existing agency accounts. To exceed budget authority for emergency operations, DHEC must have approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority (Governor, State Fiscal Accountability Authority, and State Legislature).

If an emergency is significant enough to result in a Presidential Declaration, Federal funds administered by FEMA will become available. To attain these funds, detailed record keeping of expenditures are required. Additional information is found in Annex 7 of the SCEOP.

Authorization, Documentation and Tracking of Response Actions.

All incident related costs must be clearly documented and linked to activities or tasks authorized by the agency in designated tracking systems. Depending on the incident, tracking systems may vary. Always include:

- Incident Name
- Description of response action(s) taken
- Resources used
- Justification for any purchases made
- Start date and end date
- Authorizing entity

Processes for Purchasing, Contracting and Travel.

At the onset of an incident, DHEC's Bureau of Business Management will establish expenditure codes specifically for the incident. These codes will be disseminated to the Incident Management Team and should be utilized for all expenditures related to the incident.

Unless waived by the Agency Director or through an Executive Order, routine processes for purchasing, contracts, and travel must be followed. If specific processes are waived for disaster response, this will be communicated to all incident personnel by Finance and Administration Section. Funds for incident-related expenditures will be encumbered from existing program budgets and will be reimbursed if and when the agency receives reimbursement.

The Bureau of Business Management established modified processes for key financial related activities in emergency situations:

- Emergency Purchases
- Mission Critical Travel
- Emergency Procedures for Purchasing Card (P-Card) Use

Personnel Labor Tracking and Payment.

All personnel labor costs associated with incident response should be documented. Employees will track hours associated with the incident response using the Agency's Personnel Cost Accounting System (PCAS). The Finance/Administration Section (via Bureau of Business Management) will disseminate codes in which employees can code incident-related hours. Supervisors should ensure all hours worked as part of the incident response are document and appropriately coded on PCAS.

Employees who accrue overtime as a result of incident response activities may or may not be paid for those hours. The Bureau of Human Resources will provide additional instructions and information regarding time accrued over 40 hours.

Reporting Incident Related Costs.

Within 30 days of the end of an incident response or on a timeframe as directed by the Finance/Administration Section, documentation for all incident-related expenses must be collected, regardless of whether the incident is eligible for reimbursement or not. Estimates by regions, bureaus and offices within DHEC may be required throughout the event. When necessary Finance/Administration will request these and provide due dates and timeline for reoccurring submissions.

The Bureau of Business Management will produce reports based on the incident-specific procurement codes to determine incident related costs to DHEC. Regions, Bureaus, and Offices may be requested to validate incident-related expenses and provide justification and documentation for expenses. The Bureau of Business Management will work directly with each Region, Bureau, and/or Offices to gather this information.

Justification should reference an approved task/activity. Examples of required documentation include:

- Travel Documents
    - Mileage log/form
    - Lodging receipts/invoices
    - Gasoline receipts
    - Vehicle rental receipts/invoices
    - Airline ticket or copy of itinerary with fees & total
    - Additional baggage fees receipts
    - Receipts for authorized special purchases (GPS, repairs, etc.)
- Time/Payroll
    - List of all staff working as part of the response (name, disaster duty, dates/time worked, deployed location and dates)
    - PCAS Reports
    - Sign-in sheets for staff meals
    - Receipts for food/meals including items purchased or entrees ordered with quantities, name of vendor, date and time
- Purchasing Expenses
    - Summary of purchases
    - Copy of Purchase Orders, contracts, or written agreements
    - Copies of receipts and invoices with Resource Tracking meeting
    - Justification for purchase
    - Credit slips
    - Time and/or distance equipment was used

- Aircraft service documents (includes UAVs)

Reimbursement.

Not all incidents are eligible for reimbursement of emergency response expenses. As it is often not known if there will be an opportunity to seek reimbursement until well into the incident response, DHEC will document emergency response related expenses as if reimbursement were going to be available.

Eligibility for reimbursement opportunities is determined based on the type of incident, specific conditions regarding its impact to the State of South Carolina, and the existence of federal and/or private party funding for the incident. Fund sourcing for emergency response may include:

- The Public Assistance Grant Program, authorized under the Robert T. Stafford Act, requires the state to meet a cost-sharing threshold for emergency response and recovery activities and uninsured losses. Certain costs for government and private not-for-profit entities are reimbursable under the Public Assistance Program. Through an incident may qualify for Public Assistance, each expense is not guaranteed reimbursement. The South Carolina Emergency Management Division is responsible for seeking the Public Assistance for the State.
- Special grant opportunities may be available through federal agencies for certain incidents. In 2009, the DHEC received grant funding for response activities related to the novel H1N1 Influenza Pandemic. This grant funding allowed the department to disseminate funding in order to support response activities. This avenue of incident response funding is rare and should not be expected for most incidents. If future grant funding opportunities for incidents become available, the department will abide by the conditions of the grant for management of financial aspects of the response.
- Direct federal funding is provided for some incidents and special events. This may be in the form of direct access to federal resource and response systems or through reimbursement from a federal agency. This circumstance is rare and would only apply when the federal government has lead authority for the incident response, and state and local authorities are acting in a supporting role. Specific criteria for eligible expenses would be communicated from the federal government and certain state activities such as labor would likely not be covered.
- Responsible party private funding -though rare, some incidents are the fault of private parties, who are legally responsible for costs associated with the incident response.
- The Emergency Management Assistance Compact (EMAC) provides for reimbursement for response activities in support of another state and is authorized through the official EMAC request process by the requesting state. Any DHEC response activities done in support of another state must be requested by the impacted state and authorized by the South Carolina Emergency

Management Division. The EMAC process includes a process of estimating and negotiating costs for EMAC missions.

If an incident is eligible for reimbursement, the Bureau of Business Management will complete the necessary reimbursement packages required by the reimbursing authority and submit a package on behalf of DHEC.

Upon receipt of reimbursement funds, Bureau of Business Management will disseminate funds base done programming codes. DHEC will utilize the same processes for distributing disaster reimbursement funds as it does to distribute federal grant funding on a routine basis.

If no funding source exists for response activities, expenses will be the responsibility of the purchasing regions, bureau, and/or office. In this circumstance, response activities would be paid for through existing operational budgets within DHEC. DHEC may submit a supplemental budget request to the legislature to seek funds for these expenses, as deemed appropriate by the Agency Director.

Logistical Resource Management.

DHEC emergency logistics management (which includes management of personnel, pharmaceuticals, equipment, supplies and facilities) is organized to ensure that all functions are executed in a unified manner in order to reduce costs, ensure appropriate support actions, and optimize delivery time.

Logistical procedures for the mobilization, distribution and recovery of resources are maintained in the DHEC Emergency Logistics Standard Operations Procedure, developed and maintained by the Bureau of Public Health Preparedness. (TBP)

Personnel resource management during disasters and emergencies are contained in the DHEC Emergency Personnel Standard Operations Procedure, developed and maintained by the Agency Human Resources. (TBP)

Inventories of tangible goods are maintained in the Department's EZ Office Inventory System which includes resources across the state.

Inventories of pharmaceuticals and medical supplies are maintained and tracked using CDC's Inventory Management and Tracking System (IMATS) which includes resources across the state.

If DHEC resources become exhausted, the Agency maintains contingency contracts and agreements with other state agencies, private vendors, and neighboring states to acquire additional resources.

XIV. Plan Development and Maintenance.

The Bureau of Public Health Preparedness coordinates, synchronizes, maintains and makes available the current DHEC Emergency Operations Plan, annexes, and appendices. Content remains the responsibility of all bureaus within our agency. As a "living plan," changes and updates to this plan are encouraged at all times, coordinated through and with the Director of Planning within BPHP.

Each Bureau reviews the base plan and relative components of this EOP annually to reflect procedure and capability changes, as well as deficiencies identified for corrective action during training, exercises, or actual events.

Triennially, the Executive Planning Committee will conduct a detailed review, validation, and will coordinate and ensure integration of all changes and updates to this plan. Changes will be presented to the ELT for review and comment, then to the Agency Director for approval and signature. The "date" of the plan will be changed to coincide with this signature and promulgation.

The Bureau of Public Health Preparedness will distribute copies of the DHEC EOP to the Agency Director. Electronic access to the DHEC EOP will also be made available on the Agency SharePoint and/ or website and will disseminate links to all staff.

This is your plan, your agency, and executed in support of your families and neighbors. All employees are encouraged to provide comments and feedback to BPHP.

XV. Authorities and References.

Authorities.

- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards) SC Code Ann. §§25-1-420 and -440
- Executive Order 2017-11 and successor executive orders of the Governor
- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1- 110, and 44-1-140
- SC Pollution Control Act, S.C. Code Ann. Section §48-1-50, 48-1-290
- SC Coastal Zone Management Act, Sections 48-39-50 and 48-39-290
- SC Oil and Gas Act, SC Code Ann §48-43-20, -30, and -40.
- SC Safe Drinking Water Act, SC Code Ann §44-55-10 et seq.
- SC Surface Water Withdrawal Act, SC Code Ann §49-4-10 et seq
- SC Hazardous Waste Management Act, SC Code Ann §44-56-50 and 44-56-100.
- SC Solid Waste Management Act, SC Code Ann §44-96-280
- SC Code Regulation 61-112, Emergency Health Powers Act

- SC Atomic Energy and Radiation Control Act, SC Code Ann. §§13-7-40, 13-7-50
- SC Emergency Management Assistance Compact, S.C. Code Ann §25-9-420
- "Maintenance of Peace and Order," SC Code Ann. §§1-3-410 through -440
- "Additional powers and duties of Governor during declared emergency," SC Code Ann. §25-1-440
- South Carolina Code of Laws, Title 44, Chapter 4, Article 1; Section 44-4-100 thru 570 (Emergency Health Powers Act)
- South Carolina Emergency Operations Plan (SCEOP), updated annually

References.

- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010

XVI. Annexes.

A. Continuity of Operations (COOP)
   Appendix 1. Core Functions by Agency Bureau
B. Incident Command
C. Agency Coordination Center (ACC) Procedures (TBP)
   Appendix 1. Palmetto Common Operating Picture (COP) (TBP)
D. Incident Action Plans (IAPs) and Reports (TBP)
E. Duty Officer/ On-call Procedures
F. Federal and State Disaster Preparedness and Response Requirements
G. Inter-Agency Coordination and Liaison (TBP)
H. External Communications and Public Information (TBP)
I. Public Health Orders (TBP)
J. Quarantine, Isolation and Social Distancing (TBP)
K. Emergency Dam Operations (TBP)
L. Hazardous Materials Response
M. Health Facility Coordination and Evacuation (TBP)
N. Emergency Medical Service (EMS) Coordination (TBP)
O. Shelter Operations
P. Water Quality Disaster Operations (TBP)
Q. Coastal Program Damage Assessment Operations
R. Communications Support (TBP)
S. Personnel Operations During Disaster
   Appendix 1. Safety
T. Facility Evacuation, Closures, and Restoration (TBP)
U. CASPER Operations (TBP)
V. Disaster Recovery (TBP)
W. Preparedness Training and Education (TBP)

X. Supporting Plan and SOP Development (TBP)
Y. TB Response Plan
   Appendix 1. Ten Steps to Take When a TB Outbreak is Suspected
   Appendix 2. State and Local Laws and Regulations
   Appendix 3. TB Response Related Terms and Definitions
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I. Introduction.

The South Carolina Department of Health and Environmental Control's Continuity of Operations (COOP) Plan provides the framework for the Agency to continue and rapidly restore core functions under all threats and conditions, with or without warning, based upon established execution times. This plan is not an emergency response plan. Rather, it is a plan that establishes those day-to-day services that must be continued under all situations.

II. Purpose.

The COOP plan ensures the continuity of South Carolina Department of Health and Environmental Control core functions such as newborn screening, vital statistics, and environmental emergency response. Although the Agency recognizes many important functions, this plan covers only those that are mission and time critical.

An Essential Function (as defined in the *Federal Preparedness Circular 65*) is a function that enables an organization to [Note: DHEC uses the term *Core Function* throughout the COOP plan to describe Essential Functions]:

1. Provide vital or mission-critical services;
2. Exercise civil authority;
3. Maintain the safety of the general public; and/or
4. Sustain the industrial or economic base during an emergency.

III. Applicability and Scope.

The COOP plan is applicable to all Bureaus, Program Areas, and state-owned/leased facilities within the Agency. This plan works in conjunction with all other Agency plans such as the Emergency Operations Plan (EOP) and all other applicable policies and procedures for DHEC.

The COOP strives to map out the restoration of normal operations and failed facilities or equipment with a skeletal crew and minimum resources needed to achieve this task. The focus of planning efforts are based on the "worst-case scenario", which would include the inaccessibility of Agency facilities, unavailability of core personnel, and all resources necessary to support core functions.

IV. Assumptions.

This COOP plan is based upon the following assumptions:

- DHEC has considered its mission, statutory requirements, and emergency support function roles and has identified core functions and execution times to support these functions;
- DHEC will maintain the capability to implement COOP with or without warning using trained and equipped personnel for any all-hazards event that will disrupt essential functions;
- A Continuity Event will affect DHEC's ability to provide support to clients and external agencies;
- Outside assistance could be interrupted or unavailable;
- Director and/or Executive Leadership Team (ELT) will exercise their authority to implement COOP in a timely manner when confronted with events that disrupt the agency's core functions;
- DHEC must be able provide operational capability within 12 hours of an event and be able to continue essential operations for at least 30 days or until termination of an event;
- A Continuity Event may require the relocation of leadership and continuity personnel to an alternate facility;
- Equipment and software systems may become unavailable which will require continuity personnel to implement manual workaround procedures;
- Situational awareness and dissemination of information will be maintained through defined information sharing processes in coordination with local and state agencies (if available);
- Teleworking may be implemented as an alternate work arrangement during a Continuity Event;
- Resources and funding may be available to implement a comprehensive planning, training, and exercise program to enhance preparedness for any Continuity Event.

V. Core Functions.

Agency core functions are organized based on level of criticality following a disruption, and they must be continued under any and all circumstances. ***Table A1*** *shows* the levels of criticality that will determine the Agency's responsibilities and core functions.

Core Functions	
Level of Criticality	**Description**
Critical 1	Must be continued at normal or increased services load. Cannot pause. These functions involve those with the direct and immediate effect on the agency to preserve life, safety and protect property.

Critical 2	Must be continued if at all possible, though perhaps in reduced mode. Pausing completely will have grave consequences. Must be operational within 7 days.
Critical 3	May Pause if forced to do so, but must resume in 30 days or sooner
Critical 4 (Deferrable)	May Pause; resume when conditions permit.

Table A1, Core Functions

While all core functions are important to the successful completion of the Agency's mission, some are more time-critical than others. During an emergency that requires a COOP activation, some functions will be deferred to accommodate the more urgent functions; all functions will ultimately be continued as Agency business returns to normal operations following the event.

VI. Concept of Operations.

Phase I: Readiness and Preparedness

DHEC will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue core functions in an all-hazard/threat environment. DHEC is performing normal public health and environmental activities. No ICS structure is activated.

Phase 1: Readiness and Preparedness. Normal Conditions. Day-to-day Operations. ICS not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provides strategic leadership and overarching policy direction for Agency's Continuity Program. ☐ Ensure all employees understand their role prior to and during a continuity event. ☐ Ensures all Bureau components participate in COOP related training and exercises. ☐ Maintain agreements with supporting agencies and vendors ☐ Ensures current call-down rosters are maintained. ☐ Ensures Standard Operating Procedures (SOPs) and supporting documents are developed to support Agency core operations. ☐ Encourages family emergency plan development to increase personal and family preparedness.	**Lead:** Executive Leadership Team (ELT); Bureau Chiefs; Division Directors **Supporting:** Bureau of Public Health Preparedness (BPHP)
☐ Pre-identify alternate Agency Coordination Center (ACC), Regional Coordination Centers (RCCs) and Emergency Operation Centers (EOCs). ☐ Be prepared to activate DHEC ICS and ACC/RCCs/EOCs to support a continuity event.	**Lead:** BPHP **Supporting:** All
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Pre-identify vulnerable DHEC owned and leased facilities. ☐ Identify County point-of-contacts for all DHEC-leased facilities.	**Lead:** Chief Finance and Operations Officer **Supporting:** BPHP; Business Management
BUREAU OF PUBLIC HEALTH PREPAREDNESS	
Actions:	**Responsibility**

☐ Implement continuity training and exercise program for all employees. ☐ Reports planning, training, and exercise activities annually to the ELT.	**Lead:** Training & Exercises; Plans **Supporting:**
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Work with Policy Review Committee to update/review supporting policies and procedures, to include telework agreement policy and procedures.	**Lead:** HR **Supporting:** Policy Review Committee
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Be prepared to support essential records and databases. Review *Appendix 3: Essential Records and Systems Management (TBP).*	**Lead:** IT **Supporting:** BPHP

Phase II: Activation and Relocation

The transition from Phase I to Phase II will occur when an event disrupts normal day-to-day operations of Agency's core functions. All plans, procedures, and schedules to transfer core activities, personnel, records, and equipment to alternate facilities are activated, if required. Depending on the size/complexity of continuity event, Agency ICS is activated to manage continuity event and to ensure continuation of Agency Core Functions.

Phase II: Activation and Relocation. Perform Agency Core Functions ONLY. ICS activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Activate the agency ICS and ACC. ☐ Determine activation levels and coordinate continuity operations. ☐ Activate RCC/EOC in affected region. ☐ Notify State EMD/State Warning Point and ESF-8/10 partners and determine communication plan. ☐ Be prepared to active RCCs/EOCs in unaffected region. ☐ Relocate core functions, records, equipment, and supplies to alternate facility(s), if required.	**Lead:** ELT; ICS Designated Personnel; Continuity Personnel **Supporting:** BPHP

☐ Support COOP by providing personnel and technical and/or administrative support based upon the complexity/duration of an event and needs of the Agency. ☐ Notify and assure staff are on point to perform/expedite core functions.	**Lead:** Bureau Chiefs; Division Directors **Supporting:** ICS Designated Personnel
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Ensures the primary facility(s) can support the performance of Core Functions. ☐ Work with the Department of Administration and/or appropriate agencies to obtain office space for reconstitution, if required.	**Lead:** Chief Finance and Operations Officer **Supporting:** Financial Management; Business Management; ICS Designated Personnel
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Alert and notify non-continuity personnel of Agency's operational status. ☐ Implement telework policies	**Lead:** HR **Supporting:** ICS Designated Personnel; Regions
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Monitor the status of critical IT infrastructure in affected region(s). ☐ Remove/relocate critical IT servers and equipment to unaffected regions, if necessary.	**Lead:** IT **Supporting:** ICS Designated Personnel
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**

☐ Suspend non-critical clinical services. Redirect high priority clinical services to unaffected DHEC office(s). Refer to Appendix 1- *Core Functions by Agency Bureau.* ☐ Activate Careline to receive incoming calls regarding cancelled appointments. ☐ Report regional facility damages to ICS leadership.	**Lead:** Regional Health Directors; Community Health Services **Supporting:** ICS Designated personnel; Central Appointing/Care Line Coordinator

Phase III: Continuity Operations

The transition from Phase II to Phase III will occur when this COOP plan is activated and DHEC continues to perform its Core functions at the primary or alternate facilities. Agency ICS is activated to manage continuity event and to ensure continuation of Agency Core Functions.

Phase III: Continuity Operations. Maintain Agency Core Functions. ICS activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Maintain Core Functions at the primary facilities and/or alternate facilities. ☐ Consults with/advises local, state, and federal officials during a continuity event. ☐ Begin reconstitution activities. ☐ Documents continuity activities during activation and ensures records are maintained for future reference.	**Lead:** ICS Designated Personnel **Supporting:** Continuity Personnel; BPHP
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**

☐ Document and track all expenses incurred during COOP activation, especially those eligible for state or federal reimbursement. ☐ Coordinate with Department of Administration to identify suitable alternate facility(s), if needed.	**Lead:** Chief Financial Officer **Supporting:** Financial Management**;** Business Management; ICS Designated Personnel
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Disseminate event-specific PCAS codes	**Lead:** HR **Supporting:** ICS Designated Personnel
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Maintain critical databases and systems to ensure Core Functions can be sustained.	**Lead:** IT **Supporting:** ICS Designated Personnel
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Maintain critical services at unaffected DHEC facilities.	**Lead:** Regional Health Director **Supporting:** Community Health Services

Phase IV: Reconstitution Operations

The transition from Phase III to Phase IV will occur when the Continuity Event has ended and the decision is made to reconstitute back to normal operations. ICS activation may be necessary to manage Agency transition back to normal operations.

Phase IV: Reconstitution Operations. Transition to Normal Operations.
COMMAND, CONTROL AND COORDINATION

Actions:	Responsibility
☐ Be prepared to deactivate ICS. ☐ Decide when to resume normal operations with the primary facility(s) or other facility(s). ☐ Relocate staff back to primary operating facility(s) or other facility(s), if required.	**Lead:** **Supporting:** ICS Designated Personnel; Finance-BBM
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Provide a status update of DHEC owned or leased facilities are ready for reconstitution.	**Lead:** Chief Financial Officer **Supporting:** Financial Management; Business Management
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Continue to account for continuity and non-continuity personnel. ☐ Ensure displaced/affected personnel have access to necessary resources to aid with recovery.	**Lead:** HR **Supporting:** ICS Designated Personnel
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Maintain essential databases and systems, to include active directory.	**Lead:** **Supporting:**
☐	**Lead:** **Supporting:**
REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Be prepared to reinstitute non-critical services.	**Lead:** **Supporting:**

☐	**Lead:** **Supporting:**

VII. Orders of Succession.

The **Director** holds the authority to activate the plan and provide direction and control during a COOP related event. Should the Director be unavailable; the Agency will implement the Orders of Succession listed in Table A2 to ensure there is no lapse in leadership for the Agency.

Position	Designated Successors
Director	1. Director of Environmental Affairs
	2. General Counsel

Table A2, Orders of Succession for the Director

Executive Leadership Team (ELT) members hold the authority to implement continuity operations as outlined within this plan as determined by the Director. Should an ELT member be unavailable, the Director will implement the Orders of Succession listed in ***Table A3.***

Position	Designated Successors
Chief of Staff	1. Senior Director of Legislative Affairs
	2. Chief Communications Officer
Chief Information Officer	1. Deputy Chief Information Officer
	2. Chief Information Security Officer
	3. Enterprise Application Director

Position	Designated Successors
Director of Health Regulation	1. Chief, Bureau of Health Care Planning and Construction
	2. Chief, Bureau of Health Facilities Licensing
	3. Chief, Bureau of Certification
Director of Public Health	1. Director of Community Health Services
	2. Chief, Bureau of Disease Control / State Epidemiologist
	3. Chief of Staff, Public Health
Director of Environmental Affairs	1. Assistant to Director of Environmental Affairs
	2. Chief, Bureau of Environmental Health Services
	3. Chief, Bureau of Air Quality
Chief Human Resources Officer	1. Assistant Human Resources Director
	2. Director of Programs
	3. Records and Benefits Director
General Counsel	1. Deputy General Counsel
	2. Chief Counsel for Administration
	3. Chief Counsel for Environmental Affairs
Chief Financial Officer	1. Bureau Director, Financial Management
	2. Office Director, Budgets & Financial Planning
	3. Bureau Director, Business Management

Table A3, Orders of Succession for the Executive Leadership Team

VIII. Delegations of Authority.

DHEC has identified the levels of authority for personnel assigned to leadership positions listed in the Orders of Succession Section of this plan. Personnel assigned to these positions will be responsible for making policy or operational decisions during a continuity event. The plan also addresses additional personnel assigned to continuity positions.

Generally, pre-determined delegations of administrative authority and/or emergency authority will take effect when normal channels of direction are disrupted. Emergency authority will lapse when individuals are relieved by competent authority.

Types of Authority.

- Administrative Authority: Personnel assigned to leadership positions will retain their day-to-day "administrative authorities" during a continuity event and may be granted additional "administrative and emergency authorities" as approved by the Director, successor or designee to ensure the DHEC's Core Functions can be maintained during any continuity event. Administrative authority refers to the ability to make policy and legal decisions that have effects beyond the duration of the continuity event (i.e., hiring, employee dismissal, allocation of resources, fiscal decisions) and may or may not expire when the event is over.
- Emergency Authority: Continuity personnel assigned to specific Core Functions will be granted "emergency authorities" upon approval of the Director, successor or designee listed in ***Appendix 2 – Orders of Succession / Delegations of Authority by Agency Bureau (TBP)***. Emergency authority refers to the ability to make decisions related to the Continuity Event (i.e., evacuation, relocation, Core Function activities) and in most cases, will expire when the Continuity Event is over.

Delegation and Limitations.

- The Director may delegate "administrative and emergency authorities" to ELT members as outlined within this plan and ensure they are aware of their responsibilities and limitations (duration, extent, and scope).
- ELT members and Bureau Chiefs will ensure all personnel who are given "emergency authorities" are aware of their responsibilities and limitations (duration, extent, and scope) as listed in ***Appendix 2 – Orders of Succession / Delegations of Authority by Agency Bureau (TBP)***.
- The Director and ELT members will ensure the Board and all employees are notified whenever Orders of Succession and Delegations of Authority are implemented.

Triggers. Delegations of authority for leadership and continuity positions may be implemented when the person holding the primary position cannot perform their duties for whatever reason, i.e., sickness, vacation, inability to report to work, or temporary assignment.

IX. Human Resource Management.

During a continuity event (any event that makes it impossible for employees to work in their regular environment, or, an event that reduces workforce or agency resources, interrupts utilities or access to agency facilities, or otherwise impairs normal operations and delivery of essential services), designated continuity personnel will be activated by the Director, successor or designee to perform assigned continuity duties for the performance of the Core Functions in ***Appendix 1 – Core Functions by Agency Bureau***.

Non-continuity personnel may be placed into a "standby" status or will be assigned to replace or augment the Agency's continuity personnel during activation of this plan. As a result, DHEC employees are expected to remain in contact with their respective supervisor during a Continuity Event and will remain available to replace or augment continuity personnel, as required.

Accountability of personnel will begin upon activation of this plan and continue through completion of Phase IV - Reconstitution Operations. The ELT, Bureau Chiefs, and ICS leadership will account for all employees and submit status reports at designated intervals as outlined in the Information, Analysis, and Dissemination Section of this plan.

The Bureau Chiefs and/or ICS leadership will ensure all employees are kept up-to-date regarding the operational status of the Agency and will provide guidance through the use of:

- E-mail (work and personal)
- Dashboard/Intranet
- Call Down Lists
- Social Media

X. Information, Collection, Analysis, and Dissemination.

DHEC will gather, analyze, and disseminate information through coordination with other local, state, and federal agencies upon activation of this plan. Information will be collected and disseminated through meetings and/or the use of communication systems and incident management software systems. Personnel will document COOP related information in DHEC Palmetto or through other processes. Dissemination of information to the public will be coordinated through Media Relations. Confidentiality and legal restraints will be determined by the Office of General Counsel.

Each bureau within DHEC will ensure the COOP related information is provided to ICS in a timely manner to maintain a common operating picture throughout an event. While specific incidents may create additional or specialized reporting requirements, the information listed in ***Table A4*** will be collected and reported regardless of incident type.

Information Element	Specific Requirement	Responsible Element	Deliverables	When Needed	Distribution
Plan Activation/ Deactivation	Notify employees and supporting agencies when plan is activated.	• Director • ELT • ACC/RCCs/EOCs	Notification through ReadyOp	Within 4 hours of activation/ deactivation and/or as determined by the Director/ELT.	• All Employees • Supporting Agencies • SCEMD/State Warning Point
Personnel Accountability	Account for all employees.	• Director • ELT • Division Directors • Regional Directors • HR Personnel	Situation reports through meetings, conference calls, and Palmetto	Within 8 hours of activation and/or as determined by the Director/ELT.	• ACC/RCCs/EOCs
Operational Status	Percent of personnel that have arrived at alternate facilities (if relocated) and ability to conduct core functions	• Bureau Chiefs/Division Directors • ICS	Situation reports through email, meetings, conference calls, and Palmetto	No later than 12 hours after activation and/or as determined by the Director/ELT.	• Director • ELT • All Employees • Supporting Agencies • ICS

Hazard Information	Threat details specific to primary and alternate facility(s).	• ACC/RCCs/EOCs	Situation reports through email, meetings, conference calls, and Palmetto/WebEOC Activity Log.	Once per day and/or as determined by the Director.	• Director • ELT • ICS

Table A4, Disseminating Continuity of Operations Event Related Information

XI. Interoperable Communications.

DHEC has interoperable communications and redundant means of communications including:

- Cell Phone
- Satellite Telephone
- Amateur Radio Operators with UHF, VHF, and HF radio capabilities
- South Carolina Emergency Communications Network Telephone
- 800 MHz Radio systems on the Palmetto 800 systems
- Email, Palmetto, and other internet-based systems

800 MHz radio systems will provide interoperable communications in the event of the loss of other means. This system provides the ability to communicate within and outside the organization, however the number of units available is severely limited and will most likely provide limited communications only.

XII. Tests, Training, and Exercises

Personnel will participate in training as outlined in ***Table A5*** to ensure they are aware of their continuity responsibilities and can implement COOP as outlined within this plan.

Audience	Training Topics	Individual to Provide Training	Frequency
Bureau Chiefs/Division Directors	Continuity Training: Training must address individual and leadership responsibilities and include a detailed overview of the Agency's COOP Plan.	BPHP	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: IS 546.a: COOP Awareness Course, IS 547.a: Introduction to COOP, IS 545: Reconstitution Planning Workshop. Training is available online at http://training.fema.gov/IS/	Online Independent Study	
Continuity Personnel	Continuity Training: Training must address continuity responsibilities and include a detailed overview of the Agency's COOP Plan.	BPHP	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: IS 546.a: COOP Awareness Course, IS 547.a: Introduction to COOP. Training is available online at http://training.fema.gov/IS/	Online Independent Study	
All Employees	Continuity Awareness Training: Training must address individual responsibilities, development of a family support plan, and include a general overview of the Agency's COOP Plan.	BPHP	Annually or when significant plan changes occur

Table A5, Continuity of Operations Training Schedule

XIII. Plan Development and Maintenance.

This COOP Plan will be distributed, in whole or part, to personnel who have a continuity role within the Agency and supporting agencies to promote information sharing and facilitate a coordinated inter-organization continuity effort. Copies of this plan may be distributed via hard copy, electronic copy, or by posting on internal websites.

The Bureau of Public Health Preparedness will maintain DHEC's COOP Plan as outlined in ***Table A6:***

- This plan will be updated or modified when there are significant organizational or procedural changes and/or when other events occur that will impact continuity personnel, systems, essential records, and processes. Recommended changes will be submitted through BPHP for publication and distribution.
- BPHP will track and distribute any needed changes to this plan using the Record of Changes and Distribution List when changes/updates are required outside the official cycle of plan review, coordination, and update.
- Documentation of annual reviews and revisions to this plan will be maintained on file by BPHP. Documentation should include, at a minimum, the date of the change, a description of the change with page/section number, and the name and title of the person who made the change.

Activity	Task	Responsibility	Frequency
Maintain Contact Information	Confirm and update the contact information for the Director, ELT, continuity personnel, and key personnel from supporting agencies.	Lead: BPHP Support: All	Quarterly
Review/Update COOP Plan	• Review entire plan for accuracy and compliance with the most recent authorities; • Update the plan to reflect organizational changes within the agency or changes to core functions and/or supporting agencies; • Incorporate lesson learned and changes in policy or procedures.	Lead: BPHP Support: DHEC Planning Group	Triennially or when changes are needed based upon exercises, real-world events, organization changes, or as required by local, state or federal authorities.

Table A6, Continuity Plan Maintenance Schedule

XIV. Authorities and References.

Authorities.

- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards).
- South Carolina Code of Laws, Title 44, Chapter 4, Article 1; Section 44-4-100 thru 570 (Emergency Health Powers Act).
- South Carolina Emergency Operations Plan dated April 2017.
- Executive Order 2017-11 and successor executive orders of the Governor
- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1- 110, and 44-1-140
- "Additional powers and duties of Governor during declared emergency," SC Code Ann. §25-1-440

References.

- Virginia Department of Emergency Management Continuity Plan Template, November 2011, Version 4.0.
- Continuity Guidance Circular 1 (CGC 1); Continuity Guidance for Non-Federal Entities, Federal Emergency Management Agency, July 2013.
- Continuity Guidance Circular 2 (CGC 2) Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process, Federal Emergency Management Agency, October 2013.
- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010.

XV. Appendices

1. Core Functions by Agency Bureau
2. Orders of Succession/Delegations of Authority by Agency Bureau (TBP)
3. Essential Records and Systems Management (TBP)
4. COOP Plan Activation Matrix (TBP)
5. Alternate Facilities (TBP)
6. Definitions and Acronyms (TBP)
7. SERT (ESF 8/10) COOP Plan

Appendix 1
(Core Functions by Agency Bureau)
to the SC Department of Health and Environmental Control Continuity of Operations Plan

Level of Criticality	Description
Critical 1	Must be continued at normal or increased services load. Cannot pause. These functions involve those with the direct and immediate effect on the agency to preserve life, safety and protect property.
Critical 2	Must be continued if at all possible, though perhaps in reduced mode. Pausing completely will have grave consequences. Must be operational within 7 days.
Critical 3	May Pause if forced to do so, but must resume in 30 days or sooner
Critical 4 (Deferrable)	May Pause; resume when conditions permit.

	Bureau	Core Function	Criticality Level
Human Resources	Payroll	Payroll	1
	Class & Comp	Classification & Compensation	1
	Records	Records	1
	Employee Relations	Employee Relations	3
	Staff Training & Development	Staff Development	Deferrable
	Recruitment & Talent	Talent & Recruitment	Deferrable
Health Regulations	Health Facilities Licensing	Emergency Operations Staffing	1
		Event-related Complaint Intake and Investigation	2
		Event-related Inspections	2
		Mail/fax processing	Deferrable
		Invoice and Collect Payments	Deferrable
	EMS & Trauma	Emergency Operations Staffing	1
		Licensure of EMS Services	2
		Inspections	Deferrable
		Complaint Intake and Investigations	Deferrable
		Review of Protocols	Deferrable
	Certification	Data Collection	Deferrable
		Event-related Complaints	1
		Phone/mail coverage	2
		Recertification Surveys	Deferrable
		Survey Packet Processing	Deferrable
	Radiological Health	Radiological Emergency Response	1
		Shielding Plans/Facility Registration Approval	Deferrable
		X-ray Inspections	Deferrable

	Bureau	Core Function	Criticality Level
Finance	Project Management	N/A	N/A
	Patient Billing	Primary Insurance Claim Filing	Deferrable
		Secondary Claim Filing	Deferrable
		Clearinghouse	Deferrable
		EOB Matching	Deferrable
		Write Offs	Deferrable
		Settlements with Insurers	Deferrable
	Financial Mgmt – Accounts Receivable	Process check payments/Credit Cards	2
		Depositing checks	2
		Uploading private pay	2
		Submitting deposits to treasurer's office	2
		Process ACH payments	2
		Approval of documents	2
	Financial Mgmt – Accounts Payable	Invoice Payments	2
		Direct Pay payments	2
		Travel vouchers/Hotel vouchers	2
		Mailing checks	2
		Process incoming mail	2
		Approval of documents	2
	Financial Mgmt – Cost Accounting	WIC Draws	1
		Federal Draws	3
	Financial Mgmt – Payroll	Payroll Comparison Report	1
	Financial Mgmt – Budgets	Move finance resources	1
	Financial Mgmt – General Ledger	Emergency PCAS Setup (event-related)	1
		PCAS Setup (routine)	2
	Facilities Management	Restoring Building Functionality	1
		Maintain Building/Contents Security	1
		Work with Directors to relocate offices	3
	Procurement	Emergency Procurement (event-related)	1
		Procurement (routine)	3
	Support Services	CO Mail Center	3
		Fleet Management	3
		CO Copy Center	3
	Contracts	Emergency Contracts (event-related)	1

		Contract Management (routine)	2
	Bureau	**Core Function**	**Criticality Level**
Public Health	Chronic Disease & Injury Prevention – Cancer Division	Medical Prior Authorizations	2
		Medical Claims Processing	2
		Medical Contracts	3
		Patient Navigation	3
	Chronic Disease & Injury Prevention – Child Passenger Safety	Child Safety Seat Installations	3
	Chronic Disease & Injury Prevention - Health Promotion and Wellness	Partner contracts	3
		Grants Management	Deferrable
	Communicable Disease Prevention & Control - DADE	SCION (electronic disease surveillance system)	1
		Health Alert Network (HAN)	1
		SC List of Conditions	Deferrable* List required Jan 1)
		Epi & Lab Capacity (ELC) Grant	3
		Medical & Epidemiologic Consultation	1
		HIDA Report	Deferrable* (Semiannual reporting required)
		Outbreak Response	1
	Communicable Disease Prevention & Control - TB	TB Disease Isolation and Management	1
	Communicable Disease Prevention & Control – Immunization & Prevention	Vaccine Management	1
		Clinical Consultation	1
		IIS	2
		Ancillary Supplies (SNS)	1
		Provider Enrollments	1
	Community Health Services	Central Appointing/Careline	1
		Interpreter/Translation Services	3
		Q Flow	Deferrable
		ACC Support	1
		MNS Triage Line	1
		Emergency Issuance of Standing	2
		Addressing Practice Issues (Nursing)	1
		Addressing Practice Issues (Social Work)	1
		Personnel Coordination Issues	2
		Procurements	1
		Shortage Designation Coordination	3

		National Health Service Corps Liaison	3
		J-1 Visa Coordination	3
	Bureau	**Core Function**	**Criticality Level**
Public Health	Community Health Services – Vital Statistics	VRSIIS System Functionality	1
		Registration: Birth & Death	2
		Issuance: Birth & Death Cert. (Last 12 months)	2
	Public Health Preparedness	Public Health Emergency Response Coordination	1
		Public Health Emergency Response Planning	1
		Grants Management	Deferrable*
	Health Improvement Equity	Behavioral Risk Factor Surveillance System (BRFSS)	Deferrable
		Pregnancy Risk Assessment Monitoring System (PRAMS)	Deferrable
		Childhood Lead Screening Registry	Deferrable
		Birth Defects Registry	Deferrable
		Cancer Registry	Deferrable
		Administration	Deferrable
		MDStarNet	Deferrable
	Maternal Child Health (MCH)	Grants Management	Deferrable*
	MCH- WIC	WIC Certification	3
		WIC Voucher Issuance	3
	MCH-Children and Youth with Special Health Care Needs	Provision of blood factor for Hemophilia Program	1
	MCH- Children's Health and Perinatal Services	Critical Lead Test Results	2
		NBS Medical Follow up (specialists)	1
		NBS/Sickle Cell Notification	3
		Metabolic Food Program	2
		Abstinence Only Program	3
		Perinatal Regionalization	3
		Newborn Hearing Screening	3
	MCH - Women's Health	PREP Invoice Processing	Deferrable
		RPE Invoice Processing	Deferrable
		Title X Sterilization Program TA	Deferrable
		Title X Sterilization Invoice Processing	Deferrable
		Title X Program Consultation/Mgmt	3
	Public Health Laboratory * (Core functions organized based on APHL guidance)	Chemical Toxins and Metabolites	1
		Newborn Screening Testing	1
		Bacterial - Tuberculosis	1
		Bacterial - Enteric Diseases	1
		Viral - Influenza	1

		Viral - Encephalitis	1
		Viral - Rabies	1
	Bureau	**Core Function**	**Criticality Level**
Environmental Affairs	Air Quality	Technical assistance/guidance to counties/municipalities in establishing burn sites debris generated (vegetative and manmade including asbestos containing material) after a disaster	2
		Technical assistance/guidance in reference to types and quantities of air emissions that can be allowed from permitted sources and emission units at facilities during a significant release scenario	2
		Technical assistance/guidance to regulated facilities regarding permitting procedures for reconstruction activities after a disaster	Deferrable
		Technical assistance/guidance to facilities regarding restart of facility processes and activities after a disaster	2
		Technical assistance/ guidance to the general public as well as regulated facilities concerning air quality in impacted areas in the aftermath of a disaster	2
	Environmental Health Services (EHS) – Air Quality Analysis	Ambient Air Monitoring (Field Functions)	2
		Ambient Air Monitoring (Air Toxics)	2
		Ambient Air Monitoring (Data Handling Section)	2
	EHS - Analytical and Radiological Environmental Services	Drinking water sample analysis	2
		Milk/Dairy sample analysis	2
		Emergency wastewater sample analysis	2
		Sample receiving and sample container distribution	2
	EHS - Emergency Response	Respond to environmental emergencies throughout the State. (Activity involves Central Office Duty Officer (CODO), Chem R-1 Responder, Rad R-1 Responder and 13 Regional On Scene Coordinators (ROSC))	1
		Shadow spent nuclear fuel shipments into and through the State	3
		Support sampling operations in support of chemical and radiological releases or abandoned wastes	2
		Activate and support the Disaster Coordination Team (DCT)	2

Appendix 1
(Core Functions by Agency Bureau)
to the SC Department of Health and Environmental Control Continuity of Operations Plan

	Bureau	Core Function	Criticality Level
Environmental Affairs	EHS – Food and Lead Assessments	Dairy sampling	1
		Dairy Inspections	1
		Foodborne illness outbreak responses	1
		Food Protection inspection support to regions	2
		Manufactured Food Plant sampling	2
		Manufactured Food Plant inspections	2
		Elevated Blood Lead (EBL) environmental investigations	3
		Food staff audits and standardization	Deferrable
	EHS - Onsite Wastewater, Rabies Prevention and Enforcement (OSWW)	Animal Bite/Rabies responses	1
		Vector/Mosquito trapping and Sampling	1
		OSWW site evaluation support to regions	3
		Enforcement	3
		OSWW contractor licensing	Deferrable
		OSWW pumper/hauler licensing	Deferrable
		OSWW tank manufacture licensing	Deferrable
		OSWW audits	Deferrable
	EHS - Environmental Laboratory Certification	Providing lists of certified laboratories who perform environmental analyses	2
		Maintain Customer service phone calls/email help line: labcerthelp@dhec.gov	2
		Applications/Renewals	3
		Lab Evaluations	3
	Water	Water Quality Certifications	Deferrable
		Nav Waters Construction Permitting	Deferrable
		319 Grants Programs	Deferrable
		Total Maximum Daily Loads	Deferrable
		State Revolving Fund	3
		Wastewater Plant Permitting	3
		Drinking Water System Inspections	2
		Drinking Water Source & Treatment Permitting	3
		Drinking Water Line and Sewer Line Permitting	3
		Drinking Water Compliance Monitoring	3
		Drinking Water Technical Assistance	3
		Drinking Water and Recreational Waters Enforcement	3
		Recreational Waters Permitting	3
		Recreational Waters Compliance	3
		Stormwater Permitting	3
		Dam Safety Permitting	3
		Dam Safety Inspections	2
		Water Withdrawal Permitting	Deferrable

Appendix 1
(Core Functions by Agency Bureau)
to the SC Department of Health and Environmental Control Continuity of Operations Plan

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	Bureau	Core Function	Criticality Level
Environmental Affairs	Land & Waste Management	Technical assistance/guidance to counties/ municipalities in establishing disposal sites for disaster debris	2
		Technical assistance/guidance for safe handling of Radioactive or Infectious Waste during an emergency or significant release	2
		Technical assistance/guidance to regulated facilities regarding Hazardous Waste handling during an emergency or significant release	2
		Provide permitting support and technical assistance to UST facilities	2
		Provide technical assistance and/or response (using contractor support) concerning uncontrolled hazardous releases to the environment	2
	Ocean & Coastal Resource Management	Critical Area Permitting	2
		Compliance and Enforcement	3
		Coastal Zone Consistency Certifications	2
		State/Local Comprehensive Beach Mgmt Planning Asst	Deferrable
		Preliminary Damage Assessment	1
		Issuance of Emergency Orders/Repairs/Auth.	1
	Administration	Department of Energy (DOE) Communication	2
		Criminal Investigations	3
		Community Engagement	2
		Provide support to EA Bureaus	2
		Access to EA Vehicles	2
		Personnel	2
		Procurement	1
General Counsel	General Counsel	Legal advice to emergency operations activities, enforcement, and other divisions on matters denoted as urgent; representing DHEC in urgent litigation related to the emergency.	1
		Representing DHEC in urgent litigation not related to the emergency.	1
		Monitoring, reviewing, and responding to incoming correspondence and legal documents related to new/existing litigation.	1
		Filing for continuances in new/existing non-urgent litigation.	2
		Providing general legal advice to DHEC program	3
	Compliance	Compliance/Privacy	Deferrable
	Internal Audits	Perform Audits	Deferrable
		Fraud, Waste & Abuse Hotline	Deferrable

Appendix 1
(Core Functions by Agency Bureau)
to the SC Department of Health and Environmental Control Continuity of Operations Plan

	Bureau	Core Function	Criticality Level
Information Technology	Information Security	Agency IT Operations	1
		Email	1
		Telecommunications	1
		Procurement of IT contractual services and equipment	2
		Server support and monitoring	1
		IT Approval	2
		Data and File Sharing	1
		Network Services and Monitoring	1
		IT Requests and Issue Handling	2
		IT Security	1
		Developer Framework	2
		Health Systems and Supporting Environment	2
		Environmental Systems and Supporting Environment	2
		Administration Systems and Supporting Environment	2
		Spatial Data and GIS Environment	2
		Relational Databases	1
		Device/Software Asset Management	2
	Electronic Document Management (EDM)	EDM	1
		Agency Intranet Portal	2
		eForms	2
		Agency External Web Content	2
	End User Support	Endpoint Device Support/Desktop Support	1
	Service Desk	User account access/maintenance	1
Chief of Staff	Communications & Public Affairs - Media Relations	Sharing information with the media	1
	Communications & Public Affairs - Outreach	Sharing information with stakeholders and maintaining agency web site	1
	Communications & Public Affairs - Creative Services	Developing forms and educational material for the agency	1
	Communications & Public Affairs - Constituent Services	Answer questions from the general public	1
	Freedom of Information	Managing the FOI Office and oversee the production of FOIA requests	1
		Ensuring FOIA staff are responsive on requests.	3
	Legislative Affairs	Develop and share information with state elected officials, excluding local elected officials	1
	Special Projects	N/A	N/A

	Strategy & Continuous Improvement	N/A	N/A

PLACEHOLDER

PLACEHOLDER

PLACEHOLDER

PLACEHOLDER

PLACEHOLDER

I. Continuity/alternate location maps.

ESF-8 Health/Medical Services

Primary Site:	State Emergency Operations Center 2779 Fish Hatchery Rd. West Columbia, SC 29172
Alternate Location 1:	Department of Public Safety Blythewood Campus 10311 Wilson Blvd. Blythewood, SC 29016
Alternate Location 2:	SCARNG, Clark's Hill Training Site Kay Waldrop Way Plum Branch, SC 29845

ESF-10 Environmental and Hazardous Materials Operations

Primary Site:	State Emergency Operations Center 2779 Fish Hatchery Rd. West Columbia, SC 29172
Alternate Location 1:	Department of Public Safety Blythewood Campus 10311 Wilson Blvd. Blythewood, SC 29016
Alternate Location 2:	SCARNG, Clark's Hill Training Site Kay Waldrop Way Plum Branch, SC 29845

The South Carolina Department of Health and Environmental Control (DHEC) recognize that normal operations may be disrupted and there may be a need to perform ESF-specific activities at continuity/alternate locations. Continuity/alternate locations are located in Attachment A.

II. ESF Mission Essential Functions.

This Continuity of Operations (COOP) Plan is based on DHEC's ESF responsibilities in support of its role as the primary agency for the following Emergency Support Functions (ESFs): ESF-8, Health/Medical Services and ESF-10, Environmental and Hazardous Materials Operations. This plan solely addresses action by the Agency in response to ESF-8 and -10 issues and does not address actions being taken by the Agency to address other emergency support and recovery activities. The plan serves as an operational guide to facilitate the relocation of ESF -8 and -10 personnel to a continuity/alternate location and the backup of critical systems and vital records so mission essential functions may continue. The level and manner of support needed to continue mission essential functions is dependent upon the nature of an event. A listing of ESF -8 and -10 mission essential functions is included in Attachment B. For each mission essential function identified, the list also includes personnel required to execute the function, the level of priority assigned to each function, and the frequency associated with the function. [Note: SC EMD uses the term *Mission Essential Functions* throughout this Appendix to describe Core Functions]

A. Mission Essential Functions Supporting Elements

1. Vital Software

   Vital software includes specific software requirements to re-establish a mission essential function. Vital software requirements are listed in Attachment B.

2. Vital Equipment

   Vital equipment includes specific equipment required to re-establish a mission essential function. Vital equipment requirements are listed in Attachment B.

3. Vital Files, Records and Databases

   Vital files, records, and databases include specific files, records, and databases required to re-establish a mission essential function. Vital files, records, and database requirements are listed in Attachment B.

4. Internal Call List/Staff Roster

   The internal call list/staff roster contains the names and contact information for persons that will be contacted should DHEC experience a situation that would cause a major disruption to DHEC functions or where the agency

may have to resume operations at a continuity/alternate location. The internal call list/staff roster is located in Attachment C.

5. External Call List/Vendors

The external call list contains the names and contact information for persons and outside vendors that may need to be contacted should DHEC experience a situation that would cause a major disruption to services and where the agency may have to resume operations in a continuity/alternate location. External contacts are those critical vendors that supply equipment, software, or agency services. The external call list/vendors list is located in Attachment B.

III. Orders of Succession and Delegations of Authority.

DHEC has identified successors and delegations of authority for representing policy determinations and decisions in its role as the lead agency for ESF-8 and ESF-10. All such delegations of authority specify what the authority covers, what limits have been placed upon exercising it, which successor will have the authority, and under what circumstances, if any, the authority may be delegated.

A. Orders of Succession for ESF-8

Primary: ESF-8 Lead
Alternate 1: Whitney Cofield, Planner, Bureau of Public Health Preparedness
Alternate 2: Dave Harbison, Director of Planning, Bureau of Public Health Preparedness
Alternate 3: Jamie Blair, Operations Director, Bureau of Public Health Preparedness

B. Orders of Succession for ESF-10

Primary: ESF-10 Lead
Alternate 1: Paul Lee, Manager, ERS
Alternate 2: Anu Nair-Gimmi, Manager, NREES
Alternate 3: Ronald Kinney, Division of Emergency Response

C. Delegations of Authority

Delegations of authority ensure rapid response to an emergency situation that may require policy determinations and decisions during difficult circumstances. In preparation for emergency events, DHEC has:

1. Identified which authorities can and should be delegated.
2. Described the circumstances under which the authority would be exercised, including when delegations would become effective and terminate.
3. Identified limitations of the delegation.
4. Documented to whom authority should be delegated.

ESF 8 – Health/Medical Services

Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Overall authority for the ESF	ESF-8 lead	COOP event	SOPs	None

ESF 10 – Environmental and Hazardous Materials Operations

Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Overall authority for the ESF	ESF-10 lead	COOP event	SOPs	None

Delegations of authority for DHEC will be activated when the incumbent is not available during a COOP event. The delegated individual will be relieved of his/her authority once the incumbent becomes available. An individual exercising the authority of a successor will keep a record of important actions taken and the period during which the authority is exercised.

DHEC has determined that authorities will be delegated following the established lines of succession.

IV. COOP Implementation.

Once a state of emergency is declared, or a major disruption to DHEC functions occurs, "COOP implementation" begins. The concept of operations, located in the South Carolina Emergency Management Division (SCEMD) COOP Plan, describes the three phases of COOP implementation: activation and relocation (alert and notification), continuity/alternate facility operations and reconstitution. A COOP implementation checklist is located in Attachment D. This checklist details the specific tasks to be assigned during the activation and relocation, continuity/alternate facility operations and reconstitution phases.

I. Introduction.

DHEC responds to incidents using a modified Incident Command Structure (ICS) that is largely consistent with the framework established by the National Incident Management System. Due to the unique functions, positions within, and responsibilities some traditional ICS naming is modified to clearly articulate the functions performed. Whenever feasible, ICS will closely mirror regular structure, authorities and responsibilities within the agency to the maximum extent possible. However, when DHEC is responding as part of a larger response across the state or as an Agency, day to day operations and reporting structures are modified.

II. Purpose.

This annex outlines the DHEC incident command structure and reporting mechanisms to effectively command, control, and report information to maintain situational awareness to enable delivering emergency environmental and health services to the citizens and visitors in the event of either a man-made or natural disaster, or other threats to public health and wellbeing. The DHEC ICS generates unity of effort by coordinating the activities across the Agency to achieve common objectives relating to the incident response.

III. Scope.

The scope of this annex pertains to DHEC's organizational structure during incident response. The ICS structure is applicable for large scale response activities when two or more DHEC Regions are involved in the response. DHEC Regions can also activate ICS when an environmental or health services risk requires detailed coordination and control and the region is responding autonomously.

ICS is activated when any of the following triggers occur:

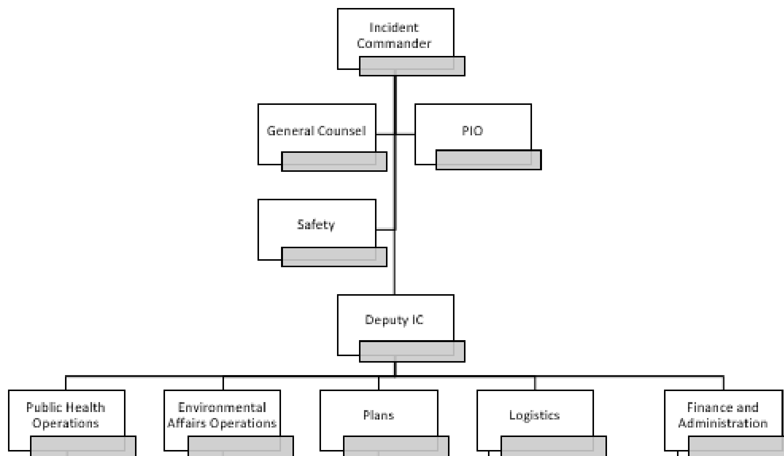
- The Agency Director decides that an ICS is best suited to command, control and report information to maintain situational awareness to an environmental or health related incident.
- At the direction of the State Health Officer in anticipation of or in response to an emerging risk to the public health or medical system that has the potential to require DHEC support or coordination to effectively respond.
- At the direction of the State Health Officer when issuing a Public Health Emergency impacting the State of South Carolina.

- An incident response that effects 2 or more DHEC Regions and requires detailed coordination and resource allocation.
- At the direction of a Region Health Director or Medical Officer in anticipation of or in response to an emerging risk to public health or medical system that requires regional coordination and asset allocation across the region.

IV. Roles and Responsibilities.

The DHEC ICS structure enables the unity of effort, capability integration to achieve shared goals through command and coordination, communications and information management and resource management. DHEC ICS structural organization facilitates activities in five major functional areas: command, operations, planning, logistics, and finance and administration.

Below is the command and general staff structure DHEC uses for large scale incident response or those requiring detailed command, control, and coordination among 2 or more Regions. Unique to DHEC, the ICS structure can incorporate 2 Operations Sections, Public Health Operations and Environmental Affairs Operations, as part of the General Staff. This is required in recognition of the broad responsibilities and authorities the Agency has under South Carolina statutes.



The Command Element is comprised of the Incident Commander, Deputy Incident Commander, General Counsel, Public Information Officer, and Safety Officer. Additional Technical Advisors may be added to the Command Element depending

upon the nature of the incident response. The IC has the authority to set response objectives, is responsible for outcomes, and approves the Incident Action Plan.

The General Staff is comprised with the Public Health Operations, Environmental Affairs Operations, Plans, Logistics, and Finance and Administration. Each General Staff Section is led by a "Chief" who is responsible for determining their staffing requirements and establishing priorities within their respective section based on guidance from the IC. Specific responsibilities of the sections are:

Public Health Operations – responsible for all Public Health incident related activities during the assigned operational period under authority of the IC.

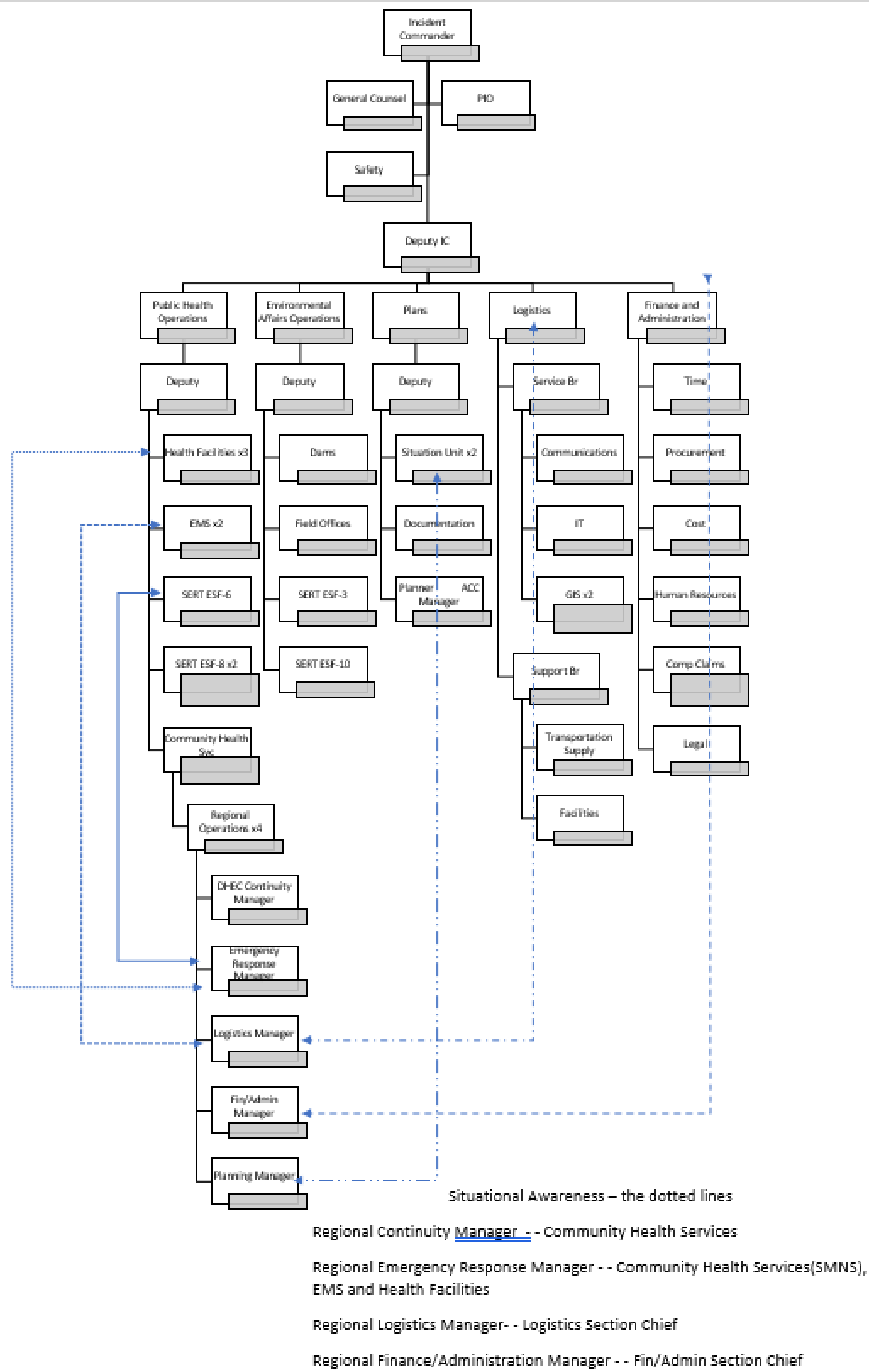
Environmental Affairs Operations – responsible all Environmental Affairs incident related activities during the assigned operational period under authority of the IC.

Plans Section – prepares the incident response for the next operational period, maintains situational awareness and generates the periodic situation reports, and facilitates Command and General Staff coordination meetings.

Logistics Section - identifies, coordinates, and procures all needed resources, personnel, material, by those in the ICS responding to the incident.

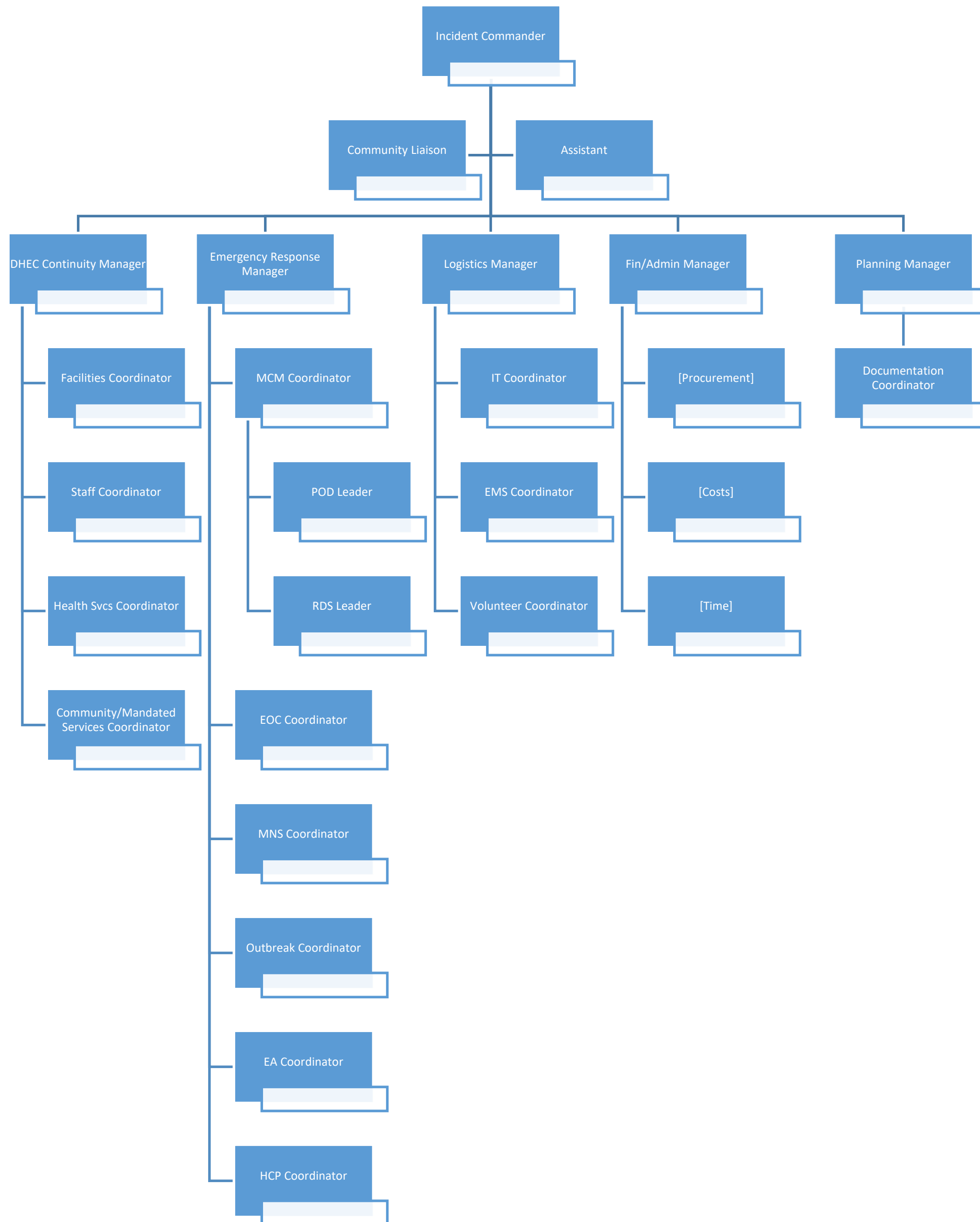
Finance and Administration – coordinates procurement activities, manages human resources, maintains cost and time of personnel involved in the incident response, and compensations claims as part of recovery.

DHEC can and will most likely establish Branches and Divisions under the Operations Sections when responding to larger, more complex incidents. For example, in a coastal evacuation for a pending hurricane, the DHEC Director is the IC for the DHEC ICS. All agency personnel are likely to be affected in some way, and all leaders will be engaged in response related roles. DHEC will designate "Branches," likely led by Regional Health Directors who themselves will designate essential ICS staff positions within their respective branches. Branch directors and their representatives will coordinate directly with agency ICS chiefs, the designated Operations Chief for operations today, the Plans Chief for tomorrow's activities, and the Logistics Chief for additional personnel and resources. Below is an example of the DHEC ICS Structure for a major incident response.


Incident Commander
General Counsel
PIO
Safety
Deputy IC
Public Health Operations
Environmental Affairs Operations
Plans
Logistics
Finance and Administration
Deputy
Deputy
Deputy
Service Br
Time
Health Facilities x3
Dams
Situation Unit x2
Communications
Procurement
EMS x2
Field Offices
Documentation
IT
Cost
SERT ESF-6
SERT ESF-3
Planner ACC Manager
GIS x2
Human Resources
SERT ESF-8 x2
SERT ESF-10
Support Br
Comp Claims
Community Health Svc
Transportation Supply
Legal
Facilities
Regional Operations x4
DHEC Continuity Manager
Emergency Response Manager
Logistics Manager
Fin/Admin Manager
Planning Manager
Situational Awareness – the dotted lines
Regional Continuity Manager - - Community Health Services
Regional Emergency Response Manager - - Community Health Services(SMNS), EMS and Health Facilities
Regional Logistics Manager- - Logistics Section Chief
Regional Finance/Administration Manager - - Fin/Admin Section Chief

The DHEC ICS framework flexible and modular depending on the nature of the incident response.

The DHEC ICS structure for incident smaller events that impact only 1 DHEC Region the following structure is used.



In region based incident response the Command Element is comprised of the Incident Commander, Community Liaison, and an Assistant. Additional Technical Advisors may be added to the Command Element depending upon the nature of the incident response. The IC has the authority to set response objectives, is responsible for outcomes, and approves the Incident Action Plan.

The General Staff is comprised with the DHEC Continuity Manager, Emergency Response Manager, Logistics Manager, Finance and Administration Manager, and Planning Manager. Each General Staff Section is led by a "Manager" who is responsible for determining their staffing requirements and establishing priorities within their respective section based on guidance from the IC. Specific responsibilities of the sections are:

DHEC Continuity Manager – responsible for all coordinating incident related activities for facilities, staffing, and health services during the assigned operational period under authority of the IC.

Emergency Response Manager – responsible County EOC Liaison, Medical Countermeasure requirements, Medical Needs Sheltering, Outbreak coordination, and Healthcare facility coordination incident related activities during the assigned operational period under authority of the IC.

Logistics Manager - identifies, coordinates, and procures all needed resources, personnel, material, by those in the ICS responding to the incident.

Finance and Administration Manager– coordinates procurement activities, manages human resources, maintains cost and time of personnel involved in the incident response, and compensations claims as part of recovery.

Planning Manager– is responsible for documenting the region incident response.

V. Key DHEC ICS Structures.

The DHEC ICS uses operations centers to command, control, coordinate and report incident related response activities. The DHEC Command and General Staff can use up to four operations centers depending on the scope and complexity of the incident response. The key DHEC ICS Structures are:

Agency Coordination Center (ACC) – DHECs primary operations center for situation awareness, support to decision making, detailed staff coordination, coordination of resources, and exchanging information.

Command and General Staff Coordination Room – located adjacent to the ACC is used by the Command and General Staff for IC updates, staff coordination, and monitoring the situation by General Staff members.

Disaster Coordination Team (DCT) Center – DHECs operations center for environmental programs.

Dams Coordination Room— DHEC’s operations center for state regulated dam situational awareness.

PLACEHOLDER

PLACEHOLDER

I. Introduction.

The nature and extent of the response to any given incident by the Agency will vary with the size and complexity of the incident. The level of activity, the number, and skills of staff required to carry out those activities will vary. DHEC maintains several "Duty Officers" and "On Call" numbers across different Executive Areas to receive initial notifications, triage information and contact appropriate staff, Divisions, and/ or Bureaus. Some of these positions are staffed on a 24/hour a day basis, while others are limited to normal operating hours.

II. Roles and Responsibilities.

Duty Officer(s) monitor incidents, disseminate information, and act as emergency management liaisons to Local, County, and State partners. They assist with locating resources and ensure timely and appropriate response to public health, environmental, and health regulation events, and aid in determining required activation of the Emergency Operations Plan.

Agency On-Call / Duty Officer Programs	
Executive Area	**Bureau/Division**
Chief of Staff	- Communications & Public Affairs – On Call
Environmental Affairs	- Bureau of Environmental Health Services (BEHS)/Division of Emergency Response (DER) – CODO (Central Office Duty Officer) - Bureau of Land & Waste - Rad and Infectious Waste – Duty Officer - Dam Safety and Storm Water Permitting Division – Duty Officer

Health Regulations	- Bureau of Drug Control – After hours Enforcement - Health Care Facilities Emergency Response – Duty Officer
Public Health	- Bureau of Public Health Preparedness – Duty Officer - Bureau of Communicable Disease Prevention & Control/Divisions of Acute Disease Epidemiology/Tuberculosis Control – On Call

III. Appendices.

Specific details for each Bureau/Division can be found in the attached Appendixes.

1. Communications & Public Affairs (TBP)
2: Bureau of Environmental Health Services (BEHS)/Division of Emergency Response (DER) – CODO (Central Office Duty Officer) (TBP)
3: Bureau of Land & Waste - Rad and Infectious Waste – Duty Officer (TBP)
4: Dam Safety and Storm Water Permitting Division – Duty Officer (TBP)
5: Bureau of Drug Control – After hours Enforcement (TBP)
6: Health Care Facilities Emergency Response – Duty Officer (TBP)
7: Bureau of Public Health Preparedness – Duty Officer (TBP)
8: Bureau of Communicable Disease Prevention & Control/Divisions of Acute Disease Epidemiology/Tuberculosis Control – On Call (TBP)

I. Introduction.

DHEC adheres to requirements generated from a variety of sources. This includes Federal law and policies manifested through grants, state requirements derived from law and Standard Operations Procedures outlined in documents coordinated by the SC Emergency Management Division, and when and where possible county ordinances.

II. Roles and Responsibilities.

Federal requirements/ expectations align to the following prepare, respond and recover capabilities:

Federal PHEP and HPP Grant Guidelines (BPHP Management)	
Capability	**Activity**
Community and Health Care System Preparedness	- Determine risks to the health of the jurisdiction - Identify and prioritize essential healthcare assets and services - Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps - Coordinate/ plan for at-risk individuals and those with Medical needs
Community and Health Care System Recovery	- Identify and monitor recovery needs - Facilitate the coordination of community recovery operations
Public Health Emergency Operations Coordination	- Conduct preliminary assessment to determine need for activation - Activate public health emergency operations - Issue mandatory medical evacuation orders as needed - Develop incident response strategy - Manage and sustain the public health response - Demobilize and evaluate public health emergency response operations - Assess and notify stakeholders of healthcare delivery status

	- Support healthcare response efforts through coordination of resources - Demobilize and evaluate healthcare operations
Emergency Public Information and Warning	- Activate the emergency public information system - Determine the need for a joint public information system - Establish and participate in information system operations - Establish avenues for public interaction and information exchange - Issue public information, alerts, warnings, and notifications
Public Health and Health Care Fatality Management	- Determine role for public health in fatality management - Activate public health fatality management operations - Assist in the collection and dissemination of ante mortem data - Participate in survivor mental/behavioral health services - Participate in fatality processing and storage operations - Coordinate surges of deaths and human remains at healthcare organizations with community fatality operations - Coordinate surges of concerned citizens with community agencies responsible for family assistance
Public Health and Health Care Information Sharing	- Identify stakeholders to be incorporated into information flow - Identify and develop rules and data elements for sharing - Exchange information to determine a common operating picture - Provide healthcare situational awareness that contributes to the incident common operating picture - Develop, refine, and sustain redundant, interoperable communication systems

Mass Care	- Coordinate public health, medical, and mental/behavioral health services - Monitor mass care population health
Medical Countermeasure Dispensing	- Identify and initiate medical countermeasure dispensing strategies - Receive medical countermeasures - Activate dispensing modalities - Dispense medical countermeasures to identified population - Report adverse events
Medical Logistics (Medical Materiel Management and Distribution)	- Direct and activate medical materiel management and distribution - Acquire medical materiel - Maintain updated inventory management and reporting system - Establish and maintain security - Distribute medical materiel - Recover medical materiel and demobilize distribution operations
Public Health and Health Care System Medical Surge	- Assess the nature and scope of the incident - Support activation of medical surge - Support jurisdictional medical surge operations - Support demobilization of medical surge operations - Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations - Assist healthcare organizations with surge capacity and capability - Develop Crisis Standards of Care Guidance - Provide assistance to healthcare organizations regarding evacuation and shelter in place operations
Non-Pharmaceutical Interventions	- Engage partners and identify factors that impact non-pharmaceutical interventions - Determine non-pharmaceutical interventions

	- Make recommendations regarding non-pharmaceutical interventions to the Public Health Emergency Plan Committee (SC Code Ann. §25-1-440(d)) - Implement non-pharmaceutical interventions - Monitor non-pharmaceutical interventions
Public Health Laboratory Testing	- Manage laboratory activities - Perform sample management - Conduct testing and analysis for routine and surge capacity - Support public health investigations - Report results
Public Health Surveillance and Epidemiological Investigation	- Conduct public health surveillance and detection - Conduct public health and epidemiological investigations - Recommend, monitor, and analyze mitigation actions including quarantine and isolation policies and processes
Public Health and Health Care System Responder Safety and Health	- Identify responder safety and health risks - Identify safety and personal protective needs - Monitor responder safety and health actions - Assist healthcare organizations with locating additional pharmaceutical protection for healthcare workers during a response - Coordinate communication between healthcare organizations that need access to additional Personal Protective Equipment (PPE) for healthcare workers during response
Medical Reserve Corps Volunteer Management	- Organize, assemble, and dispatch volunteers - Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations

	- Volunteer notification for healthcare response needs - Organization and assignment of volunteers - Coordinate the demobilization of volunteers
Environmental Health	- Coordinate Environmental Health activities - Monitor and provide support for Environmental Health activities and CBRNE Detection Operations for long-term health or environmental impacts - Recommend, monitor and analyze Environmental Health and CBRNE Detection mitigation actions
Critical Infrastructure – Public Health	- Implement Public Health and Healthcare System Critical Infrastructure plan - Identify the Public Health and Healthcare System critical infrastructure (assets, systems, and networks) - Assess the risks of Public Health and Healthcare System critical infrastructure - Prioritize the risks of Public Health and Healthcare System critical infrastructure - Recommend critical infrastructure protective programs and resiliency measures for Public Health and Healthcare critical infrastructure
Critical Infrastructure – Environmental Affairs	- [include bullets outlining EA responsibilities – hazmat, potable water, water quality advisories, shellfish bans, etc]

The SCEOP and supporting plans, appendices and annexes contain specific requirements for our agency. These include:

South Carolina Emergency Operations Plan and Supporting Plans	
Function	**Tasks**
Common to all State Agencies	- Appoint a department or agency Emergency Coordinator, and alternate, to support SERT operations

	- Emergency Coordinators prepare and maintain assigned operational Annexes and develop SOPs appropriate to the agency execution of functions - Emergency Coordinators have the authority to commit agency resources and expedite program operations in the provision and coordination of emergency services - Develop and maintain internal SOPs for the execution of primary functions - Assign personnel to augment the SERT in the SEOC in accordance with requirements set forth by the Director, SCEMD - Mobilize and utilize allocated and available resources to meet emergency or disaster requirements - Maintain a capability for the emergency procurement of supplies and equipment required and not otherwise available - Provide training as appropriate to personnel assigned to execute respective emergency functions - Support EMAC by ensuring lead and support ESF agencies are trained on EMAC responsibilities, to include pre-identifying assets, needs and resources that may be allocated to support other states, and documenting related information into Palmetto - Identify and provide a Liaison Officer for each Agency EMAC Request to facilitate arrival and onward movement of EMAC support at the appropriate Staging Areas - Maintain a 24-hour response team capability - Coordinate functional service provisions with local governments and private service organizations

	- Assist Federal representatives in providing emergency response or disaster assistance within the affected areas - Conduct workshops and seminars as necessary to provide information regarding new equipment and operating procedures for all governmental, service organizations and volunteer personnel participating in the implementation of assigned function - Provide all agency/department employees appropriate training to assure an awareness of the hazardous threats common to South Carolina and the overall State Emergency Management program - Review the SCEOP annually and update assigned annexes and SOPs to meet current department policy and organization - Maintain current internal notification/recall rosters and communications systems - Participate in tests and exercises to evaluate this plan - Agencies will initially fund emergency operations from existing agency accounts o Each agency must have approval by the Department of Administration Executive Budget Office, State Treasurer and Comptroller General or a higher authority (Governor, State Fiscal Accountability Authority, State Legislature) to exceed budget authority for emergency operations o If the emergency results in a Presidential Declaration, Federal funds administered by FEMA will become available ▪ The State (in combination with county or local jurisdictions) is

	normally required to provide 25% of all expenditures ▪ The Governor will recommend approval of an estimated amount to the General Assembly to be designated as the cost share for the emergency - Conduct and account for expenditures of South Carolina funds for emergency operations in accordance with SC laws and regulations and their records are subject to audit by the State Auditor - Utilizing emergency powers, the Governor may mobilize all available resources of the State government as necessary to cope with the emergency - Collect, report and maintain records of obligation and expenditures incurred during a response to an emergency or disaster situation. These records serve as a database in assessing the need and preparation of requests for Federal assistance - Support and plan for mitigation measures including monitoring and updating mitigation actions in the State Hazard Mitigation Plan - Review, evaluate and comment on proposed State Hazard Mitigation Plan amendments upon initiation and within the review period - Support requests and directives from the Governor and/or federal agencies concerning mitigation and/or re-development activities - Document matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans
DHEC	**Tasks**

Transportation of Nuclear Materials	- DHEC maintains situational awareness of the transport of radiological waste and materials into and through the state - DHEC maintains the processes and procedures to address potential releases of radiological materials/waste during transportation
DHEC exercises unique authorities and responsibilities for coordinating the State's response in the event of a State Health Emergency	- Comply with the provisions of SC Code of Laws, Title 44, Chapter 4 - Control Property - Control Persons
Mandatory Medical Evacuation	- Under the terms of Section 25-1-440, SC Code of Laws, the Governor, under the advice of the Director of DHEC, may order licensed healthcare facilities (e.g. – hospitals, nursing homes, residential care facilities, etc.) to evacuate - The Facility Administrators may submit a request through DHEC to the Governor for an exception to the Order for their facility
DHEC Agency Wide	- Identify, train, and assign DHEC personnel to staff ESFs - Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters including Medical needs and vulnerable populations' service agencies and advocacy groups
Bureau of Public Health Preparedness	- Provide an Emergency Management Coordinator or Alternate in the SEOC, designated by the Director, who, on the behalf of, or in the Director's absence from the SEOC, shall act as the ESF-8 representative and otherwise represent DHEC - Coordinate and direct the activation and deployment of DHEC and volunteer

	health/medical personnel, and DHEC supplies and equipment - Develop and conduct drills and exercises which test the medical and behavioral health response to disaster situations - Identify and provide bed capacity and availability status of all hospitals throughout the state - In conjunction with SC Hospital Association (SCHA), determine operational status of hospitals - Coordinate the deployment of volunteer doctors, nurses, behavioral health professionals, technicians and other medical personnel to disaster areas - Maintain current inventories of medical supplies; pharmaceuticals; equipment; certification levels of Emergency Medical Technicians; licensed ambulance services; and hospitals and other licensed health care facilities - Develop protocols, maintain liaison with, and arrange for services of the NDMS, to include FCCs, DMAT and DMORT - Develop rapidly deployable behavioral health teams - Implement Medical Countermeasures Program operations, as needed - Plan for the deployment of Federal Medical Stations in SC, as needed - Implement CHEMPACK operations as needed
Communicable Disease Prevention & Control	- Implement isolation and quarantine procedures, as appropriate - Evaluate and recommend need for isolation or quarantine measures to the Public Health Emergency Plan Committee

Immunization/ Nursing	- Develop plans for, and coordinate the provision of immunizations, including emergency immunizations
Community Health Services	- Coordinate nursing personnel, as available, to assist in shelters and public health clinics
Health Regulations	- Ensure licensed health care facilities (e.g. hospitals, nursing homes, residential care facilities, etc.) develop evacuation plans and procedures - Coordinate and direct the activation and deployment of EMS agencies - Coordinate waivers of rules and regulations regarding licensed health care facilities - Maintain and provide a listing of licensed health care facilities including names of Administrators and 24-hour phone numbers, as appropriate - Identify and provide bed capacity and availability status of all hospitals throughout the state - Maintain current inventories of medical supplies; pharmaceuticals; equipment; certification levels of EMT; licensed ambulance services; and hospitals and other licensed health care facilities
Environmental Affairs	- Monitor environmental conditions to minimize public health threats - Respond to hazardous material releases and threatened releases; advise responsible parties - Provide ESF-10 representatives to SEOC when activated - Coordinate with ESF-3 (Utility Infrastructure Systems) to provide technical assistance to responsible entities in their efforts to provide potable water and wastewater treatment

General Counsel	- Advise the Director of the Agency and the Director of the Bureau of Public Health Preparedness regarding legal issues which arise during the emergency, including effects of recommending declaration of a Public Health Emergency pursuant to the Emergency Health Powers Act - Advise agency program staff regarding issuance of and draft Public Health Orders to enable response or recovery efforts - Advise and assist appropriate staff regarding implementation of isolation and quarantine procedures, as appropriate
Public Health Reserve Corps	- Under the guidance of SCDHEC staff, provide support to public health response activities, including mass vaccinations, Medical needs sheltering, medical countermeasures, behavioral health support and other response efforts as needed
ESF-8 (Lead Agency)	**Tasks**
General	- Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during an emergency or disaster including Medical needs population and vulnerable populations' service agencies and advocacy groups - Ensure procedures are in place to document costs for any potential reimbursement - Participate at least annually in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs - Coordinate information releases to the public with the public information officer in ESF-15 (Public Information)

	- Anticipate and plan for arrival of, and coordination with, Federal ESF-8 personnel in the State Emergency Operations Center (SEOC) and Federal Medical Stations (FMS) - Through all phases of emergency management, maintain records of expenditures and resources used for possible later reimbursement - Provide ESF-8 representation on the Recovery Task Force - Anticipate and plan for arrival of, and coordination with, Federal personnel represented in the JFO - Support long-term recovery priorities as identified by the Long-Term Recovery Committee and the Recovery Task Force
Medical Care	- Plan for the provision of emergency medical and dental care for the affected populations - Identify doctors, nurses, technicians and other medical personnel that may assist in disaster areas - Maintain situational awareness of the availability of medical supplies, equipment, certification levels of Emergency Medical Technicians (EMT), licensed ambulance services, hospitals, and other licensed health care facilities - Plan for establishment of staging areas for medical personnel, equipment, and supplies - Develop and maintain plans to implement the Medical Countermeasures Program to the SC Emergency Operations Plan (SCEOP) - When traditional health care facilities are not available, plan for establishment of alternate care sites - Develop protocols and maintain liaison with elements of the National Disaster

	Medical System (NDMS), to include Federal Coordinating Centers (FCC) in South Carolina and Disaster Medical Assistance Teams (DMAT) - Ensure licensed health care facilities (e.g. hospitals, nursing homes, and residential care facilities) develop evacuation plans and procedures - Identify agencies, organizations, and individuals capable of providing medical support services or assistance such as the South Carolina Hospital Association, and the South Carolina Medical Association - Coordinate the delivery of health and medical services, including the provision of medical personnel, equipment, pharmaceuticals, and supplies - Coordinate patient evacuation and relocation - Coordinate and direct the activation and deployment of Emergency Medical Services (EMS) agencies - Implement Strategic National Stockpile (SNS)/medical countermeasures operations, as needed - Arrange for NDMS services, to include patient evacuation assistance, as needed - Identify hospital and nursing home surge capacities statewide - Maintain a situational awareness of the status of licensed inpatient facilities - Coordinate technical assistance with medical decontamination hazardous materials response - Coordinate the restoration of essential health and medical care systems - Coordinate the restoration of permanent medical facilities to operational status - Coordinate the restoration of pharmacy services to operational status

	- Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting - Coordinate emergency pharmacy and laboratory services
Public Health	- Develop procedures to protect the public from communicable diseases and contaminated drug supplies (including veterinary drugs) - Develop surveillance procedures to monitor the public's health status - Provide technical assistance to support and maintain emergency sanitation inspection procedures and protocols to ensure acceptable conditions related to food and wastewater - Develop procedures for identification of disease and epidemic control - Develop emergency immunization procedures - Provide laboratory testing or if appropriate identify laboratory testing facilities - Coordinate technical assistance to the responsible entities in their efforts to manage the public health services - Assess the need for health surveillance programs throughout the state - Determine the need to issue Public Health Orders for clean up on private property if an imminent health hazard is declared - Coordinate epidemiological surveillance
Mass Fatality Support	- Provide support for location, identification, registration, certification, removal and disposition of the deceased - Establish a system for collecting and disseminating information regarding the numbers of fatalities - Develop protocols and maintain liaison with Disaster Mortuary Operational

	Readiness Teams (DMORT) of the NDMS - Identify agencies, organizations, and individuals capable of providing support services for deceased identification including South Carolina Funeral Directors Disaster Committee, South Carolina Morticians Association, and South Carolina Coroner's Association - Maintain a description of capabilities and procedures for alert, assembly and deployment of state mortuary assistance assets - Coordinate the notification of teams for deceased identification - Coordinate DMORT services - Coordinate State assistance for next-of-kin notification. The SC Department of Administration (Veterans' Affairs) will notify deceased veterans' next-of-kin - Continue to support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects - Receive the required death reports throughout the incident - Provide a final fatality report
ESF-10 (Lead Agency)	**Tasks**
General	- Lead Agency for the coordination of ESF-10 administrative, management, planning, preparedness, mitigation, response and recovery activities to include developing, coordinating, and maintaining the ESF-10 Standard Operating Procedures (SOP) which detail both radiological and non-radiological responsibilities - Supporting agencies will assist the DHEC, Division of Emergency Response in planning and execution

	- Apply available personnel, equipment, and technical expertise necessary to contain, counteract, and supervise cleanup of hazardous materials for: o Non-Radiological or Chemical. Non-radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety o Radiological. Radioactive hazardous substances or materials in a quantity or form that pose risk to health/ safety - Coordinate, integrate, and manage the overall State effort to detect, identify, contain, clean up, dispose of, or minimize releases of oil or hazardous substances and minimize the threat of potential releases - For radiological incidents, provide technical assistance and resources necessary to evaluate and assess the consequences of an incident, and to provide protective action guidelines to State and local authorities - Notify ESF-10 supporting agencies upon activation - Review files submitted to DHEC regarding presence of chemicals covered under the Emergency Planning and Community Right to Know Act (EPCRA) Tier II program (computer accessible) - Utilize contact and inventory information submitted in compliance with EPCRA, as well as GIS data layers compiled by DHEC, to evaluate potential releases and monitor areas of concern - Provide and/or coordinate technical assistance on hazards known to be present in the disaster area. These activities include decontamination and long-term remediation

	- Provide technical assistance for hazardous material recognition and identification - Coordinate laboratory assistance to include analyzing and identifying contaminants, pesticides, and other toxic materials in air, soils, vegetation, and water - Coordinate responsible party responses or the use of Federal/State contractors to control and contain a hazardous material release to protect public health and/or the environment - Provide expertise on environmental effects of oil discharges, or releases of hazardous substances, pollutants, or contaminants and environmental pollution control techniques - Coordinate decontamination activities with appropriate local, State, and Federal agencies - Provide technical assistance and guidance to decontamination activities for the protection of human health and the environment - Develop and coordinate all SCDHEC/ESF-10 emergency response plans and procedures - Provide ESF-10 representation on the Recovery Task Force
Radiological	- Adhere to plans and procedures addressed in: o SC Operational Radiological Emergency Response Plan (SCORERP) o SC Technical Radiological Emergency Response Plan (SCTRERP) o SC State Technical Radiological Operating Procedures (SCSTROP) o Spent Nuclear Fuel Emergency Action Plan (SNF EAP)

	o Westinghouse Site Emergency Response Procedures o DHEC Regulation 61-63 (Radiological Materials) o Standard Operating Procedures for Waste Isolation Pilot Project (WIPP) shipments
Non-Radiological (Chemical)	- Adhere to plans and procedures addressed in: o National Oil and Hazardous Substances Pollution Contingency Plan (National Contingency Plan) (40 CFR 300) o Federal Water Pollution Control Act (Clean Water Act) (33 U.S.C. §1251 et seq. (1972) o South Carolina Oil and Gas Act (South Carolina Code of Laws, Title 48, Chapter 43) o Pollution Control Act (South Carolina Code of Laws, Title 48, Chapter 1) o South Carolina Hazardous Waste Management Act (South Carolina Code of Laws, Title 44, Chapter 56) o State of South Carolina Contingency Plan for Spills and Releases of Oil & Hazardous Substances (SCDHEC) - DHEC Division of Emergency Response establishes/ maintains the SC SOP for response to chemical spills and releases - In coordination with and in support of the Counties, ESF-10 will assess the situation (both pre- and post-event), and, in coordination with local emergency management officials, develop strategies to respond to the emergency
Preparedness Activities	- Prepare an inventory of existing threats using Superfund Amendments and Re-Authorization Act (SARA) Title III, Tier II information

	- Plan for response to hazardous materials incidents - Develop plans for communications, warning, and public information - Develop procedures for identification, control, and clean-up of hazardous materials - Provide, obtain, or recommend training for response personnel using courses made available by FEMA, Department of Homeland Security (DHS), Department of Energy (DOE), Nuclear Regulatory Commission (NRC), SCEMD, SCDHEC, the South Carolina Fire Academy (SCFA), U.S. Environmental Protection Agency (USEPA) and manufacturers and transporters of hazardous materials, as well as training based on Occupational Safety & Health Administration (OSHA) requirements for each duty position - Maintain a listing of private contractors capable of performing emergency and/or remedial actions associated with a hazardous materials incident - Maintain an inventory of State assets capable of responding to a hazardous materials incident - Develop plans and/or mutual aid agreements regarding hazardous materials incidents with local agencies, other state agencies, contiguous states, federal agencies, and private organizations as required - Collect and utilize licensing, permitting, monitoring, and/or transportation information from the appropriate local, State, or Federal agencies and/or private organizations to facilitate emergency response

	- Participate at least annually in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs
Response Operations	- Coordinate all hazardous substance response-specific efforts with the Incident Command, and provide information to the SEOC for coordination of all other State efforts - Coordinate 24-hour response capability to an incident scene as necessary - Assess the situation to include: o The nature, amount and location of real or potential releases of hazardous materials o Exposure pathways to human and environment o Probable direction and time of travel of the materials o Potential impact on human health, welfare, safety, and the environment o Types, availability, and location of response resources o Technical support, and cleanup services o Priorities for protecting human health, welfare and the environment - After reviewing reports, gathering and analyzing information and consulting with appropriate agencies, determine and provide, as available, the necessary level of assistance - Provide Protective Action Recommendations (PAR) as the incident requires - Coordinate monitoring efforts to determine the extent of the contaminated area(s) and consult with appropriate support agencies to provide access and egress control to contaminated areas - Decontamination:

	o Consult with appropriate local, State, or Federal agencies and/or private organizations with regard to the need for decontamination o Coordinate technical assistance regarding decontamination of injured or deceased personnel o Coordinate decontamination activities with appropriate local, State, and Federal agencies o Provide technical assistance and guidance to decontamination activities for the protection of human health and the environment - Coordinate with appropriate local, State, and Federal agencies to ensure the proper disposal of wastes associated with hazardous materials incidents; and assist in monitoring or tracking such shipments to appropriate disposal facilities - Coordinate with appropriate ESF's (when activated) for use of assets, technical advice and support as needed - Coordinate with SEOC Logistics for the location and use of staging areas for the deployment of personnel, assets, and materials into the affected zones
ESF-3	**Tasks**
	- DHEC will provide overall guidance concerning water supply matters and provide guidance for sewage treatment and solid waste disposal - Coordinate for the status of dams that may be threatened or compromised through damage by natural or man-made events - Office of Environmental Quality Control: o Provide emergency survey, surveillance, sampling, testing, and monitoring of water and sewage pumping, treatment, distribution, and

	collection systems to ensure public health and safety integrity of such systems o Provide technical assistance concerning the disposal of waste materials, including household hazardous waste, agricultural waste, and debris containing or consisting of animal carcasses o Assist affected utilities to identify and locate additional or alternative sources of potable water to augment or maintain water supplies o Coordinate with local municipalities for water and sewer service restoration, debris management, potable water supply, and engineering requirements as soon as possible o Coordinate with ESF-17 (Animal/Agriculture Emergency Response) for advice and assistance regarding disposal of debris containing or consisting of animal carcasses o Coordinate with ESF-10 (Environmental and Hazardous Materials Operations) for advice and assistance regarding disposal of hazardous materials to include chemical, biological, and radiological Weapons of Mass Destruction incidents o Provide status of dams that may be threatened or will fail as a result of natural or manmade threats and coordinate for that information to be posted via Palmetto
ESF-6	**Tasks**
General	- Coordinate personnel, food safety, health care, crisis counseling and water quality services to support Mass Care operations

	- Coordinate with other ESF-6 support agencies and organizations for MNS requirements as needed or necessary - Maintain and ensure confidentiality of medical records - Update MNS status information in Palmetto (formerly WebEOC/EM-COP) - Provide nurses, within capabilities, to support MNS and (as available) ARC shelters - Participate in annual County Mass Care coordination meetings and/or training events - Coordinate for feeding support to MNS persons with ESF-6
Medical Needs Shelters	- Lead state agency that will coordinate, manage and operate MNS in South Carolina - Identify, coordinate facilities, coordinate staffing (including medical personnel) and management - Assess the accessibility of potential MNS locations, to include both physical access as well as service access - Maintain and update the list of MNS - Assist sheltered individuals in making arrangements for essential medical equipment, as the situation allows (patients should bring medicine and equipment with them if possible) - Establish, review, and coordinate criteria for sheltering in a MNS. Criteria includes: o Uninterrupted power to operate equipment or refrigeration o A temperature control environment o A medical bed or medical cot - Contract or coordinate the use of facilities as MNS facilities, coordinate the staffing of the shelters to include providing

	medical monitoring, and liability coverage to MNS - Coordinate with other ESF-6 support agencies and organizations for MNS requirements as needed - Maintain and ensure confidentiality of medical records - Open and close MNS at the request of and in coordination with County Emergency Management in order to meet the sheltering needs of the local impacted areas - In a multi-county or State-level event, ESF-6 will assist DHEC in coordinating the opening and closing of MNS to include, if necessary, coordinating regional support
Collocated Shelters	- Partner shelters that may be managed, by ARC, SCDSS or another partner agency. A partner agreement/MOU/MOA could be written, in advance/at the time of opening. The main Roles and Responsibilities, outlined above, for the respective organizations, will be largely unchanged - May include general population, Medical needs, pet and other partner services, such as mental health, child care, etc. - Medical Needs Shelters will function separately but within the shelter. However, there will interaction between SCDSS, ARC, ESF-17 and DHEC, as necessary, to facilitate Mass Care, among respective populations - State-level coordination will occur between the SEOC, within ESF-6, and state and regional/county–level agencies and organizations, to include DHEC's Agency Coordination Center, local DHEC Preparedness staff, and county emergency management

	- Local-level coordination will occur between local DHEC emergency management staff, ARC staff, DSS staff and county Emergency Management. ESF-6 Partners, at the SEOC, will coordinate, with their respective local staff and DHEC's Agency Coordination Center (ACC)

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I. Introduction.

The Hazardous Materials Response Annex provides the framework for how each SCDHEC *Bureau of Environmental Health Services Regional Office* (BEHSRO) provides support and serves as an authority, guardian and advocate in environmental quality matters, specifically in regard to hazardous materials. SCDHEC policy mandates preparations for the delivery of emergency environmental services in the event of either a man-induced or natural disaster. The BEHSRO shall be prepared with emergency response personnel to coordinate SCDHEC resources both within the agency and with all people in need of environmental health services.

II. Purpose.

This plan serves as a guidance document and a resource asset to assist the BEHSRO in conducting disaster response activities. In disaster situations, emergency environmental health services will be conducted with, and in support of the *Emergency Support Functions* (ESF) of the *SC Emergency Operations Plan* (SCEOP).

Consistent with the *National Incident Management System* (NIMS) and the *National Response Framework* (NRF), the SCEOP, and the *Regional Emergency Operations Plan* (REOP) encourage the responding to, investigating of, and resolving of environmental complaints and emergencies in a manner consistent with the *Incident Command System* (ICS) and the *Unified Command* (UC) structure.

III. Scope.

The information in this Annex is taken from the Regional Office Emergency Operations Plan (REOP), which is an all-hazards document designed to assist regional environmental health staff in disaster response activities. This Annex focuses specifically on hazardous materials.

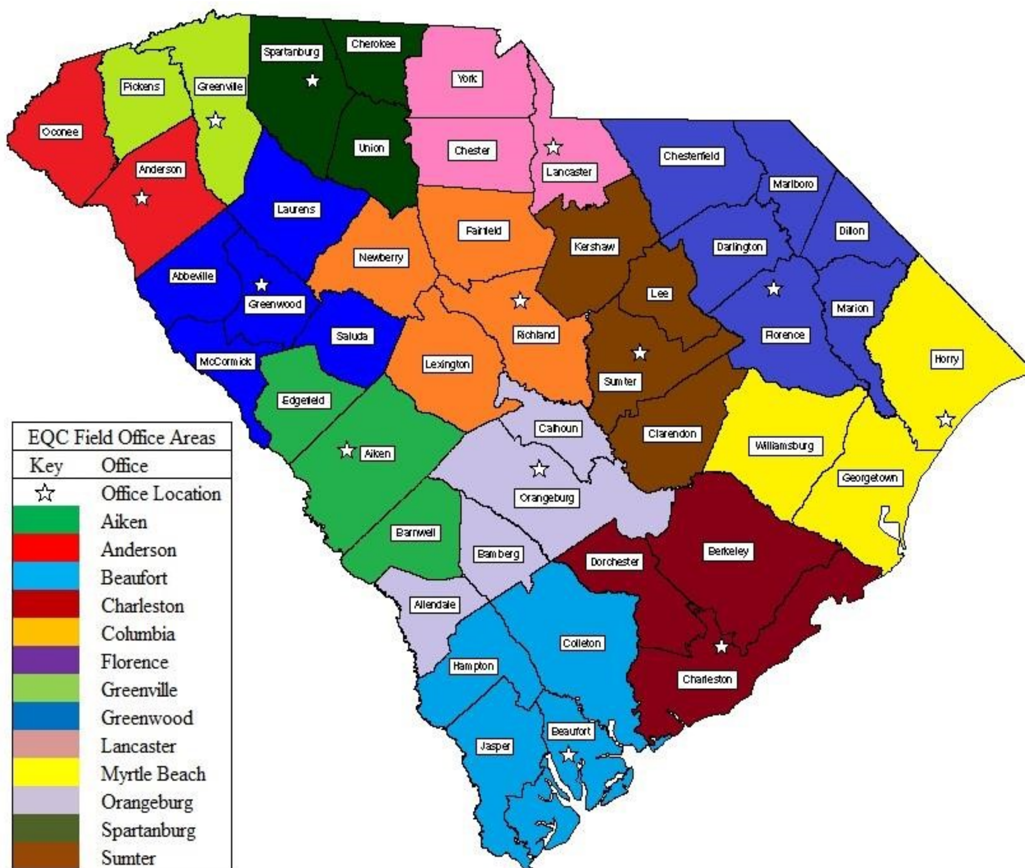
Emergency Support Function 10 (ESF-10) is designated as Environmental and Hazardous Materials Operations. ESF-10 coordinates resources to minimize the adverse effects on the population and the environment resulting from disaster events. ESF-10 is supported by the Bureau of Environmental Health Services (BEHS), the Bureau of Land and Waste Management (BLWM), and the Bureau of Air Quality (BAQ). During hazardous material control and containment operations, ESF-10

coordinates the response of federal, state, and local resources as well as those of the responsible party.

As part of DHEC, BEHSRO may offer to support to ESF 3 Utility Infrastructure Systems, ESF 8 Health and Medical Services, ESF 9 Search and Rescue, ESF 15 Public Information, and ESF 17 Animals and Agriculture.

IV. Organizational Structure.

There are four DHEC Regions that are subdivided into the *Areas of Responsibility* (AOR) for 13 BEHSRO within South Carolina. The figure below illustrates the distribution of BEHSRO AORs throughout the state.



Local Response System.

The local response system is constructed according to the principles of a Unified Command (UC). However, individual counties maintain plans for incidents within their Area of Responsibility (AOR).

Each county within the State of South Carolina is associated with a SC Department of Health and Environmental Control (SCDHEC) Bureau of Environmental Health Services Regional Office (BEHSRO). In response to a release incident, a Regional OnScene Coordinator (ROSC) conducts an initial investigation and coordinates emergency operations. If necessary, the ROSC may coordinate response operations with the State OnScene Coordinator (SOSC).

The SC Emergency Powers Act empowers the response of fire departments to release incidents within their jurisdiction. The responding Senior Fire Official is designated as Incident Commander until a Unified Command (UC) is established.

The SC Emergency Preparedness Standards (58-1) established a County Emergency Preparedness Division for each county within the state. Additionally, consistent with the Superfund Amendments and Reauthorization Act (SARA Title II), the State of South Carolina Emergency Response Commission established a Local Emergency Planning Committee (LEPC) for areas with numerous hazardous material facilities. For more information related to LEPCs, refer to SC Emergency Management Division (SCEMD) resources (scemd.org).

Regional Organization.

Area Director (AD) – the AD coordinates the environmental emergency management planning, disaster assistance, and recovery efforts of a BEHSRO in cooperation with Program Managers and the Emergency Response Coordinator (ERC). In the absence of the AD, a designated alternate assumes responsibility.

Emergency Response Coordinator (ERC) – under the director of the AD, the ERC manages the Emergency Response Team (ERT) for a BEHSRO with assistance provided by the Division of Emergency Response (DER). The ERC, as a Regional On-Scene Coordinator (ROSC), is also empowered by the State On-Scene Coordinator (SOSC) to act as a representative for incidents that do not exceed the capabilities of the BEHSRO.

Regional Office Staff – the AD assigns tasks to designated staff of a BEHSRO. Each employee will be available for work duties when an emergency event occurs.

Depending on the event, individuals shall prepare to be self-sustaining for 24 hours. Certain BEHSRO staff are assigned additional responsibilities as members of the ERT.

State Response System.

By policy, the *State of South Carolina* responds to all release incidents immediately. The primary objectives of such a response include the establishment of control regarding the source of a release as well as the containment of any discharged material. The use of oil spill cleanup agents is coordinated by the *State On-Scene Coordinator* (SOSC), *Federal On-Scene Coordinator* (FOSC), and the *US Environmental Protection Agency* (EPA) representative of the *Regional Response Team* (RRT).

For cases in which the response actions of the *Responsible Party* (RP) are adequate to remove and mitigate the effects of a release, the state primarily monitors the operations and provides advice and counsel to the RP as necessary. However, for cases in which the response of the RP is inadequate, the FOSC or the *SC Department of Health and Environmental Control* (SCDHEC) will take steps to access the applicable state or federal fund to ensure an adequate cleanup.

Operations conducted by the SC Department of Health and Environmental Control (SCDHEC) in response to a substance release are accomplished through the coordination of efforts with other federal, state and local agencies. For more information related to SCDHEC, refer to the resources provided by the agency (scdhec.gov). Through this coordinated effort, the State of South Carolina, as represented by the SCDHEC and the state representative of the US Environmental Protection Agency (EPA) Region IV, responds to all releases of petroleum and hazardous materials within the designated area. However, this coordination does not exclude the mutual assistance of other involved agencies.

At the DHEC Central office, the following bureaus contribute to the emergency operations in cooperation with BEHSRO: Bureau of Air Quality, Bureau of Environmental Health Services, Bureau of Land and Waste Management, and Bureau of Water.

National Response Plan.

The *National Oil and Hazardous Substances Response System*, typically referred to as the *National Response System*, as described in the *National Contingency Plan* (NCP), coordinates the response operations of federal, state, and local government agencies

as well as *Responsible Parties* (RP) for releases of hazardous substances into the environment.

V. Roles and Responsibilities.

ESF-10 provides assistance and guidance to chemical facilities and coordinates with the DCT on other environmental program issues. ESF-10 coordinates operations and resources with the Emergency Response Team (ERT). ERT responds to release incidents and provide technical assistance, recommend protective actions, and to monitor the containment, decontamination, cleanup, and disposal operations. The ERT provides 24-hour response capability in cooperation with the Division or Emergency Response (DER).

The BEHSRO personnel provide assistance to many other environmental programs during response efforts.

Also, BEHSRO personnel provide assistance to ESF-10 (Environmental and Hazardous Materials Operations) by providing technical assistance to local fire departments, industry, the US Environmental Protection Agency (EPA), and the US Coast Guard (USCG) concerning a release of hazardous waste and any resulting toxic fumes.

The BEHSRO provides personnel for the role of Regional On-Scene Coordinator (ROSC) and the Emergency Response Team (ERT). The BEHSRO also provides resources, as practicable, to support the response to a release incident. In cooperation with the Division of Emergency Response, the BEHSRO provides personnel and resources to support environmental radiological hazard assessments.

BEHSRO personnel monitor control, containment, cleanup, and disposal operations in cooperation with other state, federal, and local government agencies. BEHSRO personnel also provide technical assessments of the environmental hazards and recommend protective actions.

Preparation and Training.

ESF-10 personnel identify, train, and assign DHEC personnel to maintain current contact information and prepare to conduct operations in response to a hazardous materials incident. ESF-10 personnel participate in state and county exercises. ESF-10 personnel maintain a copy of the SC Contingency Plan for Substance Release

Incidents (scdhec.gov). ESF-10 maintains a list of teams, personnel, and resources that could support and respond to hazardous material and oil spill emergencies.

ESF-10 personnel should be prepared to provide technical assistance for the identification of areas that may contain hazardous materials as well as the identification and recognition of hazardous materials. ESF-10 maintains procedures for identification, control, and cleanup of hazardous materials as well as a listing of private contractors capable of performing emergency and remedial actions associated with hazardous materials incidents.

ESF-10 contacts the transport, disposal and storage facilities and large quantity generators to ensure the Emergency Operations Plans are being acted upon for disasters. ESF-10 contacts facilities with air permits to ensure preparations prior to a disaster.

Key Personnel and Stakeholders.

Federal On-Scene Coordinator – when applicable, a representative of the US Coast Guard (USCG) is designated as the Federal On-Scene Coordinator (FOSC) for coastal zones. For inland zones, a representative of the US Environmental Protection Agency (EPA) is designated as the FOSC.

State On-Scene Coordinator – the State On-Scene Coordinator (SOSC) is designated as the Director of the Division of Emergency Response (DER) of the SC Department of Health and Environmental Control (SCDHEC) or a designee.

Regional On-Scene Coordinator – the State On-Scene Coordinator (SOSC) designates the Emergency Response Coordinator (ERC) of the Bureau of Environmental Health Services Regional Office (BEHSRO) as the Regional-On Scene Coordinator (ROSC) for counties within the jurisdiction of the BEHSRO. The ROSC is empowered as a representative of the SOSC for situations that do not exceed regional significance.

Responsible Party Representation – any action of a Responsible Party (RP) must be consistent with the provisions of the National Contingency Plan (NCP), the Regional Contingency Plan (RCP), the Area Contingency Plan (ACP), and the response plan required by the Oil Pollution Act (OPA 1002). As long as appropriate action is taken, the RP maintains the right to participate in the Unified Command (UC) and any operations. The RP also maintains the right to a timely account of reimbursable government expenditures. When practical, the RP should be approached with requests for government resources prior to mobilization.

Local Representation – the Unified Command (UC) should include any local representatives with interests potentially impacted by the incident. Whenever possible, the UC should attempt to contact local agencies for input regarding interests protected by the National Historic Preservation Act (NHPA). The UC should also contact the Office of the State Archaeologist of the SC Department of Archives and History (shpo.sc.gov) as well as any tribal representatives with threatened or impacted interests.

VI. Plan Development and Maintenance.

The Bureau of Environmental Health Services Regional Office (BEHSRO) develops and maintains a Regional Emergency Operations Plans (REOP) and an organizational response capability to provide emergency environmental services to counties within its Area of Responsibility (AOR). The development of this plan is coordinated with each County Emergency Management Director.

To ensure its accuracy, compatibility, feasibility, and compliance with current resources and directives, the Area Director (AD), the Emergency Response Coordinator (ERC), and the Division of Emergency Response (DER) shall evaluate the REOP. The AD and ERC will update the plan on an annual revision cycle with assistance from the regional program managers. Following each update, the REOP should include a current listings of BEHSRO personnel, contact information, and inventoried resources.

BEHSRO shall submit updates to the *REOP* to the DHEC Director of the *Division of Emergency Response* (DER) by the date of May 1st. Guidance and suggested changes to the updated plan will be provided to the *Area Director* (AD) by the date of June 1st. The AD and *Emergency Response Coordinator* (ERC) of the BEHSRO will make the proposed changes and submit the updated plan to the *Director* of DER by the date of June 15th.

The planning, testing, and evaluation of the *REOP*) is coordinated with appropriate county officials, BEHSRO personnel, the DHEC Central Office, and the AD.

VII. Authorities and References.

South Carolina Code of Laws.

- *Safe Drinking Water*: Section 44-55.

- *Pollution Control*: Section 48-1.
- *Solid Waste Policy and Management*: Section 44-96.
- *Shellfish*: Section 44-1.
- *Oil and Gas*: Section 48-43.
- *Dams and Reservoirs*: Section 49-11.
- *Hazardous Waste Management*: Section 44-56.
- *Underground Petroleum Environmental Response Bank*: Section 44-2.

South Carolina Code of Regulations.

- *Air Pollution Regulations and Standards*: Section 61-62.
- *Residential Well and Irrigation Well Permitting*: Section 61-44.
- *Well Standards*: Section 61-71.
- *Hazardous Waste Management Regulations*: Section 61-105.
- *Burying or Burning of Dead Animal and Poultry*: Section 44-29.

Federal Laws and Regulations.

For more information related to the federal laws and regulations listed below, refer to US Government Publishing Office (ecfr.gov).

- *The Federal Water Pollution Control Act*
- *Federal Comprehensive Environmental Response Compensation and Liability Act*
- *Oil Pollution Act*
- *Federal Clean Water Act*
- *Federal Clean Air Act*
- *US Code of Federal Regulations*

Other Plans and Procedures.

- *SC Department of Health and Environmental Control* (SCDHEC) *Standard Operating Procedures, Quality Assurance Manuals,* and *Guidance Documents* (scdhec.gov).
- *SC Contingency Plan for Substance Release Incidents* (scdhec.gov).
- *SC Emergency Operations Plan* (SCEOP).
- *US Coast Guard Sector Charleston Area Contingency Plan* (homeport.uscg.mil).

VIII. Designations.

This information in this Annex was taken from the Regional Emergency Operations Plan (REOP). The REOP is designated the *Bureau of Environmental Health Services Region Supplement to the South Carolina Department of Health and Environmental Control Emergency Operations Plan.* The present version of this plan was submitted on the 2nd day of August, 2016.

The *Regional Emergency Operations Plan* (REOP) is held by the *Division of Emergency Response* (DER) of the *Bureau of Environmental Health Services* (BEHS) of the *South Carolina Department of Health and Environmental Control* (SCDHEC).

PLACEHOLDER

PLACEHOLDER

I. Introduction.

Mass Care is the actions taken to protect evacuees and other disaster victim from the effects of a disaster. These activities include providing temporary shelter, food, medical care, clothing, and other life support needs to the people who have been displaced because of a life-threatening event.

Emergency Support Function (ESF) #6 is the Federal and South Carolina designated support structure for Mass Care and coordinates the above needs through various state agencies and other shelter partners.

South Carolina establishes two types of shelters to serve the population in an emergency or disaster. These are General Population (GP) Shelters and Medical Needs Shelters (MNS). A third type of shelter, Co-located Shelters, are these two types of shelters combined into a single location. Persons who seek shelter in these locations come from a home or residential location. Shelters are a last resort for anyone seeking a point of safety during a disaster. Other locations such as family and friends should be considered first.

- A SMN Shelter is a temporary facility intended to provide a safe environment for those individuals requiring limited medical assistance or monitoring/surveillance due to a pre-existing health problem.

- A General Population Shelter is designated to meet the needs and standard of care required for the general public. This includes persons referred to as those with functional or accessible needs, other than health or medical needs. A person's medical needs may be assessed to exceed provisions of care available at these locations, in which instance, referrals will be made to facilities offering a higher standard of care or monitoring.

Hospitals, Nursing Homes, Hospice and Residential Care Facilities must have disaster/emergency plans in place that assure the transfer of patients to appropriate, comparable facilities. Home Health and Hospice Service Agencies are required to establish emergency plans, upon admission into their programs, with patients (and their families) that do not include disaster shelters. (see R.61-17, Standards for Licensing Nursing Homes, Section 1500 and Section 605).

II. Purpose.

This annex provides definition, direction, and guidance to plan for and implement Mass Care and Medical Needs Shelter operations in the State of South Carolina. This plan is for all hazards events and all situations warranting shelter operations (i.e. weather, radiological release, etc.). It establishes planning guidance for identifying MNS locations and managing MNS to include: human resources, supplies, equipment, and other support services. It is intended to be flexible and scalable, providing the processes and procedures needed to respond to any situation requiring the sheltering of Medical Needs individuals.

III. Scope.

The Department of Health and Environmental Control (DHEC) has responsibility for significant elements of Mass Care within our state. This includes:

- Primary responsibility for MNS
- Food Safety Inspection for Mass Care Feeding Operations
- Monitoring Mass Care Population Health
- Health Care Coordination/ Emergency Provision in Shelters
- Mental/ Behavioral Health Coordination for Shelter Populations
- ESF 6 and 8 Mass Care Integration and Coordination

This document works with and builds on existing DHEC plans, policies, and procedures, and supports Annex 6 (Mass Care) to the South Carolina Emergency Operations Plan, and Annex I (General Population Shelter Management) and Annex J (Medical Needs Shelter Management) to the SC Hurricane Plan.

IV. Facts and Assumptions.

Medical Needs Shelterees may include:

- Persons whose life safety is at risk due to loss of electricity.
- Individuals requiring electricity for medical equipment, refrigeration for medication and/or a specialty bed medical condition(s).
- Individuals with medical conditions who have been able to maintain activities of daily living in a home environment with the assistance of a caregiver prior to the disaster or emergency situation.

An adult caregiver should accompany the medical needs shelteree to the shelter and stay during the event to provide daily care needs. The caregiver is also provided for at the MNS location.

During triage, exceptions may be made in consultation with the Regional Coordination Centers (RCC) and Agency Coordination Center (ACC) for individuals who only have a need for electrical support and do not have an adult caregiver. This would be on a case by case basis.

It is possible that a person may present to MNS staff without a referral, caregiver, or prior triage. Staff will accommodate these individuals without delay, and immediately contact either the supporting RCC or the ACC for further instruction. Triage may occur at the event site or via phone.

V. Concept of Operations.

As the primary agency for MNS operations, DHEC will:

- Coordinate and organize Medical Needs Shelter capabilities to meet basic human needs including shelter, food, emergency supply distribution, medical monitoring, caregiver support, and other general human services as required in disaster situations. These locations serve individuals whose needs exceed DSS or the Red Cross Disaster Health Services' level of provision in general population shelters but is not complex enough to require hospitalization. MNS provision includes:
    - Uninterruptable power (generator back up) for medical equipment and ensuring a climate-controlled environment,
    - Refrigeration (for medications only),
    - Medical cots or beds,
    - Triage and in-patient referral as required,
    - Medical monitoring/ surveillance,
    - Provision for oxygen replenishment,
    - Transportation assistance or coordination as required,
    - Administrative and logistics support.
- Coordinate all MNS administrative, management, planning, training, preparedness, mitigation, and response activities. This includes coordinating and maintaining this annex, content in Appendix 6 to the SCEOP and, Annexes J and I of the SC Hurricane Plan.
- Establish Memorandums of Agreement (MOAs) with all identified and assessed locations prior to use. See Appendix 1, Sample MOA.
- Identify and train Public Health staff within Community Health Services to operate and manage MNS facilities no later than 31 May each year.

- Provide liability coverage to staff involved in sheltering and within provisions of the MOAs required for sheltering.
- Ensure Public Health and other agency personnel supporting MNS operations function under the National Incident Management System (NIMS) and Incident Command Structure (ICS).

MNS are not skilled nursing facilities. Hospitals, nursing homes and residential care facilities should not discharge or evacuate individuals under their care to MNS in times of disaster. MNS is located at one of the following:

- Healthcare Facility- climate controlled with generator backup; has hospital beds or medical cots for shelterees; may have direct capabilities for oxygen and suction equipment. This type of MNS may allow on site access to emergency services. This type MNS is typically found in a hospital or nursing home.
- Non-Healthcare Facility- climate controlled with generator backup; DHEC provides medical cots for shelterees. This type of MNS allows for access to emergency services via EMS. This type of MNS is typically found in a technical college, senior center, public school, etc.
- Co-located shelter- MNS may be co-located with general population, pets, and other partner services such as mental health, childcare, etc. Co-located shelters may house shelterees within the same building or an adjacent building on the same campus. Pet sheltering may be included as a part of a co-located shelter.

    - MNS will function separately, but within the shelter. However, there will be interaction between, DSS, ARC, animal care providers and DHEC.
    - State level coordination will occur between the State Emergency Operations Center (SEOC), within ESF-6, and state and regional/county level agencies and organizations to include DHEC's Agency Coordination Center, local DHEC Preparedness staff, and county emergency management.

In addition to MNS operations, DHEC will coordinate with ESF-6 and supporting agencies and organizations as necessary to meet identified needs during all shelter operations (GP and MNS), including but not limited to food safety, mass care population health, mental/behavioral health, water quality, and opening and/or closing MNS shelters.

- Food Safety inspections are requested by ESF 6 on an as needed basis.
- DHEC is not a viable substitute for nor is it a health care provider. Limited services may be available through DHEC staff. DHEC is the lead agency for ESF 8 (Health and Medical Services) and will coordinate these services as required.

- Mental and behavioral health care is provided by the South Carolina Department of Mental Health (DMH) or the American Red Cross (ARC). DMH support is coordinated through ESF 8.

DHEC will participate in annual county mass care coordination meetings and/or other training events.

VI. Assignment of Responsibilities.

MNS operations are conducted in accordance with the emergency management cycle of prepare, respond and recover.

PREPARE. ICS and SEOC not activated.	
SHELTER FACILITY IDENTIFICATION, ASSESSMENT, ACQUISTION	
Actions:	**Responsibility**
☐ Identify shelters in coordination with community partners to include but are not limited to: the American Red Cross (ARC) and local emergency management. ☐ If a facility is interested in becoming a shelter, DHEC uses the following assessment tools: a) The **American Red Cross Shelter Survey** and b) the **Facility Power Assessment for Potential Medical Needs Site** to assess each of its shelters. • The shelter assessment team should include regional nursing program staff, a regional PHP Planner, Red Cross staff and a facility representative. The State MNS Coordinator should also be present if possible. • All components of the ARC Shelter Survey should be assessed, and each shelter should be as ADA-compliant as possible. • DHEC uses the above tools, and if available, conducts the shelter assessment with ARC staff. • Along with ARC and DSS, DHEC uses the "Best Available, Least Risk" concept to identify facilities when made available as potential shelters. • Some ADA-compliance issues may be amended with temporary solutions for the period of shelter activity. For example, temporary ramps may be added if a curb cut does not exist. • Some ADA-compliance issues cannot be fixed easily and if the facility being assessed does not contain some basic and important features then the facility cannot be used as a shelter.	**Lead:** BPHP **Supporting:** ARC; Community Health Services/ Nursing

<table>
<tr><td>
One example of this is in-accessible bathrooms and stalls.

• DHEC also uses the American Red Cross Standards for Hurricane Evacuation Shelter Selection (ARC 4496) for the following counties: Jasper, Hampton, Allendale, Beaufort, Colleton, Bamberg, Charleston, Dorchester, Berkeley, Orangeburg, Georgetown, Williamsburg, Clarendon, Horry, Marion, Florence, Darlington, Marlboro, Dillon, Barnwell, Aiken, Calhoun, Lexington, Richland, Lee, and Sumter. (Annex I to Hurricane Plan)
• If the facility meets the criteria established in the assessments, then a shelter MOA can be completed.
• The two approved shelter MOA templates (see Appendix 1) can be found on the DHECnet under the http://dhecnet/co/contracts/MOAs
    • MOA Medical Needs Shelter - Non-Generator Facility (0652A)
    • MOA Medical Needs Shelter - Healthcare Generator Facility (0652)
• In some cases, a county emergency manager may ask to have a shelter in an un-assessed facility with no MOA. These can be done, but the shelter requirements that DHEC has are still required, the location must still be assessed, and an MOA put into place. This would be expedited by the ACC and Contract Office staff.
• Shelters and their MOAs are to be reviewed annually to ensure nothing has changed that would make the shelter unusable as an MNS. This does not mean that a new MOA must be implemented if the termination date on the MOA has not passed.
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<tr><td>
☐ Maintains a master binder of hard copies of all shelter MOAs.
    • Regional planners should forward any new MOAs to the State MNS Coordinator once the MOA is completed so that it can be added.
☐ Maintains a master spreadsheet of all MNS shelters in the state that is updated as shelters are either added or removed.
    • The State MNS Coordinator will add the MOA information to the list but may ask the Regional Planners to complete any uncompleted sections.
</td><td>
Lead: BPHP

Supporting: Regional Health Directors; Regional Office of Public Health Preparedness (OPHP)
</td></tr>
</table>

☐ Each regional planner should complete site-specific shelter information for each shelter. • An ICS 204 for the shelter should be present for every shelter. (An ICS 204 is used to inform personnel of assignments once Command/ Unified Command approve the objectives. • Since all shelters are different and resources may vary by shelter and county, regional staff have the latitude to include other information, in addition to the ICS 204 information, as they deem helpful for a disaster event. For a list of recommended information, see the State MNS Coordinator.	**Lead:** BPHP **Supporting:** Regional Health Directors; Regional OPHP
☐ Coordinate revisions for all MNS planning and procedural documents, and related annexes. ☐ Credentialing Documents for MNS operations. ☐ Job Action Sheets for MNS operations. ☐ All operational documents including shelter forms and reporting documents for shelter response. ☐ In collaboration with OPHP, provide region-specific training on MNS operations including logistics, triage and shelter operations on an annual basis. ☐ By May 31, of each year, leadership will be sure that all staff have received appropriate training based on the role(s) they will be assuming during a disaster.	**Lead:** BPHP, Community Health Services/Nursing **Supporting:** Regional Health Directors; Regional OPHP

☐ Maintain and update staffing rosters utilizing the Office of Nursing Staffing Standards. List should be reviewed and updated at least quarterly ("Shelter Roster Healthcare," DHEC 1268 or "Shelter Roster Non-Healthcare," DHEC 1269). Identify and resolve any issues in conjunction with region leadership. ☐ Inventory shelter bags/carts quarterly utilizing the "Supply/Equipment Inventory" (DHEC 2373) and after an exercise or event. Monitor each location utilizing the "MNS Supply/Equipment Inventory Accountability" (DHEC 1406). Coordinate replacement of items as needed. ☐ Assure all shelter staff are trained per the "Core Training Requirements for Shelter Staff" within three (3) months of hire and annually thereafter on MNS roles and operations. ☐ Coordinate training of volunteer nurses and other volunteers in coordination with Regional OPHP. • Coordinate with Regional OPHP to assure completion of the "Nursing Volunteer Agreement" (DHEC 1351) for all nursing volunteers and the "Volunteer Agreement" (DHEC 0884) for non-nursing volunteers. ☐ Update and maintain Nursing Site-Specific Shelter Manual for each shelter location within the region.	**Lead:** Community Health Services/Nursing **Supporting:** Regional Offices of Nursing; Regional OPHP,
☐ Be sure that all staff have necessary access to computer systems they may be required to monitor or use during an event. ☐ Coordinate and maintain list of equipment, supplies, phone numbers and location of resources available during an emergency. ☐ Community Health Services establishes the CareLine ~7 days (E-120), if possible, prior to event with appropriate information and status of DHEC efforts. For events with limited or no notice, the CareLine may not be set up.	**Lead:** BPHP; Community Health Services /Nursing; Regional Health Directors; Regional OPHP
☐ As an event approaches, work with regional program directors and local emergency managers to identify and contact potential facilities that may need to open. ☐ Maintain list of volunteers including names, addresses and telephone numbers trained for MNS operations. ☐ Coordinate with Region Office of Nursing to exercise MNS operations at least twice a year. An event where MNS is operationalized can be substituted for an exercise.	**Lead:** Regional OPHP **Supporting:** Regional Health Directors; Regional OPHP

<table>
<tr><th>Actions:</th><th>Responsibility</th></tr>
<tr><td>☐ Regional Planners will look to pre-stage supplies and equipment at the selected shelters that they are anticipating as opening.
☐ Contact Red Cross for Comfort Kits for identified MNS sites.
☐ Effected Regional OPHP(s) puts on standby or activates regional PHP staff and stands up full or partial RCC (typically 3-5 days out (or as determined appropriate) prior to event.
☐ Contact county emergency managers and ARC to coordinate shelter operations as necessary. These conversations should/may include:
• Shelter openings
• Feeding plans
• Any identified or possible gaps
☐ Contact any feeding provider, as necessary, to allow the vendors/facility to prepare and have staff on standby should a shelter opening be necessary.</td><td>Lead: Regional OPHP

Supporting: Regional Offices of Nursing</td></tr>
<tr><td>☐ Notification of MNS site contacts and final site availability confirmation
☐ Proposed shelter opening time confirmed
☐ Provide RCCs and SEOC staff with appropriate point of contacts for each operational period.
☐ Notification of shelter set-up team(s) and Shelter site assignments confirmed with team leader
☐ Communication with ACC if Operational
☐</td><td>Lead: Regional OPHP

Supporting: Regional Offices of Nursing</td></tr>
<tr><td>☐ Complete any necessary Just--In-Time training prior to moving into the Response Phase
☐</td><td>Lead: BPHP; Community Health Services /Nursing</td></tr>
<tr><td>☐ Triage staff should be put on standby for their respective posts.
☐ Coordinate with the agency phone bank to implement appointment cancelations and phone triage as indicated.
☐ State Director of Public Health Nursing or designee would staff the ACC and maintain a presence for the length of activation.</td><td>Lead: Community Health Services/Nursing

Supporting: Regional Offices of Nursing; Regional OPHP; BPHP</td></tr>
</table>

☐ The State MNS Coordinator, DHEC's liaison to ESF-6 in the SEOC, should be stationed in the SEOC prior to the Response phase to assist with any coordination for Mass Care. The liaison should login and monitor the following state software to assist with monitoring and maintaining situational awareness: • Palmetto (Emergency Management Division): https://www.palmettoeoc.com/webappviewer/ ☐ Accounts with each of these programs should be created prior to an event, if possible.	**Lead:** BPHP **Supporting:**
☐ Depending on the scale and scope of the event or response, the ACC or RCC will activate as appropriate and report through the Incident Command structure. ☐ If needs (personnel, supplies, support services, etc.) are beyond the scope of capability of the RCC and local partners, requests will be coordinated through the ACC.	**Lead:** BPHP; Community Health Services /Nursing **Supporting:** Regional OPHP; Regional Offices of Nursing

RESPOND. ICS and/ or SEOC activated.	
MNS TRIAGE LINE ACTIVATION	
Actions:	**Responsibility**
☐ At OPCON 2 during a non-hurricane scenario and at E-48 for a hurricane scenario, appropriate agency personnel (BPHP Region Preparedness Director, BPHP Director, and State Director of Nursing) will collect and assess the information provided to make the determination if the scenario warrants activation of the triage line and subsequent MNS operations. The triage line may be opened at the regional level or the state level, depending on scale and scope of the incident. (See Appendix 13) ☐ If a decision to activate the triage line is made, and the Director of Public Health Nursing or the Regional Nursing Director wishes a Red Cross Nursing Liaison to be present with the triage team to assist with non-MNS eligible caller, they should contact the State MNS Coordinator as soon as the decision is made so that Red Cross can make provisions for this service. ☐ If the event is a single county event, triage will be done at the regional level. If it is a multiple county or state-level event, triage will be	**Lead:** Community Health Services /Nursing **Supporting:** Regional Offices of Nursing; Regional OPHP, BPHP

conducted by Central Office. If the regional triage line is needed, Community Health Service/Office of Nursing will notify the Regional Nursing Director. (See Appendix 13) ☐ Requests for activation of MNS come from multiple sources. These could include: • DHEC regional staff, • ARC, • County and State Emergency Management, or • Partners. ☐ Create a roster to assign staff to operate the triage line at the state level or have Regional Nursing Directors assign their staff to operate the triage line locally. (Shelter rosters for each shelter should already be complete for each shelter.) ☐ Provide Just-In-Time training as necessary. ☐ Bureau of Public Health Preparedness Logistics will ensure triage room is open and equipment (computers, scanners, etc) is set up and available for staff.	

<table>
<tr><td>☐ Once the triage line has been set up, the following agencies and organizations will need the triage line number and process to pass along to those who may be eligible. (See Appendix 13)
• Regional Coordination Centers
• American Red Cross
• DSS
• SC Hospital Association
• Local Emergency Managers
• Emergency Management Division
• United Way (in PIPS)
☐ If a shelteree is referred to a General Population shelter, contact should be made with ARC or DSS to make them aware of the referral and be sure space is available
☐ In some instances, such as a small localized fire, the scale of the response may be minimal enough that an actual triage line may not be necessary or practical. In this case, the local region will determine the best means to determine need. If potential MNS shelterees are identified, a nurse may be sent to the location to do the necessary triage to verify MNS need.
☐ Provide consultation/guidance to region RCCs.
☐ Since the RCCs will be determining placement of shelterees after triage, regions should be sure that travel is minimized by looking beyond just their particular region for the closest shelter to that person’s location.</td><td>Lead:
Community Health Services /Nursing

Supporting:
BPHP; Regional Offices of Nursing; Regional OPHP</td></tr>
<tr><td colspan="2">OPENING A SHELTER</td></tr>
<tr><td>Actions:</td><td>Responsibility</td></tr>
<tr><td>☐ Provide updates, as needed to the SEOC regarding shelter operations, including shelter board updates in appropriate electronic system, Palmetto.

• Palmetto (https://palmettoeoc.com/webappviewer/)</td><td>Lead:
Community Health Services/Nursing

Supporting:
BPHP</td></tr>
</table>

<table>
<tr><td>

☐ Activate the appropriate MNS locations and personnel in their respective regions once a need has been identified. (Some potential locations will already be slated.)
- The shelter that is geographically closest to the impacted residents and best meets the needs of the shelterees, but safe, should be prepared to open.
- In some cases where very limited need is identified for an MNS, the RCC may contact ARC to see if they can put the person(s) into a hotel, rather than activate an MNS facility.
- The standard ratio for nurses to shelters is 1:12, but DHEC maintains the option to modify this ratio during a large-scale operation, or during recovery to allow for re-establishing of necessary clinical services.
- Priority for assignment of public health nurses is to MNS.
- Other considerations include: geography of event, site availability, county EM input, event-dictated considerations.

☐ Staff assigned to that shelter should be notified of the following:
- Shelter location and/or directions
- Contact names and numbers
- Be in route to the location. Shelter staff have 4 hours to open the shelter to residents. All staff should have DHEC photo identification.
- Notify the shelter manager upon their arrival
- Remain at the MNS until all shelterees leave or until relief staff arrive.

☐ Communicate to ACC when shelters are operational.

☐ Maintain contact with each MNS, every six (6) hours or more as needed, to evaluate staffing and activity, provide census information, and report any issues or concerns.

☐ When requested and available, assign staff to the county emergency operations center to coordinate DHEC activities and function as liaison to the RCC.

☐ Initiate and update the Census Details spreadsheet (DHEC 2597).

</td><td>

Lead: Regional OPHP

Supporting: BPHP; Regional Offices of Nursing, Regional OPHP

</td></tr>
<tr><td colspan="2">SHELTER OPERATION/MAINTENANCE</td></tr>
<tr><td>Actions:</td><td>Responsibility</td></tr>
</table>

☐ The following general tasks should be completed during the maintenance phase of operations: • Communicate shelter census, staffing, and activity to the RCC every 6 hours or more as needed. ☐ Communicate/ Coordinate with the RCC for the following: • Staffing, equipment, and supply needs to the RCC as necessary. • Epi resources should an outbreak occur. • Transportation needs related to dialysis, discharge, medication refill, etc. (Refer to Appendix 2 – Transportation Arrangements **and** Appendix 5 Pharmaceutical Refills in a Shelter.**)** • Any staff or shelteree issues/needs not currently met	**Lead:** Shelter Staff **Supporting:** Regional OPHP; BPHP; Regional and State DADE; EMS & Trauma

RECOVER. ICS and SEOC deactivated.	
SHELTER CLOSING AND/OR CONSOLIDATION	
Actions:	**Responsibility**
☐ As numbers within the shelter(s) begin to diminish, it will be necessary to either close and/or consolidate shelters. ☐ State Nursing Program Director and Regional Program Director will consult and coordinate with RCC staff, ACC, local Emergency Management, and any other appropriate response partners to determine to close and/or consolidate shelters.	**Lead:** Regional OPHP **Supporting:** BPHP
☐ Communicate closures to the SEOC within one hour as indicated. ☐ Coordinate debriefing to include DHEC state and regional staff, SEOC, ESF-6, and partner agencies. ☐ Complete necessary reports utilizing data obtained from state and regions. ☐ Determine when operations will return to normal business operations. ☐ Initiate and complete After-Action Report (AAR)	**Lead:** BPHP; ICS Designated Personnel **Supporting:** Regional Offices of Nursing; Regional OPHP

☐ Participate in debriefing. ☐ Analyze reports of activities from Regions to assess problems, successes and need for plan revision/ refinement. ☐ Develop plans to meet identified training needs. ☐ In coordination with State MNS Coordinator, identify need for revisions to operational documents. ☐ Participate in the AAR.	**Lead:** Community Health Services, Nursing **Supporting:** Regional Offices of Nursing; Regional OPHP; BPHP
☐ Confirm shelter closure with shelter manager and ACC. ☐ Act as resource liaison with shelter manager as needed in the relocation of shelterees following shelter closure. ☐ Coordinate demobilization of each shelter with local emergency management, and ACC. ☐ Coordinate staffing for resumption of “normal” business operations. ☐ Compile reports and submit to ACC. ☐ Provide feedback on MNS operations as requested from ACC. ☐ Coordinate debriefing session with regional/county staff. ☐ Initiate region after action review and complete AAR for submission to State OPHP.	**Lead:** Regional OPHP **Supporting:** Regional Offices of Nursing; BPHP

VII. Communications.

At the ACC, communication with the SEOC and the RCCs will be achieved utilizing landline telephones, cellular telephones, fax machines, electronic mail, and Palmetto. If these methods are not operable, other means such as 800 MHZ radios, walkie-talkies, Amateur Radio Operators and possible site runners, will be utilized where available.

At the RCC, communication with the ACC and the Medical Needs Shelters will be achieved utilizing landline telephones, cellular telephones, fax machines, electronic mail and/or Palmetto. If these methods are not operable, other means such as 800 MHZ radios, walkie-talkies, Amateur Radio Operators and possible site runners, will be utilized where available.

VIII. Administration, Finance and Logistics

Administration.

- Resource Management may include financial record keeping; reporting procedures; and tracking resource needs, sources, use, and cost.
- All documentation generated during the event will be maintained in accordance with DHEC Policy A.905 (Retention Schedules).
- Inventory and track items secured from partner agencies utilizing the “Partner Loan Inventory Checklist” (DHEC d-3029).

Finance.

- Personnel hours will be recorded as the individual’s normal program and location code and will use an activity code provided by the DHEC Bureau of Finance. All employees are to keep an accurate, written account of all times worked. Additional guidance regarding PCAS (program/activity codes) will be disseminated during an emergency situation.
- Agency personnel, payroll, compensatory time and other procedures must be followed per the Agency Administrative Policy Manual.
- Purchases of equipment and resources to support operations will be conducted in accordance with Section 9 of SCDHEC’s Procurement Procedures Manual.
- If emergency purchases are required, they should be authorized through the ACC or RCC. Itemized receipts should be obtained to include date of purchase, the

amount, and the signature of the purchaser. The state credit cards may be used with authorization to purchase necessary supplies.

- Resource usage will be tracked by logs, receipts, and payroll documents. All documents should be retained and submitted as requested. The cost of disaster operations will be calculated from all available information and reported as requested and directed.
- The state may seek maximum reimbursement for incurred costs though federal funding mechanisms established for the response.

Logistics.

- The RCC and the ACC will have resources available for logistical support.
- Agency policies and procedures will be followed.
- The ACC will coordinate with the SEOC as needed for additional support.

IX. Plan Development and Maintenance.

This plan was developed in partnership by DHEC's Public Health Nursing Program and the Bureau of Public Health Preparedness.

The State Director of Nursing in conjunction with State BPHP will be responsible for coordinating the review and maintenance of this annex on an annual basis. The following schedule will be followed starting 2018:

February-April:	Review and Comment Period
June 1:	Effective Date of Revised Plan

This annex will be reviewed and/or updated to reflect new developments as required through lessons learned during emergency use, exercises, state public health organizational changes, stakeholder feedback/recommendation, and/or revisions in federal or state planning guidance.

X. Authorities and References.

Authorities.

- The South Carolina Emergency Operations Plan, approved as Executive Order

stipulates *"Each department or agency assigned a primary responsibility in the Plan shall maintain as directed by the South Carolina Emergency Preparedness Division, comprehensive standard operating procedures for executing its assigned emergency services. Each department or agency assigned a support responsibility shall assist the primary department or agency in maintenance of these procedures."*

- The portion of the State Plan dealing with health and medical services is APPENDIX 8. This section is generally known as ESF-8 in the federal planning process. Under the State's implementation of ESF-8, DHEC is the primary coordinator of Health and Medical services.
- The portion of the State Plan dealing with mass care is APPENDIX 6. This section is generally known as ESF-6 in the federal planning process. Under the State's implementation of ESF-6, DHEC is a responsible for the operation and management of Medical Needs Shelters.
- Public Health Nurses provide services in accordance with the Laws Governing Nursing in South Carolina, § 40-33-10 through § 40-33-50, and act 287 of the South Carolina Code of Laws.
- Public Health Nurses provide services in accordance with the Laws Governing Nursing for SC, DHEC Administrative Policy Manual, DHEC Health Services Policy Manual, DHEC Nursing Professional Practice Manual and the DHEC Standing Orders.

References

- State Emergency Operations Plan- http://www.scemd.org/planandprepare/plans/emergency-operations-plan
- FEMA Functional Needs Support Services https://www.phe.gov/Preparedness/planning/abc/Pages/funcitonal-needs.aspx
- SC Medical Needs Shelter Guidelines
- SC Radiological Emergency Response Plan- http://www.scemd.org/planandprepare/plans/operational-radiological-emergency- response-plan
- SC Mass Casualty Plan- http://www.scemd.org/planandprepare/plans/mass-casualty-plan
- DHEC Exposure Control Plan
- DHEC Respiratory Protection Plan
- DHEC Surveillance and Response of Reportable Conditions

XI. Appendices

1. MOA – Facility with/without Generator
2. Transportation Arrangements
3. Behavioral Health Referral
4. Feeding Arrangements/Meal Reimbursement
5. Pharmaceutical Refills in a Shelter
6. Accessing Durable Medical Equipment (DME)/Consumable Medical Supplies (CMS)
7. Service Animals and Pets
8. Functional and Access Needs and Persons with Disabilities
9. Shelter Team Roles and Responsibilities
10. Storage and Retention of Shelter Documents
11. Disease Outbreak Investigation in a Shelter
12. Information Sharing
13. Triage Line Set-up, Nursing Triage Procedures, and Red Cross Nurse Liaison

Memorandums of Agreement

Facility with Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

[NAME OF CONTRACTING PARTY]

Facility without a Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

[NAME OF CONTRACTING PARTY]

I. PURPOSE: MEDICAL NEEDS SHELTER FACILITY

The South Carolina Department of Health and Environmental Control (DHEC) and ____

[Name of Contracting Party] (Contractor) hereby enter into this Memorandum of Agreement (MOA) for the purpose of providing a Medical Needs Shelter (MNS) facility during natural or man-made events that displace persons with Medical needs, as defined below, from their homes.

A Medical Needs individual is defined as someone who has a pre-existing medical condition(s) resulting in medical impairments and the individual has been able to function with the assistance of a care giver in the home. A Medical Needs individual's physical or mental conditions are such that they exceed the capabilities of an American Red Cross Shelter and are not severe enough to

require hospitalization. Individuals whose medical needs exceed the resource or personnel capabilities of the MNS will be referred to an appropriate health care facility.

II. SCOPE OF SERVICES:

A. Responsibilities of DHEC.

Under the terms of this MOA, DHEC shall be responsible for:

1. Activation:
   This MOA will be activated in the following circumstances:

   a. When the DHEC Public Health Region, in consultation with the DHEC State Office of Public Health Preparedness (PHP), and the emergency management authority for ______________________________ County determine there is an immediate need for a MNS; or
   b. The Governor has declared a state of emergency or a public health emergency and activated the State Emergency Operations Plan and there is an immediate need for a MNS.

   Note: Due to safety, transportation issues, or space availability in other nearby open MNS locations, DHEC may, in its discretion, decide not to open all MNS sites during an event.

2. Criteria for Admission to a MNS:
   - A DHEC Public Health Nurse will make the determination regarding admission to the MNS and the appropriate level of care for each potential Shelteree.
   - The DHEC Public Health Nurse will utilize the triage tool developed by the Office of Nursing for admission to the MNS.
   - A caregiver is expected to accompany the individual being sheltered.

3. Provision of Staffing:
   DHEC will provide staffing to operate the MNS, including nursing and other support staff as needed.

4. Supplies:
   Shelter residents will be instructed to bring their own medications, necessary medical equipment and supplies. Should DHEC need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DHEC.

5. Medical and Non-Medical Beds/Cots/Equivalents:

If necessary, DHEC will provide and set-up, as described in Section B. 4, medical and non-medical beds/cots/equivalents.

6. Annual Status Review:
   By April 1 of each year, the Regional PHP Director or his/her designee must contact the Contractor to confirm and/or update the contact information in Section II. B. 2 of this MOA. The Regional PHP Director must attach a memorandum to the agreement reflecting any changes identified. The Regional PHP Director must send the confirmed or updated information to the Contractor, DHEC Contracts Manager and to OPHP Central Office.

B. Responsibilities of Contractor.

Under the terms of this MOA, Contractor shall be responsible for:

1. Provision of Shelter Space in ______________________ County:
   In the event of activation, the designated MNS shelter will be located at:

   ____
   _______ [facility site address] and will house only MNS Shelterees, their caregivers and DHEC staff.

2. Contractor will provide contact information for DHEC to use when activation of the MNS is required:

Primary	**Backup**
Name: ______________________	Name: _____________________________
Title: ______________________	Title: _____________________________
Daytime Phone: _____________	Daytime phone: ______________________

24-hour Phone: _____________ 24-hour phone: ________________________

3. Designation of Maximum Occupancy:
   A. Total Number of MNS Shelterees: __________
      Total Number of Caregivers: __________
      Total Number of DHEC Staff per shift: __________
      Total MNS occupancy: __________

   B. If the MNS needs to temporarily admit Shelterees and caregivers in excess of the Contractor's licensed capacity, the DHEC MNS Nurse Team Leader will immediately contact the DHEC Regional Coordination Center (RCC) at:_______________________________ (phone number).

   C. The DHEC RCC will contact the designated Contractor point of contact as designated above in B. 1 in accordance with the procedure outlined in the Department's most current Memorandum entitled, *"Internal and External Medical Surge during an Emergency"* (Appendix 1) and will submit required information to the DHEC Health Licensing Staff.

4. Provision and set-up of medical and non-medical beds/cots/equivalents:

   The Contractor will provide and set-up:
   Total number of medical beds/cots for Shelterees _____
   Total number of non-medical beds/cots for caregivers and DHEC staff _____

   DHEC will provide and set-up:

   Total number of medical beds/cots for Shelterees _____

   Total number of non-medical beds/cots for caregivers and DHEC staff ____

   Source/location of medical beds/cots provided by DHEC:____________

   Source/location of non-medical beds/cots provided by DHEC: _________

5. Food Services:
   Contractor ____ will ___ will not provide food services for the MNS Shelterees, caregivers and staff. Some special diets may be required. If the Contractor provides food services, DHEC will reimburse the Contractor for meals not to exceed the rates

set by the SC Budget and Control Board: $8 breakfast, $10 lunch, $17 dinner. * Nutritional Supplements are also allowable for reimbursement as long as they are reasonable expenses and assist with medical conditions such as diabetes, where certain foods may assist with maintaining health and activities of daily living. These are not snacks and should be healthy.

6. Provision of Security:
   Contractor ____will _____ will not provide on-site security.

7. Linen Services:
   Contractor ____will _____ will not provide linen services.

8. Provision of Telephone and Fax Access:
   Telephone, internet and fax access, when available, will be provided by the Contractor for DHEC's use during occupation of the facility as an MNS.

9. Provision of a Generator for Back-up Power:
   The Contractor agrees to provide a back-up power generator, fuel and staff to operate the generator for the area designated for use as a MNS. The generator must be in place and operational before the shelter is opened.

10. Provision of Janitorial/housekeeping services:
    The Contractor will provide janitorial/housekeeping services.

11. Compliance with ADA:
    Contractor commits to compliance with Title II, Chapter 7 of the Americans with Disabilities Act, including Addenda, regarding emergency shelters. These requirements are available at the ADA and Emergency Shelters – ADA Home Page:

    - http://www.ada.gov/pcatoolkit/chap7shelterchk.htm
    - http://www.ada.gov/pcatoolkit/chap7shelterprog.htm

III. TERMS AND CONDITIONS:

A. Effective Dates.
   This MOA shall be effective on ___________________, 20____ or when all parties have signed, whichever is later, and will terminate on December 31, 20___. This MOA is renewable for three additional one year periods based on an annual review of criteria listed under Evaluation of MOA and agreement by both.

B. Termination.
   1. Either party may terminate this MOA by providing thirty (30) days advance written notice of termination to the other party.

2. DHEC may terminate this MOA for cause, default or negligence on the Contractor's part at any time without thirty days advance written notice. DHEC may, at its option, allow Contractor a reasonable time to cure the default before termination.

C. Amendments.
The MOA may only be amended by written agreement of all parties, which must be executed in the same manner as the MOA.

D. Records.
DHEC will maintain records it generates at the MNS for 6-years pursuant to the agency's records retention policy.

E. Liability.
Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this MOA.

F. Evaluation of MOA.
Appropriate staff of the Contractor and DHEC will meet annually to evaluate this MOA based on the responsibilities for each party listed under section II, Scope of Services, of this MOA.

G. Non-Discrimination.
No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, color, sex, age, national origin, disability or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

H. Drug Free Workplace
By signing this MOA, Contractor certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 *et. seq*., as amended.

I. Disputes.
All disputes, claims, or controversies relating to the MOA shall be resolved in accordance with the South Carolina Procurement Code, S.C. Code Section 11-35-10 et seq., to the extent applicable, or if inapplicable, claims shall be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District

of South Carolina, Columbia Division. By signing this MOA, Contractor consents to jurisdiction in South Carolina and to venue pursuant to this MOA. Contractor agrees that any act by DHEC regarding the MOA is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution, and is not a consent to the jurisdiction of any court or agency or any other state.

J. Insurance.
Each party will maintain professional, malpractice, and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its employees.

K. Licenses.
During the term of this MOA, each party shall maintain its respective federal and State licenses, certifications, and accreditations required for the provision of services herein. Contractor will immediately notify DHEC if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of contractor or contractor's employees or agents providing or performing services under this MOA.

L. Financial Responsibility.
Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.

M. Severability.
The invalidity or unenforceability of any provision of this MOA shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.

N. Preventing and Reporting Fraud, Waste and Abuse.
DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for

reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Contractor or Contractor's agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Contractor is required to inform Contractor's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to DHEC. Contractor must also inform Contractor's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

AS TO DHEC:	AS TO THE CONTRACTOR:
BY:_________________________	BY: ___________________________
(LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR)	(NAME)
	ITS:___________________________
	(TITLE)
DATE: __________________	DATE:_________________________
	PHONE:____________________________________
	EMAIL ADDRESS:__________________________
	MAILING ADDRESS:
	_____________________________________
	_____________________________________

EXCEPT IN EMERGENCIES, THIS AGREEMENT IS NOT OFFICIAL AND BINDING UNTIL SIGNED BY THE DHEC CONTRACTS MANAGER.

____

Francine Miller

Contracts Manager

SCDHEC

DATE: _______________________________

Facility without a Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

AND

[NAME OF CONTRACTING PARTY]

II. **PURPOSE: MEDICAL NEEDS SHELTER FACILITY**

The South Carolina Department of Health and Environmental Control (DHEC) and [____Name of Contracting Party] (Contractor) hereby enter into this Memorandum of Agreement (MOA) for the purpose of providing a Medical Needs Shelter (MNS) facility during natural or man-made events that displace persons with Medical needs, as defined below, from their homes.

Definition of "Medical Needs:"

A Medical Needs individual is defined as someone who has a pre-existing medical condition(s) resulting in medical impairments **and** the individual has been able to function with the assistance of a care giver in the home. A Medical Needs individual's physical or mental conditions are such that they exceed the capabilities of an American Red Cross Shelter **and** are not severe enough to require hospitalization. Individuals whose medical needs exceed the resource or personnel capabilities of the MNS will be referred to an appropriate health care facility.

II. **SCOPE OF SERVICES:**

A. Responsibilities of DHEC.

Under the terms of this MOA, DHEC shall be responsible for:

7. Activation: This MOA will be activated in the following circumstances:
   a. When the DHEC Public Health Region, in consultation with the DHEC State Office of Public Health Preparedness (PHP), and the emergency management authority for_________________________ County determine there is an immediate need for a MNS; **or**
   b. The governor has declared a state of emergency or a public health emergency **and** activated the State Emergency Operations Plan **and** there is an immediate need for a MNS.

Note: Due to safety, transportation issues, or space availability in other nearby open MNS locations, DHEC may, in its discretion, decide not to open all MNS sites during an event.

8. Criteria for Admission to a MNS:
   - A DHEC Public Health Nurse will make the determination regarding admission to the MNS and the appropriate level of care for each potential shelteree.
   - The DHEC Public Health Nurse will utilize the triage tool developed by the Office of Nursing for admission to the MNS.
   - A caregiver is expected to accompany the individual being sheltered.

3. Provision of Staffing:
   DHEC will provide staffing to operate the MNS, including nursing and other support staff as needed.

4. Supplies:
   Shelter residents will be instructed to bring their own medications, necessary medical equipment and supplies. Should DHEC need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DHEC.

5. Medical and Non-Medical Beds/Cots/Equivalents:

If necessary, DHEC will provide and set-up, as described in Section B. 4, medical and non-medical beds/cots/equivalents.

6. Provision of a Generator for Back-up Power:

DHEC will secure a back-up power generator, fuel and the necessary staff to operate the generator for the area designated for use as an MNS.

7. Annual Status Review:
   By April 1 of each year, the Regional PHP Director or his/her designee must contact the Contractor to confirm and/or update the contact information in Section II. B. 2 of this MOA. The Regional PHP Director must attach a memorandum to the agreement reflecting any changes identified. The Regional PHP Director must send the confirmed or updated information to the Contractor, DHEC Contracts Manager and to OPHP Central Office.

B. Responsibilities of Contractor.

Under the terms of this MOA, Contractor shall be responsible for:

12. Provision of Shelter Space in ______________________ County:
    In the event of activation, the designated MNS shelter will be located at:

    ____
    ____________ [facility site address] and will house only MNS shelterees, their caregivers and DHEC staff.

13. Contractor will provide contact information for DHEC to use when activation of the MNS is required:

Primary	**Backup**
Name: ______________________	Name: ______________________________
Title: ______________________	Title: ______________________________
Daytime Phone: _______________	Daytime phone: _______________________
24-hour Phone: _______________	24-hour phone: ________________________

14. Designation of Maximum Occupancy:

Total Number of MNS Shelterees: ___________
Total Number of Caregivers: ___________
Total Number of DHEC Staff per shift: ___________
Total MNS occupancy: ___________

15. Provision and set-up of medical and non-medical beds/cots/equivalents:

The Contractor will provide and set-up:
Total number of medical beds/cots for shelterees _____
Total number of non-medical beds/cots for caregivers and DHEC staff _____

DHEC will provide and set-up:

Total number of medical beds/cots for shelterees _____

Total number of non-medical beds/cots for caregivers and DHEC staff _____

Source/location of medical beds/cots provided by DHEC: ____________________

Source/location of non-medical beds/cots provided by DHEC: ________________

16. Food Services:
Contractor ____ will ___ will not provide food services for the MNS shelterees, caregivers and staff. Some special diets may be required. If the Contractor provides food services, DHEC will reimburse the Contractor for meals not to exceed the rates set by the SC Budget and Control Board: $8 breakfast, $10 lunch, $17 dinner. * Nutritional Supplements are also allowable for reimbursement as long as they are reasonable expenses and assist with medical conditions such as diabetes, where certain foods may assist with maintaining health and activities of daily living. These are not snacks and should be healthy.

17. Provision of Security:
Contractor ____will _____ will not provide on-site security.

18. Linen Services:
Contractor ____will _____ will not provide linen services.

19. Provision of Janitorial/housekeeping services:
The facility _____will _____will not provide janitorial/housekeeping services.

20. Provision of Telephone and Fax Access:
    Telephone, internet and fax access, when available, will be provided by the Contractor for DHEC's use during occupation of the facility as an MNS.

21. Compliance with ADA:

    Contractor commits to compliance with Title II, Chapter 7 of the Americans with Disabilities Act, including Addenda, regarding emergency shelters. These requirements are available at:

    ADA and Emergency Shelters – ADA Home Page

    http://www.ada.gov/pcatoolkit/chap7shelterchk.htm

    http://www.ada.gov/pcatoolkit/chap7shelterprog.htm

III. TERMS AND CONDITIONS:

O. Effective Dates.
This MOA shall be effective on ___________________, 20____ or when all parties have signed, whichever is later, and will terminate on December 31, 20___. This MOA is renewable for three additional one year periods based on an annual review of criteria listed under Evaluation of MOA and agreement by both.

P. Termination.
   3. Either party may terminate this MOA by providing thirty (30) days advance written notice of termination to the other party.

   4. DHEC may terminate this MOA for cause, default or negligence on the Contractor's part at any time without thirty days written notice.

Q. Amendments.
The MOA may only be amended by written agreement of all parties, which must be executed in the same manner as the MOA.

R. Records.
DHEC will maintain records it generates at the MNS for 6-years pursuant to the agency's records retention policy.

S. Liability.

Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this MOA.

T. Non-Discrimination.
No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, color, sex, age, national origin, disability or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

U. Drug Free Workplace.
By signing this MOA, Contractor certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 *et seq*., as amended.

V. Disputes.
All disputes, claims, or controversies relating to the MOA shall be resolved in accordance with the South Carolina Procurement Code, S.C. Code Section 11-35-10 et seq., to the extent applicable, or if inapplicable, claims shall be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this MOA, Contractor consents to jurisdiction in South Carolina and to venue pursuant to this MOA. Contractor agrees that any act by DHEC regarding the MOA is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution, and is not a consent to the jurisdiction of any court or agency of any other state.

W. Insurance.
Each party will maintain professional, malpractice, and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its employees.

X. Licenses.
During the term of this MOA, each party shall maintain its respective federal and State licenses, certifications, and accreditations required for the provision of services herein. Contractor will immediately notify DHEC if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of contractor or contractor's employees or agents providing or performing services under this MOA.

Y. Financial Responsibility.
Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOA.

Z. Severability.
The invalidity or unenforceability of any provision of this MOA shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.

AA. Preventing and Reporting Fraud, Waste and Abuse.
DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Contractor or Contractor's agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Contractor is required to inform Contractor's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to DHEC. Contractor must also inform Contractor's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

AS TO DHEC:	AS TO THE CONTRACTOR:
BY:________________________________	BY: ____________________________
(LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR	(NAME)
	ITS:____________________________
	(TITLE)
DATE: _________________________	DATE:__________________________
	PHONE:_________________________
	EMAIL ADDRESS:_______________________
	MAILING ADDRESS:
	________________________________
	________________________________

THIS AGREEMENT IS NOT OFFICIAL AND BINDING UNTIL SIGNED BY THE DHEC CONTRACTS MANAGER.

____

Francine Miller

Contracts Manager

SCDHEC

DATE: ______________________________

MNS shelterees in a shelter may need to be transported for numerous different reasons. These could include, but are not limited to:

- Medication refills,
- Dialysis treatment, or
- Relocation to and from a shelter.

When a shelteree or a caregiver is being transported, staff will need to be sure that both are included in the transportation arrangements as the caregiver must stay with the shelteree at all times.

To arrange transport for anyone in an MNS shelter, you will need to complete the MNS Shelter Transport Information spreadsheet attached to this APPENDIX. Once the information has been completed, the form should either be provided to EMS in the RCC or forwarded up to EMS in the ACC to arrange travel and make the determination of the most appropriate vehicle for safe transport.

MNS Shelteree Transport Information	
Get the information below from the OPS Lead or OPS-MNS Coordinator. Once the information is obtained, it should be entered into Palmetto and a call made to ACC EMS Desk to make them aware of the request.	
Date of Transport	
Patient Name	
Pick up Site Name	
Pick up Site Address	
Pick up Time	
Return Time	
Destination Name	
Destination Address	
Destination POC Name and #	
Transport Type (stretcher, ambulance, wheelchair van, other)	
*Transporting provider	
*Was this their normal provider? (Yes/No)	
Pick up will include caregiver as ride-along? (Yes/ No)	
Any DME or personal belongings? If so, please list.	
Other notes:	
MNS POC (Name and Contact Number)	
Information gathered by (initial):	

*Optional

Appendix 3
(Behavioral Health Referral)
to the SC Department of Health and Environmental Control Emergency Operations Plan

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Behavioral Health will be addressed locally and by DHEC social work staff if possible. If DHEC determines that the shelteree needs more assistance than they can provide or DHEC is currently using all its social workers, then the ACC may move to state-level resources.

- If shelter staff find that a shelteree or caregiver need behavioral or mental health assistance, the following process should be followed:

    - Staff should notify the Shelter Manager/Charge Nurse so that he/she can make the determination as to whether or not to contact the RCC.
    - If the decision is made to contact the RCC, the call should be made to the MNS lead in the RCC and the MNS lead will contact the Behavioral Health Team Leader (DBHTL). The DBHTL is a DHEC social worker.
    - Initially, the DBHTL will address the situation via phone with the shelter manager or designated staff.
    - If additional support is needed, the DBHTL will contact one of the DHEC regional social workers to go to the shelter to assist.
    - DBHTL will be in communication with the Social Work Director in the ACC to provide any guidance and assistance.

- If additional assistance is needed beyond available DHEC resources, a Resource Request should be entered into Palmetto/DHEC WebEOC and a call placed to ESF-8 in the SEOC to provide additional situational awareness of the need. The ESF-8 representative at the State Emergency Operations Center (SEOC) will aid in the coordination and delivery of the region's emergency medical and behavioral health response services, as appropriate.
    - The ESF-8 lead will relay the need to state-level DMH, and state-level DMH will reach out to county DMH representatives or local mental/behavioral health partners. DMH will contact the RCC and/or the shelter regarding the behavioral health need.

The feeding vendor should have already been notified of activation of the shelter(s) by regional BPHP staff so it will be a matter of coordinating feeding. The follow the procedure outlined below:

- Feeding arrangements
  - Each shelter must have a feeding plan prior to opening.
  - Feeding plans may vary from shelter to shelter and county to county. Possible feeding options include:
    - The shelter facility may feed shelterees. This is typically done in hospital or in-patient facilities,
    - Arrangements may be made with the county for feeding.
    - An outside vendor may provide feeding. If this is the case, an MOA will need to be in place prior to opening the shelter.
    - In a co-located environment with ARC, ARC will feed MNS shelterees, caregivers, and staff.
    - Due to the nature of disasters, sometimes feeding plans get interrupted. In this case, it is helpful to have redundancy in the feeding plan. This may include local vendors, Voluntary Organizations Active in Disasters (VOADs) such as The Salvation Army, or other local or state resources.
- Review the shelter's ICS 204 form to determine the primary meal provider and verify the feeding vendor information with the RCC, regional PHP Director, or the regional planner.
- Contact the vendor to provide the following information: (Who contacts the feeding vendor may vary from region to region. It may be a member of the shelter staff, regional BPHP staff, or the RCC. If it is anyone other than the shelter staff, then any information pertinent to the shelter should be relayed.)
  - How many shelterees, caregivers, and staff are present?
  - Are there any special diets that need to be accommodated?
  - Are any nutritional supplements required?
  - Anticipated time of delivery?
  - Are utensils, cups, etc. are being provided?

Since meals are reimbursable to the vendor, they will need to be tracked. Shelters should use the "DHEC MNS Daily Feeding Detail Summary" spreadsheet and meals should be tracked on it after every meal. Instructions are provided on the spreadsheet and each region has a specific tab on the bottom of the spreadsheet.

This Appendix provides operational guidance to DHEC staff (ACC, RCC, and shelter staff) on acquiring medication for a shelteree who presents with a need for a refill of medication.

- In a non-declared emergency, state statute says a pharmacist can fill a 10-day supply of a previously written, recently expired or lost prescription without the original prescription. The pharmacist may dispense without a refill authorization once within a 12- month period if it's not for a controlled substance, and the medication is essential to the maintenance of life or continuation of therapy. However, dispensing is subject to the pharmacist's professional judgement.
- If a Governor-Declared State of Emergency, the above applies to emergency dispensation but pharmacist may dispense 30 days and they can fill even if the patient has previously had a previous emergency refill.
- People will arrive in shelters who do not have current scripts or who a have insufficient medication for the duration of the shelter visit.
- A pharmacist can dispense based off a prescription bottle if no scripts are present. Recent bottle is best.
- Unless DHEC staff or the shelteree and caregiver (POV) can pick up the medication(s), alternate transportation will be necessary for the residents to go to the pharmacy.
- Residents may or may not have access to their own transportation to pick up medication from a pharmacy.
- Medications may be necessary to maintain life and/or assist with activities of daily living.

General Guidelines.

- Understand that shelteree's or caregiver's medication is the property of the shelteree or caregiver. It is the responsibility of the shelteree or caregiver to maintain the medication in a safe place.
- Ensure that the shelteree/caregiver have access to their medications at all times.

The following scenarios may present at a MNS and general guidance on acquisition is as follows:

- Simple refill of existing medication under a current prescription (refills still available). The shelter staff or RCC should try work with the caregiver to identify the pharmacy and have the caregiver or shelteree contact the/a local pharmacy to see if they can refill the prescription. DHEC Staff can pick up prescription for shelteree if desired. (Staff should bring shelteree information on date of birth, address, etc. to receive.)

- Shelterees arrives at the shelter with no medication OR the prescription has expired, but non-controlled substance. The shelter staff or RCC should try work with the caregiver to identify the pharmacy and have the caregiver or shelteree contact the/a local pharmacy to see if they can refill the prescription. Based on whether or not, it is a Governor-declared emergency, it will either be either a 10- or 15-day supply (see bullets above). DHEC Staff can pick up prescription for shelteree if desired. (Staff should bring shelteree information on date of birth, address, etc. to receive.)

- Prescription is expired and a controlled substance. Pharmacy will not fill the old prescription, and a healthcare provider will likely require the shelteree to be seen in order to get a new prescription. Arrangements will need to be made to set up an appointment with a healthcare provider for an exam prior to prescription being written and filled. A person who has a prescription for a controlled substance may be a part of a Lock-in Program. See information on Lock-in Programs under Notes below.

- Shelteree needs over-the counter medication. Shelterees may need over-the-counter medication for allergies, children's cold medicine, or other over-the-counter medication. Staff can assist with locating a place to purchase the medicine and the shelteree and caregiver can pick up via their own vehicle or transportation can be arranged. (See Appendix 2: Transportation Arrangements of this Annex.)

Notes:

To locate open pharmacies in an event area, the following link may be used, https://www.healthcareready.org/rxopen. Rx Open can be used to find nearby open pharmacies in areas impacted by disaster. Rx Open displays the precise location on Google Maps of open pharmacies, closed pharmacies, and those whose status is unknown. If the site is not activated, activation of *Rx Open* can be requested by state or federal officials by emailing alerts@healthcareready.org.

If the person is a part of a Lock-in Program (program where they have to go to a specific pharmacy to get the prescription filled/refilled), the person can be provided the Medicaid Call Center number, 866-254-1669, and they will be given instructions.

If a larger pharmacy (e.g. Rite Aid, CVS, and Walgreens) was used for the original prescription, the medication can be picked up from any of the corresponding pharmacies as they share databases within their organization.

Some pharmacies have mobile pharmacies and may be willing to bring the mobile pharmacy to the shelter, work the shelter into a predesignated route, or be willing to deliver medication to the shelter. Please inquire into these options before identifying transportation.

Introduction.

This Appendix provides operational guidance to DHEC staff (ACC, RCC, and shelter staff) on acquiring necessary equipment or consumable supplies for a shelteree who requires these for the maintenance of health.

Assumptions.

- People will evacuate their residence without key pieces of Durable Medical Equipment (DME) and/or Consumable Medical Supplies.
- These items may be needed to support life and/or activities of daily living.
- They will need to be acquired either by the resident or with assistance from agency staff.
- The local option is going to be the best option and borrowing equipment is preferred since it is free, and it doesn't have to be stored by DHEC.

If a request for DME or CMS is received from a shelteree/caregiver, DHEC has some options in place.

- **Loan Programs.** DHEC regional planners have a list of partner organizations around the state that have programs where equipment can be on loan to DHEC for the period of the disaster. The title of the document is ***Durable Medical Equipment Access***, and typical equipment that might be available may include, but is not limited to: walkers, canes, wheelchairs, toilet/shower chairs, communication equipment, consumable supplies (adult diapers), and possible assistance with acquisition of DME if they do not have it on-hand. The available equipment will vary, but there are county level and multi-county level organizations who can assist with accessing this information. This document specifies the county(s) that the organization serves, name and contact information, and in some cases the organization may deliver the equipment. If the organization for the county you are in does not have the item(s) you are looking for, a neighboring county may have the equipment. Try local options first. There is an additional document within the Nursing Professional Practice Manual online, ***Partner Loan Inventory Checklist- DHEC form 3029***, that is designed to assist with keeping track of any borrowed equipment and allow it to be returned to the correct organization.

- **Donations**. Several organizations may be willing to donate DME and Consumable Medical Supplies. This should be the second option as once it is donated, the agency will need to store the equipment. There may be numerous organizations who would be willing to donate equipment. Some of these, and I would recommend looking at them in

this order are: 1) local vendors, 2) Local/regional food banks, and finally 3) Elevated to SEOC for resolution to access Feeding the Carolinas and SC Retail Association.

- Local Vendors. Many local vendors are interested in working with organizations and agencies to assist in providing and meeting the needs of local residents and have some form of disaster services provision within their organization and may make donations. Some of these organizations include CVS, Rite Aid, Walgreens, Walmart, and Publix. If they are open, this could be an opportunity to get access to equipment locally.

- Local or regional food banks. Food banks don't just do food. They take in any number and types of items from food to consumable medical supplies (diapers-adult and child), and are willing to assist and provide any items that they have available and may be willing to deliver requested items. There are 4 food banks in SC:
  - Harvest Hope - (serves Calhoun, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Greenville, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Saluda and Sumter Counties.) www.harvesthope.org
  - Golden Harvest - (serves Abbeville, Allendale, Aiken, Anderson, Bamberg, Barnwell, Edgefield, Greenwood, McCormick, Oconee, and Pickens counties.) http://www.goldenharvest.org
  - Low Country - (Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper, and Williamsburg counties.) www.lowcountryfoodbank.org/hope
  - Second Harvest (Metrolina) – (serves Cherokee, Lancaster, Spartanburg, Union, and York counties.) www.secondharvestmetrolina.org

- SC Retail Association and Feeding the Carolinas- if local/regional options have not proven viable, then the request should be entered into Palmetto/DHEC WebEOC as a Resource Request and assigned to ACC Logistics for resolution. If the ACC is unable to resolve the issue, then the Resource Request should be forwarded to EMD Logistics who will assign it to ESF-8 in the State Emergency Operations Center (SEOC). Feeding the Carolinas, formerly the SC Food Bank Association, resides at ESF-18 in the SEOC, and would be accessible to ESF-6 or ESF-8 in the SEOC. The SC Retail Association works with large and small retailers and can access these retailers during an incident, and for large events has had a presence within the SEOC at ESF-18. Feeding the Carolinas has larger scale access to inventory for all food

banks in the state and can coordinate efforts to identify needed items across the state and possibly deliver.

- **Procurement.** This should be the last option for acquiring equipment due to expense, storage, and probably timeliness of acquisition.

    - If all options for loaning or donation of equipment has failed at the local/RCC level, then a Resource Request can be entered into Palmetto/ DHEC WebEOC by the RCC and forwarded to ACC Logistics. They will then work on acquiring the requested item(s).

Service Animals.

If a shelteree arrives with a service animal, they are to be accommodated as part of the shelter population. A "Service Animal" is defined as an animal that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the animal must be directly related to the person's disability. The rules that cover service animals are based in Federal law (Department of Justice, Americans with Disabilities Act) and thus supersede local and state law.

- If the shelteree does not bring the necessary resources for the service animal, the shelter would need to contact the RCC. The RCC should:
    - Determine if local resources are available through county EMs. If not,
    - Submit a Resource Request through the SEOC which would be routed to ESF-17 for needed pet food, bowls, and other supplies.

- If a service animal "misbehaves", contact the RCC and they will contact the appropriate personnel (likely ESF17) for the types of misbehavior that could lead to a service animal being excluded from a shelter. If this occurs, since the person cannot be separated from the animal, arrangements would need to be made to accommodate the person and animal via local partners and/or State ESF-17.

Legal Rights

LAWS: Interfering with a service animal violates the law. Under the Americans with Disabilities Act (ada), violators can be sued by the US Department of Justice or by the person using the service animal. Under South Carolina law, interfering with a service animal is also a criminal offense.

WHAT: A service animal has been specially trained to help the person with a disability. A service animal is not a pet. Service animals can be trained to guide a person who is blind, pull a wheelchair, pick up dropped items, and help a person walk, or remind a person with a mental illness to take medications.

WHERE: A person with a disability has the right to take a service animal into any place open to the public. These include stores, offices, restaurants, hotels, taxis, medical facilities and places of recreation. State and local government buildings also must allow service animals.

THE ONLY QUESTIONS SOMEONE CAN LEGALLY ASK ARE, "Is this a service animal for a disability?" and "What does the animal do for you?" **questions about the person's disability are not allowed**. A service animal owner may be asked to remove an animal only if it is a direct threat to the health or safety of others or is out of control.

Service animals are **not required to have any special papers** or equipment though some animals may wear a vest or harness.

Allergies and fear of animals are not valid reasons for denying access or refusing service to people using service animals. When a person who is allergic to animal dander and a person who uses a service animal must spend time in the same room or facility, they both should be accommodated by assigning them, if possible, to different locations within the room or different rooms in the facility. https://www.ada.gov/service_animals_2010.htm

ADDITONAL INFORMATION: Call the ADA Information Line: 800-514-0301 (voice) or 800-514-0383 (TTY). Check the ADA website: https://www.ada.gov/

Pets and other Non-Service Animals.

MNS shelters do not accept pets or other non-service animals.

Non-Congregate Pet Sheltering Options.

In almost all disaster events there will be numerous options available for safe sheltering of pets that do not involve congregate sheltering, such as the following:

- Travel to family or friends outside of the affected area
- Pet-friendly hotels, easily located via a quick internet search
- Pet boarding facilities

Evacuating pet owners should choose one of these options whenever possible. However, circumstances may occur beyond pet owners' control that lead to an increased and unexpected need for congregate sheltering during disasters.

Emergency Pet Shelters in SC.

Some SC counties have plans for emergency pet shelters as well as trained pet shelter staff. Therefore, a county emergency management division should be consulted to determine if this resource exists locally.

ESF-17 and ESF-6 will collaborate with Public Information staff at the SEOC to ensure that information about all known emergency pet shelters is shared with the evacuating public.

Emergency pet shelters are of three main types:

- “Stand alone” (pets only) emergency pet shelter site
- “Co-located” (located near a human shelter, usually with owners assisting in pet care)
- “Cohabitated (pets stay with owners)

“Stand alone” and “Co-located” types have been set up in SC in recent events. Other “ad hoc” emergency pet shelters may exist.

If the need exists to set up additional emergency pet shelters for the event, ESF-17 will be requesting assistance from predesignated out of state animal emergency response partners that have agreements with SCEMD. Information will be shared about any of these additional sites.

Suggested Procedures if Pets arrive at MNS Shelters.

Ideally a shelteree will never arrive at an MNS shelter with a pet (non-service animal), especially if information about the capabilities of the MNS shelter site is shared with potential shelterees prior to their arrival. If it does occur, special case-by-case arrangements will need to be made. Ideally there will be a space available that is set off from the registration area where the shelteree, caregiver, and pet can remain temporarily while arrangements are being made. These are alternate emergency pet sheltering options to offer:

- Refer them to one of the non-congregate emergency pet sheltering options nearest the MNS shelter.
- Refer them to a known emergency pet shelter near the MNS shelter.

For either of these options, assistance from family or friends of the shelteree may be needed to manage the care of the pet while the pet owner is at the MNS shelter. This could include transporting the pet to one of the other pet shelter site options. An ideal option may be this: if there is a co-located emergency pet shelter available, staff at that pet shelter could be asked to manage the total care of the pet, if needed, instead of having pet care assistance from the shelteree/pet owner and caregiver.

If neither family, friends, or local resources are available, the RCC can submit a Resource Request through the SEOC to ESF-17 to request assistance such as to determine a volunteer who can transport the pet to a safe emergency pet shelter site during the shelteree’s stay at the MNS site.

Emotional Support Animals.

Emotional Support Animals (ESAs) do not qualify as service animals under the Americans with Disabilities Act (ADA).

MNS shelters do not accept pets or other non-service animals. Non-congregate emergency pet shelter options should be offered to shelterees arriving with ESAs.

According to the *ADA National Network* (https://adata.org/publication/service-animals-booklet), Emotional Support Animals or Comfort Animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

An emotional support animal may be a dog, a cat, or many other kinds of animal. The owner may possess paperwork identifying the animal as an ESA along with a letter from a physician, psychiatrist or other mental health professional stating that the animal is needed for the person's well-being. It is not difficult to purchase such paperwork online.

Therapy Animals.

Therapy animals and their handlers are sometimes welcomed into clinical settings. The goal of these visits is to offer therapeutic contact that may improve the emotional or mental status of the residents. Often these dogs and their handlers will have passed a test administered by a recognized body such as Therapy Dog International to ensure they can demonstrate calm behavior in such settings.

MNS staff can decide if they wish their shelterees to receive visits from therapy animals and their handlers. Refer to **See SC EOP Annex 6**

Introduction.

DHEC serves persons with disabilities in its shelters and does its best to plan to accommodate anyone with a functional and access need to include those with Limited English Proficiency (LEP). In order to accommodate these persons, DHEC has implemented numerous means to improve the sheltering experience and to accommodate as many needs as possible.

Persons with Limited English Proficiency (LEP):

DHEC has a number of options for those who have limited English proficiency

- DHEC has two Phone Interpretation Services: *Avaza Language Services* and *Global Interpreting Network*.
    - The process for using *Avaza Language Services* can be found at the following link: http://dhecnet/hs/lep/docs/how2AccessAvazaLang.pdf
        - The Access Code list below (2b.i.) can be used for Avaza or Global services.
    - The process for linking with *Global Interpreting Network* is:
        - Toll free number: 855-215-9724
        - Department ID: DHEC
        - Access Code: See Access Code list for your region (http://dhecnet/hs/lep/index.htm)
        - Call the toll-free number (855-215-9724).
        - You will be greeted by an operator within 5 seconds.
        - The operator will ask for your Department ID and six-digit access code.
        - The operator will ask what language you require.
        - The operator will ask you to hold for about 30 seconds while they connect to an interpreter.
        - Once the connection is made, the operator will announce the interpreter's name and ID #.
        - The operator will remain on the call to ensure all parties are able to communicate & no additional parties need to be connected.
        - Once the operator ensures the call will proceed without issues, he/she will drop out of the call and leave you to continue with the interpreter.

  Global Interpreting provides quick and easy access to 190+ languages 24 hours a day, 7 days a week, and 365 days a year. For emergencies please call 866.397.9288.

Persons with a Visual Impairment:

- If someone comes into a shelter who has a visual impairment, it is ok to ask questions with regards to the way that the person wishes to communicate. They may also have an

application on a phone that they may prefer. The options that DHEC has available include;

- *Writing on a pad*
- *Pictogram Tool* (laminated in English and Spanish) are available to the DHEC staff person and the shelteree/caregiver to use this to point to the pictures on the tool to communicate ideas and get information.
- *Magnifiers* with 4x, 5x, and 7x are available in the shelter kits for those who are not blind but simply require magnification to see and respond to documents.
- *Braille and Large print* MNS brochure (English only) and shelter rules are available. The shelter rules are available in English and Spanish.

Persons who are Deaf:

- DHEC has a MOA with the SC School for the Deaf and Blind for sign language translation services for DHEC clients, including those in shelters or receiving other emergency services. The authorized requestors are: Director and Deputy Director of Bureau of Public Health Preparedness, Regional PHP Directors, and the State Director of Nursing, or their designee. The requestor would need to coordinate with the RCC and ACC, and follow the procedure below:
  - During regular business hours, Monday- Friday from 8:30 am-5:00 pm, call the Scheduling Coordinator at 864-577-7549 or the Director of Statewide Interpreting Services and ASL Programs at 803-608-2693.
    - After hours (5:00 pm to 8:30 am), weekends and holidays, call the Director of Statewide Interpreting Services and ASL Programs at 803-608-2693.

Persons who require Durable Medical Equipment (DME) or Consumable Medical Supplies (CMS):

These items are equipment or consumable supplies for a shelteree or even a caregiver who requires these for the maintenance of health. Refer to Appendix 6 of this Annex.

- These items are available upon request, but many will need to be accessed through partners. See the Durable Medical Equipment Access list for the list of potential providers and options. If equipment is borrowed from a partner, the you will need to use the ***Partner Loan Inventory Checklist- DHEC form 3029*** to keep track of the equipment and related information.

Persons with a Cognitive or Intellectual Disability:

- Depending on level of functioning, may be able to function within a MNS; however, additional support may be required if functioning within the shelter environment becomes impaired. Some persons with cognitive disabilities struggle to a greater degree when their environment, routine, or situation changes. Do not assume this to be the case if someone with a cognitive disability comes into the shelter. If it does become an issue, DHEC may have social workers who may be of assistance or a request for additional support may be made to the ESF-8 in the SEOC.

- If additional support is needed beyond what is mentioned above for any reason, a Resource Request can be put into Palmetto by the RCC or ACC. This Resource Request can then be worked on by ESF-6 or -8 at the SEOC through partner organizations.

Persons Who Use Service Animals:

- Service Animal are absolutely allowed into any shelter. Refer to Appendix 7 of this annex.

RESPOND. ACTIVATION OF MNS. ACC and/ or RCC are activated.
SHELTER MANAGER
Actions:
☐ Report to assigned shelter with DHEC photo ID badge, upon being notified. ☐ Once the Shelter Team has arrived at the shelter, establish communication with the RCC. ☐ Complete facility walk-through with facility point of contact utilizing the “Pre/Post Occupancy Walk-through Survey” (DHEC 1267). ☐ Coordinate with the RCC to arrange for medical and administrative supplies and equipment to be delivered to the MNS site in order to assure shelter operational within four (4) hours of notification. (If not already pre-staged.) ☐ Notify the RCC when facility is operational. ☐ Participate in shelter briefing with DSS (if appropriate), host facility representative, and other appropriate entities prior to opening. ☐ Confirm food service arrangements with host facility, DSS representative, or RCC. Contact ACC for special food needs. ☐ Initiate and maintain shelter sign-in sheet for staff and volunteers utilizing the “Staff/Volunteer Log Sheet” (DHEC 2642). ☐ Brief staff and review job action sheets shelter related forms, communication processes, reporting process and other details related to the shelter operation. ☐ Communicate shelter census, staffing, and activity to the RCC every six (6) hours or more as needed. ☐ Coordinate with the RCC for transportation needs related to dialysis, discharge, etc. ☐ Coordinate with the RCC for Epidemiology resources should an outbreak occur within a general population or MNS shelter, if required. ☐ Support staff and provide leadership for safe MNS operations. Review safety specifics for shelter location. ☐ Identify any staff or shelteree issues/needs not currently met and report to the RCC. ☐ Document activities utilizing the ICS 214.
CHARGE NURSE
Actions:

<table>
<tr><td>
☐ Report to assigned shelter with DHEC photo ID badge, upon being notified.
☐ Oversee triage, intake/admission, and assignment of space for shelterees and caregivers.
☐ Establish nursing priorities for shelterees (i.e. care coordination and discharge planning).
☐ Initiate communicable disease screening as indicated utilizing the “Shelter Screening Tool for Communicable/Infectious Disease” (DHEC 2346), if required.
☐ In small shelters or shelters in Healthcare Facilities, the Shelter Charge Nurse may also serve as Shelter Manager.
☐ Communicate unresolved issues/concerns to the Shelter Manager.
☐ Complete “MNS Shift Report” (DHEC 1270) for each operational period and submit to RCC.
☐ Document management activities utilizing the ICS 214.
</td></tr>
<tr><th>REGISTERED NURSE STAFF</th></tr>
<tr><td>Actions:</td></tr>
<tr><td>
☐ Report to assigned shelter with DHEC photo ID badge, upon being notified
☐ Review and maintain inventory of on-hand medical supplies utilizing the “MNS Supply Inventory” (DHEC 2373) and report needs to Shelter Manager.
☐ Assist with making shelter ready for occupants.
☐ Utilize agency language line if appropriate.
☐ Triage potential shelterees for admission to MNS according to Office of Public Health Nursing Triage Matrix.
☐ Complete nursing assessment on all shelterees utilizing the “MNS Admission Form” (DHEC 2345).
☐ Establish discharge plan with shelteree and caregiver upon arrival. Discharge when appropriate and document on the “MNS Discharge Summary” (DHEC 1265).
☐ Maintain accurate and complete records on all shelterees.
☐ Assess and monitor the status of shelterees at a minimum of once per shift and as needed and document on the “MNS Continuation Notes” (DHEC 1264).
☐ Identify needed referrals and refer (i.e. Behavioral Health, Dialysis, Pharmacy, etc.)
☐ Coordinate transfer of shelterees to appropriate level of care when indicated.
☐ Remain at MNS until all shelterees leave or until relief staff arrives.
</td></tr>
<tr><th>ADMINISTRATIVE STAFF</th></tr>
<tr><td>Actions:</td></tr>
</table>

- ☐ Report to assigned shelter with DHEC photo ID badge, upon being notified.
- ☐ Review and maintain inventory of administrative supplies utilizing the "MNS Supply Inventory" (DHEC 2373).
- ☐ Complete the "MNS Intake Form" (DHEC 1266) and "MNS Shelteree/Caregiver Personal Belongings Inventory" (DHEC 1271) on each shelteree.
- ☐ Assist shelterees and caregivers as needed.
- ☐ Report pertinent observations to shelter registered nursing staff. Remain at MNS until relieved of responsibilities.

RECOVER. ACC and RCC are deactivated.
SHELTER MANAGER
Actions:
☐ Communicate MNS closure order to DHEC staff, shelterees and caregivers. ☐ Provide direction for nursing staff in arranging relocation of shelterees as needed. ☐ Provide Regional Director of Office of Nursing shelteree records who will then remit them to the Region OPHP for placement with other response records per the agency retention plan. ☐ Oversee inventory and return of supplies and equipment. ☐ Coordinates with Charge Nurse to assure proper disposal of any infectious waste generated during shelter operations per the Agency Exposure Control Plan. ☐ Coordinate with RCC for logistical support to demobilize the MNS. ☐ Conduct Post Occupancy Walk-through Survey utilizing the "MNS Pre/Post Occupancy Walk-through Survey" (DHEC 1267) completed during Pre-Occupancy Walk-through. ☐ Participate in debriefing and completion of necessary reports. ☐ Participate in after action review
CHARGE NURSE
Actions:
☐ Assure proper disposal of any infectious waste generated during shelter operations per the Agency Exposure Control Plan. ☐ Oversee re-location of any shelterees ☐ Assist Shelter Manager with communicating MNS closure order to DHEC staff, shelterees and care givers. ☐ Participate in debriefing and completion of necessary reports.
REGISTERED NURSE STAFF
Actions:
☐ Collect shelteree records and submit them to the Shelter Manager. ☐ Assist with relocation of any shelterees. ☐ Assist Shelter Manager and/or Charge Nurse as requested.

ADMINISTRATIVE STAFF
Actions:
☐ Take final inventory of administrative supplies using the "MNS Supply Inventory (DHEC 2373) ☐ Restock any supplies upon return to regional office. ☐ Assist shelterees and caregivers as needed. ☐ Remove shelter signage ☐ Pack up supplies and equipment.

DHEC is required to maintain and store shelter-related documents. These documents should be batch filed by event and housed by the appropriate person (see below) for six (6) years then destroyed. Retention of these documents follows schedule #15615. However, certain circumstances may require longer retention, i.e. Federal disaster reimbursement or pending litigation

- No PHI information
  - **ICS 214-Activity Log**
  - **Partner Loan Inventory Checklist** (DHEC 3029)
  - **Pre/Post Occupancy Walk-through Survey** (DHEC 1267)
  - **Shift Report** (DHEC 1270)
  - **MNS Inventory Checklist** (DHEC 3148)
  - **Staff/Volunteer Log Sheet** (DHEC 2642)
  - **Volunteer Nursing Agreement** (DHEC 1351)
  - **Consolidated MNS Census**
  - **RCC Staffing Roster**
  - **MNS Inventory Checklist** (DHEC 3148)
  - **Supply/Equipment Inventory** (DHEC 2373)

- Contain PHI (see HIPAA requirements regarding storage and retention)
  - Admission Form (**DHEC 2345** and **2345S**)
  - Continuation Notes (**DHEC 1264**)
  - Discharge Summary (**DHEC 1265**)
  - Intake Form (**DHEC 1266** and **1266S**)
  - Phone Triage Tool (**DHEC 1316**)
  - Shelter Screening Tool (**DHEC 2346** and **2346S**)
  - **MNS Triage Log**
  - **Census Details** (DHEC 2597)

During sheltering, the lead staff member (Shelter Manager/Charge Nurse) should keep shelteree documents in a secure location.

After sheltering is complete, The Shelter Manager should provide all shelter-related documents/forms to the Regional Nursing Director for audit, review, combining, etc.

The Regional Nursing Directors will determine where event documents are stored and meet HIPAA compliance. The respective regions will house the information at the following location(s):

- Lowcountry-All sheltering documents will be stored by the Regional Nursing Director at the Calhoun County Health Department at 2837 Old Belleville Rd. St. Matthews, SC 29135
- Pee Dee- All sheltering documents will be stored by the Regional Nursing Director at the Florence County Health Department at 145 East Cheves St. Florence, SC 29506.
- Midlands- All sheltering documents will be stored by the Regional Nursing Director at the Richland County Health Department at 2000 Hampton St. Columbia, SC 29204
- Upstate- All sheltering documents will be stored by the Regional Nursing Director at the Greenville County Health Department at 200 University Ridge, Greenville, SC 29601.

The State Director of Public Health Nursing will store and retain all MNS sheltering documents generated at Central Office during a disaster event.

I. Purpose.

Infectious disease outbreaks can occur in shelters. Infectious diseases are spread through respiratory droplets, aerosolized particles, direct or indirect contact with infected an infected individual or animal, food or water, and insects.

II. Roles and Responsibilities.

If an infectious disease case is suspected by shelter staff, the following should occur:

Outbreak of Disease, or a Single Case or Cluster of illness is suspected.	
COMMAND, CONTROL, COORDINATION	
Actions:	**Responsibility**
☐ Notify the RCC immediately. ☐ If necessary, enforce strict infection control measures inside the shelter, such as isolation and quarantine.	**Lead:** Charge Nurse **Supporting:**
☐ Contact the Regional Epidemiology Program Manager, or if after-hours, the Outbreak Response Team (ORT) on-call staff via established regional communication and reporting mechanisms. ☐ Notify the ACC.	**Lead:** RCC **Supporting:**
☐ Notify the Division of Acute Disease Epidemiology Medical Consultant on-call ☐ Determine if the reported case(s) is an outbreak and of public health significance. ☐ Investigate the contact(s) of each case and the source of the outbreak. ☐ In the case of a potential foodborne outbreak, consult with a foodborne disease epidemiologist. ☐ Formulate an Incident Action Plan using the 10 steps for an outbreak investigation as guidance ☐ Assure that appropriate and timely epidemiologic (Epi) surveillance and response occurs. Refer to ***Incident Command System for Infectious/Communicable Disease Outbreak Investigations*** for guidance on and steps to an outbreak investigation. http://dhecnet/hs/policy/ade/ICS_Policy.pdf	**Lead:** Core Outbreak Response Team (ORT) **Supporting:** RCC; ACC, Extended Outbreak Response Team, Bureau of Environmental Health Services

☐ Test the specimens and samples associated with the shelter. ☐ Communicate the results to the outbreak Area Commander.	**Lead:** Public Health Laboratory **Supporting:**

I. Concept of Operations.

During times of disaster many people who are in a shelter will want current information relevant to the disaster, status of ongoing efforts, resources, and activities in the shelter. Having current information and providing that information to residents can decrease the stress and improve resilience for the shelterees. This can also prevent rumors from gaining traction.

II. Information, Collection, Analysis, and Dissemination.

Shelter staff will gather, analyze, and disseminate information through coordination with the ACC and/or RCC upon activation of this Annex. Information will be collected and disseminated through regularly scheduled meetings. Allow ample time for questions, and make sure that the information is also communicated in ways that are accessible to those who are hearing impaired or have limited English proficiency.

Information Element	Responsible Element	Deliverables	Distribution
- Event-related updates - Shelter Rules/Policy - Housekeeping items (site-specific) - Meal Times - News Releases	- Shelter Staff	- Shelter Rules (Hardcopy), in various formats (braille, Spanish, etc.) - News reports through scheduled meetings - Face-to-face briefings with shelterees/ caregivers	- Shelterees, Caregivers, and Visitors

Establish an Information Area.

The information area is set up in a designated space, near or within the reception area, accessible to everyone in the shelter. It is resourced to provide centralized information to shelterees and caregivers relevant to the disaster, resources, and activities in the shelter. This area can be a bulletin board, table or other location. Similar information to what is bulleted above should be included in the information area. The information should be presented in a way that everyone can receive and understand the information, including individuals with visual, hearing, or cognitive impairments and those who do not speak English. This will help supplement the information that is provided during daily shelter briefings.

Establishing the Triage Line.

The State Director of Public Health Nursing or designee should call the agency Telecommunications Coordinator to set up the line.

When the call is made the following information should be provided:

- Number of staff answering calls,
- A "Hunt group" should be set up (allows the number to "roll" to a phone that isn't busy),
- Voicemail needed?
- Where in the agency will the these be located?

Triage Line (TL) Nurses Upon Reporting to Triage Location.

TL Nurses can either bring their own agency assigned laptop or use the computer provided when they report to the designated triage location.

Once assigned staff has arrived, contact ESF-8(Nursing) in the ACC. If staff are not comfortable doing so in the evening or early morning, the ACC can contact security and have security escort them into the building.
Staff should review DHEC form 1316 (MNS Phone Triage Tool) and the Triage Log prior to receiving calls and use form 1316 to determine eligibility of callers into MNS. Regions will complete their respective section of the of the Triage Log. The Triage Log will update real-time. The DHEC form 1316 will be available as a hardcopy in the triage room and the Triage Log will be shared with the appropriate staff and located on the names event One Drive folder.

Once the triage staff are prepared to take calls, contact ESF-8 in the ACC again to make them aware that triage staff are prepared and ready to have the Triage Line number released to partners and ultimately the public.
At the end of the shift, provide hard copies to the Triage Team Leader who will batch file the documents by date and time. They will then be submitted to the Regional Office of Public Health Preparedness or the Bureau of Public Health Preparedness.

Once a person is identified via triage, a shelter will be set and the RCC will contact the previously identified person to let them know that the shelter is ready to receive.

**Note: If abuse of adults or children is suspected, contact the ACC.

Red Cross Nurses in DHEC Triage

Red Cross Nurse Roles/Responsibilities

1. ACC/RCC MNS Coordinator consults with Red Cross Nurse if a caller or client has immediate needs such as, but not limited to:
    a. A caller is ineligible for MNS but meets the requirements for Red Cross.
    b. A shelteree needs a hotel or other accommodations.
    c. It is determined that a Red Cross shelteree needs backup power or other accommodations that could be met in an MNS.
2. Red Cross nurse will act as liaison with:
    a. Local Red Cross Headquarters, or ESF-6 in SEOC as requested by ACC/RCC MNS Coordinator
    b. Red Cross Disability Integration Specialist
        i. untrained service animals
        ii. DME/CMS access resource
3. Coordinate resources between organizations
    a. Mental Behavioral Health issues (DHEC Social workers, Red Cross mental health, ESF-8 (SEOC)
    b. Assist with medication access.

Procedure

1. Once the triage line is activated, ACC/RCC would make the State MNS Coordinator (SEOC) aware of the triage activation and provide the information below. Then the MNS Coordinator would provide the Regional Direct Services Manager (SEOC) with the following information:

    ACC/RCC MNS Coordinator Contact information: Name, phone number

    Location: Address and room number

    Date and time to report to DHEC location

2. The Regional Direct Services Manager would contact Red Cross Operations and provide the above information to the Red Cross nurse(s) who would serve with ACC/RCC Triage staff. The contacted Red Cross staff would call the ACC/RCC MNS Coordinator to re-verify the information provided, and once validated, report at the designated time and location.
3. Upon arrival, the Red Cross Nurse would contact the ACC/RCC MNS Coordinator. The ACC/RCC MNS Coordinator would ask security to meet and open the door for the new arrival. Internet access (wifi or data line) should be provided to the Red Cross nurse.

They will use their own computer and phone, and have access to the Red Cross-National Shelter System (NSS)

4. When a call comes in, the need of the client is discussed and the entity who can best meet the need of that client will be determined, and/or an alternate partner or source may be needed to provide for that need.
5. Any disagreement should move up each agency's chain of command for resolution.

PLACEHOLDER

I. Introduction.

Following an emergency that impacts any or all of the eight coastal counties of South Carolina, DHEC Ocean and Resource Management (OCRM) is responsible for conducting initial damage assessments of structures located within the beachfront jurisdictional areas of the state. Specifically, DHEC OCRM is required to evaluate the condition and determine a percent of damage to habitable structures, pools, and erosion control devices located within the Beach/Dune system Critical Area. Any replacement, repair, or reconstruction of structures within the Critical Area requires authorization from DHEC-OCRM.

II. Purpose.

This Plan is subordinate to the DHEC OCRM Emergency Operations Plan (EOP) and is designed to provide a framework regarding annual preparation and recovery activities for emergency management operations. This plan specifically addresses activities to be conducted throughout the year to ensure DHEC OCRM is ready to efficiently and effectively undertake its disaster recovery responsibilities

III. Emergency Management Activities.

PREPAREDNESS includes planning for recovery operations before the disaster occurs. DHEC OCRM prepares for disasters annually by undertaking the following tasks:

- Developing plans and Standard Operating Procedures for emergency management functions;
- Conducting and maintaining inventories of beachfront structures within the state's jurisdiction including habitable structures, pools and erosion control devices;
- Ensuring staff are trained to implement emergency procedures through coursework and drills;
- Conducting inventories and pre-deploying resources for recovery activities;
- Establishing relocation facilities and staging areas for recovery activities;
- Ensuring vendor contracts are established and maintained; and
- Revising the EOP as necessary to improve DHEC-OCRM's state of readiness for an emergency.

RECOVERY functions of DHEC OCRM after a disaster involves activities specific to damage assessments for structures within the state's coastal jurisdiction.

Initial recovery activities involving DHEC OCRM will begin after the local/state preliminary disaster assessment is complete. Clearance to enter an affected area and coordination with DHEC ACC / DCT members and local governments are essential prior to commencement of DHEC OCRM recovery activities. Areas affected and the severity of an event will determine the level of damage assessment conducted and the agencies involved.

Preliminary Damage Assessments.

Following large scale disasters, preliminary damage assessments will likely be via flyover coordinated through SCEMD. Detailed damage assessments via ground surveys will be prioritized based on this assessment, and information provided by the impacted local government.

DHEC OCRM Damage Assessment Functions.

DHEC OCRM recovery activities involving damage assessment for structures within the state's jurisdiction will begin after the preliminary disaster assessment is completed. Information obtained by DHEC OCRM staff or contractors on damage to habitable structures within DHEC OCRM jurisdiction may be provided to local governments for assistance in determining the extent of damage to an area and disaster cost summaries.

IV. Roles and Responsibilities.

DHEC OCRM's emergency functions are performed outside of normal operations of the agency. This plan establishes the emergency management organization in which DHEC OCRM will function under emergency situations. The emergency management organizational structure follows National Incident Management System (NIMS) principles and identifies functions and chain of command during activation. These functions and chain of command are outside of the structure of normal agency operations.

OCRM Command Section.

The OCRM Command Section consists of the Disaster Management Chief, Disaster Management Team, SERT/DCT member and the Public Information Officer (PIO). The Command Section is responsible for the overall direction and control of preparedness and recovery operations for an emergency. It approves the overall plan of action, establishes priorities and procedures for operations, coordinates activities

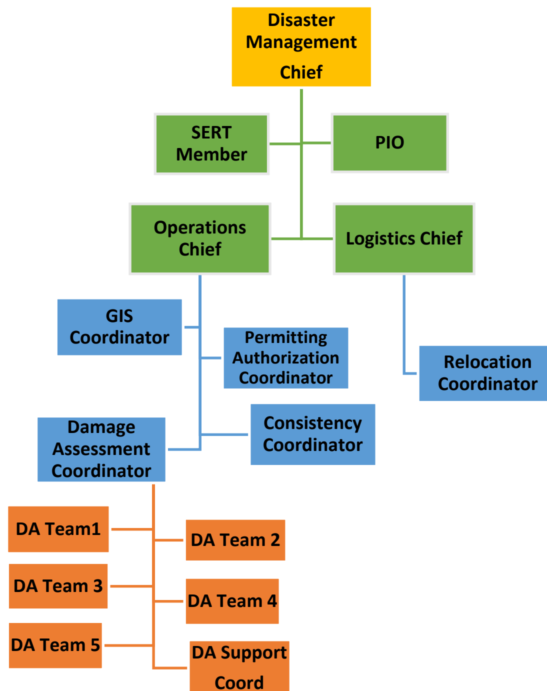
between Section Chiefs, and ensures the EOP is implemented effectively. External communication flow is also coordinated by this section through the SERT member and the PIO.

Operations Section.

The Operations Section consists of the Operations Chief, Permitting Authorization Unit, Damage Assessment Unit and GIS Unit. This section is responsible for all tactical field operations of emergency management. It ensures updated inventories and other documentation is available for damage assessment activities and coordinates the execution of the EOP field operations following a disaster.

Logistics Section.

The Logistics Section is comprised of the Logistics Chief and units involving transportation, supplies, internal communications, IT and relocation responsibilities. It establishes relocation sites and procedures, ensures effective staff notification during and after an event, and inventories and supplies all support needs for tactical field operations and continuity of operations.



V. Concept of Operations.

Structural Inventory Assessment.

Structural inventory assessments are conducted annually by Regional Inventory Teams for use during disaster recovery operations. This inventory consists of a comprehensive database of information on habitable structures, pools and erosion control structures located within the state's beachfront jurisdictional area. Information collected includes dimensions and specifications of erosion control structures, and locations of habitable structures and pools. The Structural Inventory Assessment Standard Operation Procedure (SOP) details annual structural inventories.

Advanced Resource Staging.

Advanced resource staging involves coordination of logistical and supply needs necessary to effectively implement recovery operations in the event of a disaster. These preparedness activities include tasks such as inventorying and securing supplies and equipment for assessment functions; developing procedures to mobilize resources; and determining appropriate relocation sites.

Damage Assessment.

Assessments of the damage to habitable structures, erosion control structures and pools located between the baseline and setback line or seaward of the baseline are conducted after a disaster event. Damage assessments are typically performed in two stages in effort to facilitate recovery. The initial staff assessment is essentially a triage to evaluate structures and determine whether they are clearly destroyed beyond repair or clearly not destroyed beyond repair. This assessment allows DHEC OCRM to quickly notify property owners and local governments regarding the status of which structures located in DHEC OCRM's beachfront jurisdiction. The second stage of damage assessment involves an additional, more detailed assessment of the structures that need further assessment after the triage operation is complete. Registered professional engineers under contract with DHEC OCRM, with pertinent professional experience, perform these assessments.

Initial damage assessments of structures located in non-beachfront critical areas will not be conducted by DHEC OCRM.

Permitting Authorizations.

Structures located within the state's beachfront critical areas that are impacted by disasters require various authorizations by DHEC OCRM prior to repair or reconstruction. Authorization may depend on DHEC OCRM's assessment of the extent of damage to a structure.

Emergency General Permits (EGP) may be issued by DHEC OCRM for reconstruction or replacement of non-beachfront structures damaged or destroyed by a disaster. Property owners must notify DHEC OCRM of the construction to be conducted and include design standards in order to receive authorization through an issued EGP.

In the event of a disaster with major environmental impacts such as storm-generated erosion or marine debris, emergency orders may be issued for sand scraping, sand bags, or minor nourishment on a statewide, regional, local or property level pursuant to §48-39-130(D)(1), R.30-14.C and R.30-15.H. Emergency orders may also be issued for additional activities where conditions may endanger the health, safety and resources of the residents of the state including marine debris removal, and repair of roadways or bridges within the critical area jurisdiction (§48-39-130(D)(1)).

VI. Test, Training, and Exercises.

All DHEC employees involved in emergency operation functions are required to complete a minimum level of emergency management training. The Training Coordinator will maintain a list of required and completed courses for staff. The level of required ICS/NIMS training is based on an employee's role during times of disaster. The agency's policy addressing minimum requirements is outlined in the DHEC Administrative Policies Manual.

Emergency drills will be periodically conducted to provide training to staff, and to verify the adequacy of emergency management policies, procedures, and equipment. The purpose of drills is to evaluate procedures including staff and equipment performance. Drills are intended to train staff for preparedness and recovery activities in the event of a real emergency.

VII. Plan Maintenance and Updates.

The DHEC OCRM EOP and associated annexes are maintained by the Emergency Operations Plan Coordinator with input from the OCRM Command Staff and Section Chiefs. Final approval of the EOP and any updates conducted are made by the Disaster Management Chief. The EOP and its annexes are reviewed annually and updated as necessary to reflect changes in policy, regulations and procedures. In

addition, lessons learned from drills and actual events are incorporated to enhance preparedness and recovery capabilities. Relocation sites and procedures for access will be identified and developed by the Relocation Coordinator. Site information including directions and maps will be updated annually and provided in the OCRM EOP Recovery Annex as Appendix 1.

VIII. Authorities and Regulations.

Pursuant to §48-39-270 and §48-39-290, DHEC OCRM will maintain professional contract services for detailed damage assessments. Services will include accurate professional assessment for habitable structures, pools, and erosion control structures located within the state's beachfront jurisdiction.

Coastal Tidelands and Wetlands Act. S.C. Code Sections 48-39-10 et seq., 1976. §48-39-270 includes pertinent definitions. §48-39-280 establishes the 40 year retreat policy. §48-39-290 restricts construction or reconstruction seaward of the baseline and within the setback area and sets forth the procedures for determining destroyed beyond repair

Critical Area Permitting Regulations. S.C. Code Ann. Regs. 30-1, et seq. (2008). Regulations 30-13 through 30-15 address permitting of beachfront structures.

OCRM Emergency Operations Plan. Provides direction and guidance to DHEC OCRM personnel for actions to be taken before, during and after a major disaster.

PLACEHOLDER

PLACEHOLDER

PLACEHOLDER

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Statement of Promulgation

The purpose of the Tuberculosis Response Plan is to provide a framework for service and support for the citizens and visitors of South Carolina during a tuberculosis (TB) event of public health concern. This plan was developed for use by the South Carolina Department of Health and Environmental Control (DHEC) to ensure appropriate and timely response to a TB event.

This publication, dated November 2018, supersedes all previous versions of DHEC's Tuberculosis Response Plan (TBRP). This plan is Annex Y to the South Carolina Department of Health and Environmental Control Emergency Operations Plan.

I delegate authority to the following personnel to make specific modifications to the plan that are reviewed and approved by the State Epidemiologist without my signature:

1. Director, Public Health Preparedness
2. Director of Plans, Public Health Preparedness
3. Planner, Public Health Preparedness

The DHEC TBRP was reviewed and updated in accordance with state and federal provisions. This plan is effective upon the date of signature and will be activated by the Director of Public Health.

Signed:

Lilian Peake, M.D.
Director of Public Health

8 November 2018

I. Introduction.

The South Carolina Department of Health and Environmental Control (DHEC) in accordance with South Carolina Code of Regulations 61-20 has the responsibility and authority for specifying and directing the methods of control of Communicable and Infectious Diseases and Conditions that could threaten the public health. It is DHEC's responsibility to prepare for and respond to cases of tuberculosis (TB) throughout the state. This plan will serve as Annex Y to the South Carolina Department of Health and Environmental Control Emergency Operations Plan.

II. Purpose.

The purpose of the Tuberculosis Response Plan (TBRP) is to interrupt and prevent TB transmission by ensuring a comprehensive and timely response to a *Mycobacterium tuberculosis* (MTB) outbreak, contact investigation, or source-case investigation of significant public health concern that requires activation of an Incident Command System (ICS) and to provide the framework for that response. The DHEC Division of Tuberculosis Control (DTBC) will use the ICS to coordinate the response to TB events for operations, planning, and logistics, and to ensure coordination between Central Office, Public Health Regions and all relevant agency response entities. **This process will be followed when an ICS is activated and applies to Regional and Central Office staff with tuberculosis surveillance, investigative, and/or consultative responsibilities. Specific procedures are found in the** TB Policy Manual***** (*DHEC internal document).

III. Scope.

DHEC is the lead agency for a TB event. This plan is written in conjunction with DHEC's all-hazards Emergency Operations Plan. During a TB investigation, personnel and resources may be pulled from other parts of the agency in accordance with this plan to assist in the response to a TB contact investigation. **Although all TB contact investigations require a response following standard program operations, all will not require activation of the TBRP**.

Table 1 lays out the Situation Levels that guide trigger points for a response from the TB Response Team and/or the activation of the TBRP. Level 1 events are the day-to-day events that require no unique identifier and follow routine communication protocol. Level 2 events follow routine protocol. Level 3 events require activation of the TBRP. (All Level 2 and 3 events receive a unique identifier to label the event and coordinate response. The identifiers begin with the last two digits of the calendar

year, followed by the number of the event. For example, the first event in 2018 will be labeled 18-001, the second event as 18-002, etc.)

Table 1. Response Levels for Various TB Events

Situation Level	Triggers for TB Response Levels
Level 1 (Routine communication between Central Office and Region TB Staff. No unique identifier.)	• Routine Contact Investigation (CI) limited in scope and within the resources of regional staff to conduct the investigation; no identified significant public health threat. See the TB Policy Manual* • Genotyping verified one or more transmission links to a CI within the prior two years • Two or more cases occurring within one year of each other that are linked outside of a CI (e.g., two patients with TB disease are found to work in the same office and only one or neither of the persons was listed as a contact to the other) • Patient with history of non-compliance • Re-lapse or re-infection of *Mycobacterial tuberculosis* (MTB)
Level 2 (Central Office will assign unique identifier. Routine program communications.)	• Suspected Multi-drug-resistant tuberculosis (MDR TB) or Extensively-drug-resistant tuberculosis (XDR TB) • Patient currently non-compliant • During a CI, two or more contacts are identified with TB disease, regardless of their assigned priority, (i.e., high-, medium-, or low-priority) • Transmission is continuing despite efforts of the TB control program
Level 3 (Central Office will assign unique identifier and activate TBRP.)	• TB infection or exposure likely to have public health implications due to vulnerable contacts like young children • A high-profile transmission setting • An unexpected number of TB cases in a defined population or geographic region • CI associated with increased cases or contacts requiring coordination that exceeds local resources • As directed by the Director of Public Health based on his/her assessment or the recommendations of the State Epidemiologist and/or the TB Controller

Definitions.

A **TB outbreak** is an unexpected number of TB cases within a geographic area or population during a particular time period, with evidence of recent transmission of MTB among those cases. **Appendix A** identifies ten initial investigation steps to take when a TB outbreak is suspected. As outlined in Table 1, the TBRP may be activated if a TB outbreak is detected. True TB outbreaks are rare, most response activities involve contact investigations. The TBRP may also be activated by a single case of TB, depending on the transmission setting and number of potential contacts.

A **contact investigation (CI)** involves identifying, examining, evaluating, and treating persons who are at risk for infection with *MTB* due to recent exposure to a diagnosed or suspected case of tuberculosis. An ICS may be activated if the CI is large enough to require additional help from outside the affected Public Health Region.

A **source-case investigation** seeks the source of recent *MTB* infection, especially in children younger than five years which typically indicates recent infection. An ICS may be activated if the investigation is large enough to require additional help from outside the affected Public Health Region.

IV. Situation.

Tuberculosis (TB) is caused by the *Mycobacterium tuberculosis* (MTB) bacterium, which can attack any part of the body, but generally attacks the lungs. TB is spread from person-to-person through the air when droplets are inhaled. A person with TB disease can release droplets into the air when they sneeze, cough, sing, or talk. Susceptibility increases based on proximity, duration and frequency of exposure to someone with TB disease.

There are two TB-related conditions: TB infection and TB disease. Those with TB infection do not become sick as their body is able to fight the bacterium and inhibit growth. People with TB infection have no symptoms, do not feel sick and are not infectious. TB infection generally causes positive TB screening test results

Without treatment, approximately 10% of individuals with TB infection develop TB disease at some point in their lifetime. The risk of developing TB disease greatly increases in those with a weakened immune system, such as individuals with human immunodeficiency virus (HIV) and infants. For adults diagnosed with both HIV and TB infection, the risk of developing TB disease rises from 10% over a lifetime to 15% per year without treatment.

TB disease occurs when the TB bacterium are actively multiplying in an individual's body. Those with TB disease are sick and experience symptoms such as a bad cough, chest pain, coughing up blood or sputum, weakness or fatigue, weight loss, no appetitive, chills, fever, and sweating at night.

It is not possible to determine the incubation period for TB disease. An individual infected with the TB bacterium generally has positive TB screening test results 10 weeks after infection. TB can be detected through a skin test or blood test; these tests detect exposure to the TB bacterium, but further tests, such as a chest x-ray or sample of sputum, are needed to determine if an individual has TB infection or TB disease.

TB infection should be treated to prevent the development of TB disease. For those with TB disease, following a treatment regimen to completion is extremely important to prevent the disease from spreading, from becoming sick again, and from developing a drug-resistant strain of TB. Depending on the medication selected for treatment, the treatment regimen lasts 3 months to 9 months and may involve daily doses of multiple medications. Individuals with TB disease are isolated until they are deemed noninfectious by a licensed medical doctor.

Multidrug-resistant TB (MDR TB) occurs when the MTB bacterium is resistant to the most effective anti-TB drugs, rifampin and isoniazid. Extensively drug-resistant TB (XDR TB) is a rare type of MDR TB that is also resistant to fluoroquinolone antibiotics and at least one of three injectable second-line drugs. Any drug-resistant strain of TB should be treated and managed in close consultation with a disease expert. Drug-resistant TB can occur through exposure to someone with a resistant strain of TB or because an individual did not follow the prescribed treatment regimen.

The rate of TB has been slowly declining in the United States and TB elimination continues to be the goal for state TB control programs across the nation. In 2016, the incidence rate for TB disease was 2.9 cases per 100,000 persons. Risk factors include diabetes, excessive alcohol use, co-infection with HIV, non-injectable drug use, homelessness, and being a resident in a correctional facility. From 2013 to 2017, in South Carolina, there was an average of 103 TB disease cases per year.

Education of TB program and other public heath staff, community providers, and laboratory professionals should be ongoing, but may need to be specially arranged during a TB outbreak. Resources are available through CDC and the Regional Training and Medical Consultation Centers (RTMCCs). Education may be needed for the general public or different groups in the community. Additional information about TB can be found at CDC/DTBE.

V. Goals and Objectives.

The goals and objectives of the TBRP include:

- Implement and coordinate measures to discover, interrupt, and prevent TB transmission in the affected setting(s).
- Conduct a CI in the affected setting(s) to identify at-risk persons.
- Identify exposed persons for evaluation of active disease, testing for infection, and appropriate follow-up.
- Identify persons with TB infection and arrange for treatment of TB infection.
- Develop a safety and risk mitigation plan for persons investigating, treating, or responding to this incident.
- Prepare information and outreach plans to ensure accurate and responsible communications for partner awareness and inclusion.
- Establish initial ICS structure for onset of planning and response activities.
- Coordinate and/or provide on-going resources and support to regional TB team until deactivation of the TBRP.

VI. Facts and Assumptions.

- All TB events must be looked at individually and response may differ based on the scenario, especially when vulnerable populations or high-risk scenarios are involved.
- The duration an individual is contagious and not being treated and the activities that the individual performs during this time will affect the response of the TBRT.
- Communications with the affected community are critical for community engagement and the success of the event.

VII. Organizational Structure.

DHEC's modified Incident Command Structure is laid out in detail in the agency-wide Emergency Operations Plan. The Incident Command System (ICS) is scalable depending on the size of the event and the amount of support needed. The use of the ICS structure for a Level 3 TB event is to ensure that resources from across the state are available for the response, which messaging is consistent across the agency and in the media, and that response activities are handled cohesively throughout the agency.

DHEC's Division of Tuberculosis Control (DTBC) lies within the Bureau of Communicable Disease Prevention and Control. Each of DHEC's four Public Health Regions has a TB Team that works closely with the DTBC. TB responses are interdisciplinary and collaborative in nature, involving coordination between Central Office and regional staff.

When ICS is activated, both Central Office (CO) and Region staff are assigned an ICS position. This will include both CO and Region staff who may not regularly work as a member of the TB Team, e.g. Media Relations, Office of Nursing, Regional Leadership Team members, etc. When the TBRP is activated, assigned ICS staff perform the tasks associated with their ICS position, which may not be the same as their daily tasks. For example, the Director of the Office of Nursing may become the Safety Officer in the ICS structure. As the Safety Officer, this individual will support the incident by monitoring compliance with regulations and providing feedback.

The Division of TB Control will follow the TB ICS Policy* for initial notifications of situations prior to activation of the TBRP. Once the TBRP is activated, ICS functions will take over internal communications, e.g. email notifications as daily Situation Reports (SitRep) as requested by the Incident Commander. The final SitRep will clearly state that the responsibility of internal communication will return to the Division of TB Control.

In a Level 3 TB event requiring the activation of the TBRP, the Director of Public Health, as the promulgating authority, may designate the State Epidemiologist or other as the Incident Commander. Depending on the size and scope of the event, the State Epidemiologist may further delegate the TB Controller as the Incident Commander. As the ICS is a flexible structure, positions within the ICS may change throughout the event.

The ICS structure shown below in **Figure 1** is meant to serve as an example of the ICS positions that would be filled during a TB event. Different positions may be filled depending on the size and scope of the event, the setting the event occurs in, and who the promulgating authority delegates as Incident Commander. The Incident Commander is responsible for ensuring the ICS structure is staffed appropriately and that all necessary positions have been assigned.

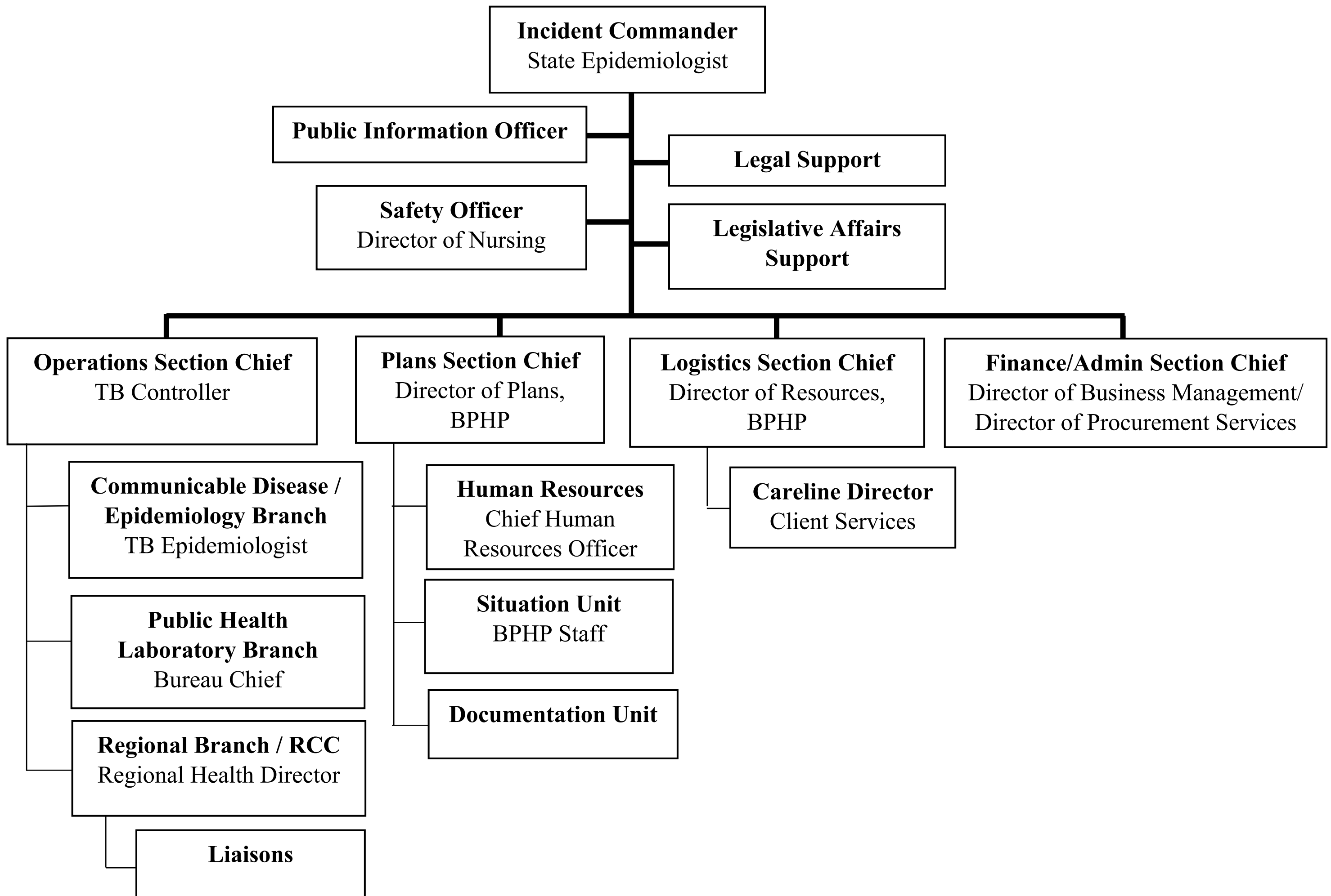

Figure 1. Example of ICS Structure for a TB Event.

VIII. Concept of Operations.

TB is an urgently reportable condition in South Carolina, meaning it must be reported to DHEC within 24 hours by all health care facilities, physicians and laboratories. The DHEC DTBC conducts TB surveillance and completes contact investigations on all cases of active TB disease. To prepare for Level 1, 2, and 3 TB events, routine training is a priority for the DTBC staff.

Activation.

The decision to activate the TBRP will be based on potential public health implications to include consideration for vulnerable contacts, high profile transmission settings, or resource needs exceeding regional capacity. The TB Controller, after consulting with the State Epidemiologist, the affected Regional TB Program Manager and Regional Leadership, will determine if the event is a Level 3 TB Outbreak or a significant public health concern necessitating the activation the TBRP.

The TB Controller and State Epidemiologist make a recommendation to the Director of Public Health to activate the TBRP. The Director of Public Health makes the decision to activate the TBRP. When the decision is made to activate, BPHP will assist with establishing the ICS assignments, coordination of internal Agency requirements, and resource support as required.

Demobilization.

If the TB event requires a second round of screening tests, which may be up to 10 weeks after the date of last exposure, the ICS structure will likely “pause” between rounds of testing. If additional TB disease cases are determined and it is necessary to continue to utilize the ICS structure, the TBRP will remain activated.

TBRP de-activation procedures will be conducted by the TBRT when the situation no longer requires intensified outbreak response activities. The Incident Commander, in consultation with the State Epidemiologist and Director of Public Health, will determine when the ICS can be deactivated. This will generally occur once the contact investigation(s) is complete and individuals for whom testing was determined to be needed have been tested. When the ICS structure is demobilized, all staff return to their normal positions and job tasks.

Following the demobilization of the TBRP, TBRT members will review response activities and determine if changes need to be made to the TBRP. During a debriefing the TBRT members meet to review all activities and outcomes related to the specific response. The information gathered during the debriefing will inform the After-Action Report (AAR). With the assistance of BPHP, the Incident Commander will ensure the completion of the AAR within 60 days of demobilization where an ICS has been activated for a TB event.

IX. Assignment of Responsibilities.

The TB Response Team (TBRT) is established per incident based on the size of the incident and the availability of resources at the regional level. A list of TBRT members and their respective responsibilities is provided below. Multiple roles are potentially filled by one person.

Additional personnel from Central Office and other Public Health Regions may be required to support the functions listed below. When the need for additional staffing is identified, Logistics will work with the Bureau of Community Health Services and Regional Leadership to identify and schedule relief staff. Just-in-time training will be provided to all relief staff, as well as required TB screening and fit-testing.

RESPONSE. ICS is activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ To facilitate situational awareness, organizational support and participation: - Maintains communication with Central Office Staff via the ICS structure throughout TB event - Coordinates communication with the family and congregate setting, workplace or school POC - Serves as liaison to community providers, communicating potential impacts to community hospital and clinic services	**Lead:** Regional TB Program Manager (TBPM) **Supporting:** Regional TB Program Staff, Regional Medical Director (RMD), Regional Nursing Director (RND)
☐ Makes recommendation to initiate TBRP ☐ Provides leadership and overall management of activated TBRT ☐ Provides clinical and public health guidance (e.g., guidance for CI, isolation, and infection control) to TBRT, local public health staff, and community providers to ensure appropriate response in these areas ☐ Maintains communication with State Epidemiologist and Director of Public Health, advising of significant results or changes in the investigation	**Lead:** State TB Controller / TB Division Director **Supporting:** State Epidemiologist, Regional and

☐ Coordinates inter-jurisdictional communication, including provider alerts and advisories to maintain situational awareness and garner community clinical support ☐ Conducts evaluation of response to provide on-going improvement of the TBRP and TBRT function	Central Office TB Staff
☐ Provides recommendations related to TB response, including decisions about legal issues ☐ Reviews all reports, publications, and other documents related to TB response prior to use or distribution to ensure accuracy of information and HIPAA compliance	**Lead:** State TB Controller / TB Division Director **Supporting:** Office of General Counsel (OGC)
☐ If necessary, makes request for assistance from the Centers for Disease Control and Prevention (CDC)	**Lead:** State Epidemiologist
☐ Activates the Agency Coordination Center (ACC) in support of the Incident Command ☐ Provides Incident Command staff for ACC as required ☐ Compile and provide periodic epidemiologic and other response-related reports, including SitReps, to team members and DHEC leadership ☐ Provides logistical support for outbreak response ☐ Creates SharePoint site to allow members of the ICS to share information ☐ Leads AAR and ensures changes are made to the TBRP as needed	**Lead:** Bureau of Public Health Preparedness (BPHP)
☐ Establishes and staffs Regional Coordination Center (RCC) to support response operations ☐ Participates in After Action Report and Improvement Planning processes ☐ Ensure requests for coordination and response activities are filled	**Lead:** Regional Public Health Preparedness
☐ Participates in Regional TB planning calls and ICS coordination calls ☐ Attends testing days at affected facilities as needed ☐ Attends initial site visit with TB Team at the affected facility ☐ In conjunction with Logistics, facilitates communication with Central Office Bureau of Community Health Services for additional staffing needs	**Lead:** Regional Health Director
DISEASE SURVEILLANCE/RESPONSE	

Actions:	Responsibility
☐ Provides clinical and public health guidance to local public health staff and community providers to facilitate internal and external support ☐ Reviews all reports, publications, and other documents related to TB response prior to local distribution	**Lead:** Regional TBPM **Supporting:** Regional TB Staff, RND
☐ Oversees CI data to ensure reliability of the data and appropriate interpretation ☐ Updates and maintains the TB CI data collection tool and actively supports the regional staff response efforts by performing data entry ☐ Provides guidance to regional epidemiologists for data management of TB cases and contacts (e.g., oversees epidemiologic analysis) and evaluation of outbreak response ☐ Ensures quality of ongoing TB surveillance and genotyping data ☐ Prepares communications and written reports related to outbreak response	**Lead:** State TB Epidemiologist **Supporting:** TB Controller, TBPM, Division of Acute Disease Epidemiology (DADE)
☐ Provides recommendations to regional TB Team on TB case management, CIs, infection control, and legal issues in consultation with OGC ☐ Facilitates TB education and training to facilitate knowledge and understanding of TB and TB CIs ☐ Prepares communications and written reports related to TB response, as needed ☐ Update script and provide training for the Care Line to ensure up-to-date and clinically accurate information to be shared with the public who call the Care Line for assistance	**Lead:** Central Office TB Nurse Consultant **Supporting:** TB Controller
☐ Investigates and reports suspected and confirmed TB cases ☐ Manages data for TB cases and contacts, e.g. enters data into SCION ☐ Provides TB case management and directly observed therapy (DOT) ☐ Documents all laboratory reports ☐ Conducts CIs (see CI guidelines in the TB Program Manual*) ☐ Provides incentives/enablers for TB cases and persons with TB infection to negotiate completion of treatment ☐ Works with local liaisons to advise providers, workplaces, and schools about infection control	**Lead:** Regional TB Case Manager **Supporting:** Regional TBPM, Regional TB Staff, TB Medical Consultant

☐ Provides clinical expertise and medical orders for the assessment and treatment, if indicated, of suspected and confirmed TB disease and infection cases ☐ Provides expertise and recommendations for CI activities; participates in site assessments ☐ Assists with public meetings and media inquiries, providing clinical TB expertise	**Lead:** TB Medical Consultant and/or RMD **Supporting:** State Epidemiologist, Regional Health Director
LABORATORY/TESTING	
Actions:	**Responsibility**
☐ Conducts routine and specialized testing for TB to assist in diagnosis of TB disease and infection to support TB situation response ☐ Provides collection kits and forms for clinical specimens to regional TB team ☐ Provides on-site staffing for form completion, specimen collection, packaging and transportation ☐ Reports test results to Incident Commander, Operations Section Chief, Regional TB staff, and primary health care provider, if indicated, to facilitate individual patient notification, plan of care and contact investigation activities ☐ Maintains communication with Operations Section Chief regarding any limitations of services or resources ☐ Coordinates with regional laboratories or CDC for advanced laboratory support if needed	**Lead:** State Public Health Laboratory (PHL) **Supporting:** Regional Lab Consultants and Lab Staff
COMMUNITY HEALTH SERVICES	
Actions:	**Responsibility**

☐ Ensures sufficient number of trained and screened staff for response, e.g. nurses, interpreters, laboratory personnel, administrative support, etc. ☐ Determines and communicates identified staffing resources ☐ Monitors CI activities for employee and patient safety ☐ Provides guidance and recommendations regarding public health nursing scope of practice and practice authority ☐ Provides local/regional leadership to response activities, including inter-jurisdictional communication if needed ☐ Ensures sufficient clinical supplies are available for response purposes ☐ Ensures CareLine is operating and reports call trends to the ICS ☐ Activates contract with translation services and requests translation of education materials and incident-specific documents into appropriate languages for target audience	**Lead:** Bureau of Community Health Services **Supporting:** Public Health Regional Staff, RHD, RND
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Establishes, disseminates and manages litigation hold procedures ☐ Provides legal guidance for issuance of Public Health Orders, Treatment Agreements, and materials provided to contacts during CI, etc.	**Lead:** Office of General Counsel
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**

<table>
<tr><td>☐ Coordinates DHEC external and internal communications strategy and activities
☐ Facilities or establishes a Joint Information Center (JIC) to facilitate synchronized messaging within 12 hours if required
☐ Provides incident-specific documents, such as response to query
☐ Coordinates all public information activities, including media inquiries to ensure consistent and accurate messaging
☐ Assists with provider alerts and advisories
☐ Maintains communication with TB Controller, CORC, and local media liaison
☐ Attends initial site visit to develop relationship with local stakeholders and communications specialists to determine best practices for public messaging</td><td>Lead:
Division of Communications and Public Affairs/Office of Media Relations

Support:
TB Division, Regional Health Director, Regional Medical Director, State Epidemiologist</td></tr>
<tr><td>☐ When necessary, serves as the primary media spokesperson, especially regarding details of TB pathophysiology, transmission and contact investigations</td><td>Lead: State Epidemiologist

Supporting: TB Medical Consultant</td></tr>
<tr><td>☐ Provides psychosocial assessment, treatment, and follow-up services to a diverse population of clients and their contacts to include substance abuse and mental health needs
☐ Provides short-term therapy to assist individuals and families adjust to health-related problems
☐ Assists clients in developing long range plans to address health problems
☐ Makes appropriate referrals to community resources
☐ Develops discharge plans when social work services end
☐ Provides patient education, initiate referrals and counsel individuals, caregivers and families in the clinic, household, and community setting
☐ Assists with contact investigations, as needed
☐ Provides Directly Observed Therapy to clients, as needed
☐ Facilitates patient access to community resources and assist in discovering resources for clients
☐ Participates in community initiatives that address public health concerns</td><td>Lead: Regional TB Social Worker

Supporting:
Regional Social Work Team Leads, Central Office Social Work</td></tr>
</table>

☐ Ensures appropriate elected and appointed officials with regional responsibilities are adequately informed of activities affecting their constituencies	**Lead:** Legislative Affairs

X. Information Collection, Analysis and Dissemination.

Standard information will be collected about each case as it is in all TB contact investigations. Necessary information will be gathered and submitted to the Plans section of the ICS structure. This information will be compiled into Situation Reports (SitReps) and will be distributed. Conference calls for involved staff will take place on an agreed upon schedule, generally once a day, depending on the scope of the event. Involved parties will be given access to a SharePoint site to review SitReps, letters, conference call agendas, etc.

Maintenance of data is crucial to all aspects of the response. Data should be collected for both the medical records as well as for surveillance purposes. The TB epidemiologist is the primary steward of CI data. In practice, the TB epidemiologist supports regional staff during the contact investigation by entering data from the contact records and from laboratory results into a data collection tool. This tool is developed and used by the TB epidemiologist to provide numbers to the ICS throughout the CI.

XI. Communications.

It is the responsibility of the DHEC Division of Communications and Public Affairs to liaise with the appropriate local public information officers. All media inquiries will be referred to DHEC Office of Media Relations at (803) 898-7769 or media@dhec.sc.gov. Inquiries from the general public will be referred to the CareLine at 1-855-472-3432 or to other identified public education resources.

External communications will be managed by DHEC's Division of Communications. In a Level 3 event, when an initial site visit occurs with the affected community, it is best practice to include the ICS Public Information Officer (PIO), Regional TB Program Manager, Regional TB Medical Consultant and/or Regional Medical Director, and a local communications representative from the district or community. When possible, a relationship should be established between local PIOs and the DHEC PIO assigned to the event.

When possible, the local PIO and DHEC PIO should work together to provide uniform messages to the population affected and general public. During a TB event, the media is likely to be aware of the situation. It is best practice in this scenario to work with the media and provide concise information that protects the confidentiality of the individuals involved.

The Director of Public Health and State Epidemiologist, in consult with the Agency Director, will determine what information about the investigation will be released to protect the public's health.

DHEC's Division of Communications is responsible for updating DHEC's website with event-specific information. The Division of Communications will also develop a holding statement with anticipated response to query to better respond to media inquiries. At the conclusion of the TB event, the event-specific information will be removed from the website and will no longer be an active link.

Drafts of external communication examples are attached in **Appendix D**, which includes a CareLine script, holding statement, general letters to all parents, and letters to the parents whose children should receive testing. Additional communications templates, such as latent TB infection (LTBI) treatment consent forms and parental agreements, can be found in the TB Policy Manual* and TB Toolkit*.

Communication will follow the TB ICS policy*. To differentiate between day-to-day communication and incident specific communications, all emails sent should include the event identifier in the subject line. For example, the first TB event in 2018 will receive 18-001 as its identifier. All email communications should include "TB-Event 18-001" in the subject line. Any event-related emails that continue personal identifiable information (PII) or protected health information (PHI) need to be encrypted per DHEC's Office 365 Email Encryption Policy*.

All documents associated with TBRP responses are releasable under the Freedom of Information Act.

XII. Administration, Finance and Logistics.

When the TBRP is activated, the Human Resources Department may develop a PCAS code for those responding to the incident to use when entering their event-related time. If it is necessary to make purchases, the ICS team will work with procurement and follow state purchasing regulations.

The Logistics section in the ICS structure will provide logistical support for the response, including setting up conference calls for the ICS members and travel accommodations for responding employees from around the State.

XIII. Plan Development and Maintenance.

The Bureau of Public Health Preparedness coordinates, synchronizes, maintains and makes available the current SC DHEC Emergency Operation Plan, annexes, appendices, and other plans. The TBRP is developed and maintained with the assistance of the Division of Tuberculosis Control.

XIV. Authorities and References.

Authorities.

The Public Health agency in South Carolina, DHEC, oversees a centralized system involving a unified Central Office and Public Health Region response to public health situations such as a TB outbreak, contact investigation or source-case investigation. See **Appendix B** for further information on state and local laws and regulations.

References.

Centers for Disease Control and Prevention. Controlling tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005; 54 (No. RR-12) http://www.cdc.gov/mmwr/PDF/rr/rr5412.pdf

Centers for Disease Control and Prevention. Guidelines for the investigation of contacts of persons with infectious tuberculosis; recommendations from the National Tuberculosis Controllers Association and CDC, and Guidelines for using the QuantiFERON®-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. MMWR 2005; 54 (No. RR-15) http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf

National TB Controllers Association / CDC Advisory Group on Tuberculosis Genotyping. Guide to the Application of Genotyping to Tuberculosis Prevention and Control. Atlanta, GA: US Department of Health and Human Services, CDC; June

2004
http://www.cdc.gov/nchstp/tb/genotyping/images/TBGenotypingGuide_June2004.pdf

Questions and Answers about TB 2005
http://www.cdc.gov/nchstp/tb/faqs/qa_glossary.htm

TB Policy Manual: http://dhecnet/hs/policy/tb.htm*
*This is a DHEC internal document, but documents and policies contained in the document are available upon request. Please contact the DHEC Division of TB Control for more information at 803-898-0558.

XV. Appendices.

Appendix 1: Ten Steps to Take When a TB Outbreak is Suspected
Appendix 2: State and Local Laws and Regulations
Appendix 3: TB Response Related Terms and Definitions
Appendix 4: Samples of Communications

Appendix 1
(Ten Steps to Take When a TB Outbreak is Suspected)
to the SC Department of Health and Environmental Control TB Response Plan

1. Prepare for field work by convening the potential response team with representation from Central Office and regional office DHEC Staff. Identify potential consultants, stakeholders and liaisons including CDC. Review program policies and procedures and resources regarding legal issues, authority, and roles.

2. Review epidemiologic and genotyping data and establish what is needed to answer the question, "Has a TB outbreak occurred?" Refer to the criteria in “Definition for TB outbreak” and establish the existence of an outbreak. An outbreak or epidemic is the occurrence of more cases of disease than expected in a given area or among a specific group of people during a defined period. A cluster is an aggregation of cases in a given area over a particular period without regard to whether the number of cases is more than expected. Either may require an investigation. Examples of why disease clusters may be wrongly classified as outbreaks include: counting cases of a disease that are in fact unrelated; including reports of similar syndromes that are caused by different diseases; or, changes in surveillance or reporting procedures that capture cases of diseases that were previously undetected.

3. Clarify mechanisms for internal communication among the outbreak team; in particular, describe channels of communication regarding new information about suspected cases, contact investigations, and laboratory data, including genotyping results.

4. Identify media spokesperson(s).

5. Review guidelines for contact investigations and ensure that protocols exist for other potential outbreak response activities.

6. Identify additional resources that may be needed, including financial resources and staffing. Discuss potential sources to obtain additional resources.

7. Enhance surveillance for TB cases (remember that this may be associated with notification of health care providers).

8. Decide whether or not to issue a media release, health alerts to providers, or make special contact with certain groups depending on the initial epidemiology (e.g., corrections, homeless shelters, parents at a school, etc.).

9. Provide basic TB education to public health staff and plan for health care provider training and education.

10. Decide when to contact community partners

Article 1. Reports and Records of Tuberculosis Cases.

§ 44-31-10. Reports of physicians and administrative officers of hospitals and similar institutions.

- Every attending physician and chief administrative officer…shall make a report in writing…on every person known by the physician to have TB.
- Reports shall be filed within 24 hours after the patient is known by the physician to have TB or after such patient comes into care.
- Report shall contain the name, age, sex, race, occupation, place where last employed if known, and the address or previous address in the case of a patient reported on, and the reporting physician or officer shall also give evidence upon which the diagnosis of TB has been made, the part of the body affected, and the stage of the disease.

§ 44-31-20. Reports of bacteriological and pathological laboratories.

- Labs rendering diagnostic service shall report to DHEC, within 24 hours after diagnosis, the full name and other available data relating to the person.
- Such report shall include the name and address of the physician or of any other person or agency referring such positive specimen for clinical diagnosis.
- All reports and records of clinical or laboratory examination, for the presence of TB, shall be confidential and recorded in a register maintained by DHEC.

§ 44-31-30. Personnel of DHEC are authorized to inspect records and provide consultation services.

- May inspect all medical records of all public/private institutions/clinics where TB patients are treated
- Shall provide consultation services to officers of State educational/correctional/medical institutions regarding the control of TB and the care of patients or inmates having TB.

Article 3. Emergency Detention & Commitment of TB Patients.

§ 44-31-100. Legislative findings; purpose of this article.

- The General Assembly finds that:
  - Pulmonary TB is a life-threatening airborne disease; epidemic disease nationally
  - Number and types of cases in SC each year, including drug-resistant TB, demonstrate that timely, effective public health intervention is necessary to prevent an epidemic and to protect the residents of this State.
- The purposes of this article are to:

- Assure the timely diagnosis, treatment, and prevention of TB;
- Provide appropriate individualized preventive and curative treatment to the people of SC in the least restrictive setting; and
- Protect the public from the spread of infectious TB.

§ 44-31-105. Emergency order; contents; enforcement; hearings on release.

- If DHEC determines that the public health or the health of any individual is endangered by a known or suspected case of TB, the Director, or his or her designee, may issue an emergency order he or she considers necessary to protect the public health or the health of any person, and law enforcement shall aid and assist the department in accordance with Section 44-1-100.
- An emergency order issued pursuant to this section may include, but is not limited to:
  - Authorizing the emergency removal to and detention in a hospital or other treatment facility for examination of a person who is unable or unwilling to voluntarily submit to an examination by a physician or by the department for the purpose of determining whether the person is infected with active TB and presents a danger to himself or others;
  - Requiring compliance with an appropriate, prescribed course of medication for TB and contagion precautions;
  - Requiring compliance with a course of directly observed therapy in which the prescribed antituberculosis medication is administered under direct observation as specified by the department;
  - Authorizing the emergency removal to and isolation in a hospital or other treatment facility of a person who fails to comply with an emergency order issued by the department, fails to comply with a medically ordered treatment regimen, and presents a substantial risk and likelihood of exposure of active TB to other persons;
  - Requiring the emergency detention and isolation by a hospital of a hospital patient with active TB disease who is threatening or attempting to leave the hospital against medical advice.
- An emergency order issued pursuant to this section must include:
  - An individualized assessment of the person’s circumstances or behavior, or both, constituting the basis for the issuance of the order;
  - The purposes of the isolation or detention;
  - Notice that the respondent has the right to request release from isolation and detention by contacting a person designated in the order; and
  - In the absence of a court order, that the detention must not continue for more than thirty days.
- The probate court shall enforce the provisions of an emergency order issued pursuant to this section. If a person being isolated or detained pursuant to an

emergency order requests release from isolation or detention, the department, within three working days of the request for release, shall file a petition in the probate court of the county in which the person is being held seeking continued isolation or detention. The probate court must schedule a hearing to review the request for continued isolation or detention within ten days of the filing of the petition.

§ 44-31-110. Emergency order for commitment of person with active TB; petition; waiver of notice.

- When it is brought to the attention of a DHEC health officer that a person with active TB is unable or unwilling to conduct himself so as not to expose others to danger, the department shall issue an emergency order pursuant to Section 44-31-105 or file a petition in the probate court of the county in which the person resides or is situated seeking commitment of the person to a facility for isolation and treatment. In case of the absence of the health officer or the department's failure to act, any other interested person may petition the probate court for commitment of the person for isolation and treatment. A petition seeking commitment must be based on proper records and affidavits.
- The probate court may waive the requirement of notice to the person who is the subject of the emergency order or petition seeking commitment if the health officer demonstrates that the person is:
  - Hiding from the health department staff;
  - Evading attempts by health department staff or law enforcement to serve notice of the proceedings; or
  - Refusing to accept service of pleadings or motions.

§ 44-31-120. Commitment of TB patient; duration.

If the judge of probate, after notice and hearing, is satisfied that the petition is well founded, the judge may commit the person to a facility designated by the department, and the commitment continues until the department notifies the probate judge that the person is no longer a threat to the public's health.

§ 44-31-130. Appeal of commitment; no stay pending appeal available.

A person committed to a facility under the terms of this article has the right to appeal to a court having jurisdiction for review of the evidence under which the person was committed. The order of commitment must not be stayed pending appeal.

§ 44-31-140. Isolation or forcible detention.

> If a person committed to a facility pursuant to this article leaves without permission or, in the opinion of the department, endangers the public, staff, or other patients, the department is empowered to isolate and forcibly detain the person if necessary until such time as the person no longer poses a risk to others.

§ 44-31-150. Detention in local detention facility limited.

A person committed under the provisions of this article who is detained solely for treatment or isolation in a facility designated by the department may not be committed to a local detention facility.

§ 44-31-160. Report of leave without permission; judge to order sheriff to return patient to facility or secure prison facility.

If a person lawfully detained or committed pursuant to this article to a facility leaves the facility without permission of the attending physician, the department shall report this information to the judge of probate of the county from which the patient was committed, and the judge of probate shall call upon the sheriff of the county to return the patient to the facility or to a secure prison facility if necessary.

§ 44-31-170. Requirement of certification of danger by two physicians for compulsory treatment; examination not compulsory treatment.

A person must not be required to take compulsory treatment under the provisions of this article until two physicians licensed to practice in this State certify that the person sought to be confined for treatment has TB in a contagious state and constitutes a danger to the health of others unless the person is hospitalized and given treatment. An examination conducted pursuant to Section 44-31-105 of a person with suspected TB is not compulsory treatment.

§ 44-31-180. Omitted by 2011 Act No. 53, § 1, eff June 14, 2011.

§ 44-31-190. Construction and application of article.

No provision of this article may be construed as interfering with the ordinary admission of TB patients to a facility through channels that have customarily been followed in the past, and this article applies only to cases that have proved to be beyond ordinary, reasonable methods of control. This article does not apply to persons suffering from mental illness; these persons must be treated by the Department of Mental Health.

§ 44-31-200. Promulgation of regulations authorized.

The department may promulgate regulations to carry out the purposes and provisions of this chapter.

Article 5. TB Prisoners and Inmates of Institutions.

§ 44-31-310. County authorities shall provide separate cells, rooms, or places for TB prisoners.

The county supervisors and governing bodies of the respective counties shall provide in the jails or places of confinement where prisoners are committed for keeping or sentenced to a term of imprisonment separate cells, rooms or places in which shall be confined all prisoners who may be committed for keeping or sentenced to a term of imprisonment who are affected with TB.

§ 44-31-320. Examination of prisoners or inmates by physician.

The county supervisor or sheriff of any county, when a prisoner/inmate is placed in his custody who the official has reason to suspect is suffering with TB, shall have such prisoner/inmate examined by a physician and if such prisoner/inmate shall be pronounced by the examining physician as a TB person, then the prisoner or inmate shall be placed in the separate cell, room or place provided for by § 44-31-310.

§ 44-31-330. Examination within five days after commitment.

The jailer, keeper or warden of every place of confinement designated in this article shall have all prisoners and inmates who are suspected to be suffering with TB examined within five days after they have been committed.

§ 44-31-340. Penal and charitable institutions shall provide separate places for TB prisoners and inmates.

Superintendents and boards of directors of all State penal and charitable institutions shall provide separate places of confinement for all prisoners/inmates who have been pronounced by the physician in charge as TB persons.

§ 44-31-350. Association of prisoners on public works not prohibited.

Nothing in this article shall be so construed as to interfere with or prevent the county authorities from working or housing together all prisoners on public works as provided by law.

§ 44-31-360. Penalty.

A person who violates the provisions of this article is guilty of a misdemeanor and, upon conviction, must be fined in the discretion of the court or imprisoned not more than three years.

S.C. Code of Laws. Title 44 Health. Chapter 29: Communicable Disease.

§ 44-29-150. Staff of schools and child care centers to be evaluated for TB before initial hiring.

No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for TB according to guidelines approved by the Board of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

§ 44-29-160. Health certificates for employees in schools and child care facilities.

Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have TB in an active stage.

§ 44-29-170. Form of certificate.

The physician shall make the aforesaid certificate on a form supplied by DHEC, whose duty it shall be to provide such forms upon request of the applicant.

S.C. Code of Regulations 61-20. Communicable Diseases.

SECTION 4. Mitigation Measures, Isolation and Quarantine to be Observed by All Health Providers.

A. The Department has responsibility and authority for specifying and directing the methods of control of Communicable and Infectious Diseases and Conditions that could threaten the public health. The Department shall adopt the methods of control applicable to any such disease or Condition necessary to prevent spread of the disease or Condition including, but not limited to, Isolation and Quarantine of individuals or animals and restriction of ingress and egress to buildings, places and premises.

B. When necessary to protect the public health, the Department will make recommendations, issue directives and/or enforce or prescribe orders regarding the suppression or prevention of the spread of Communicable or Infectious Diseases and shall adopt accepted national public health recommendations or shall make such other policies as needed to meet any emergencies or conditions not provided for by general rules for the purpose of protecting public health. National public health resources may include, but may not be limited to, American Public Health Association's "Control of

Communicable Diseases Manual," American Academy of Pediatrics' "Red Book," and CDC and Food and Drug Administration (FDA) Guidelines.

C. The Department may direct or order a person or entity to publish or disseminate such public health information as the Department deems necessary to protect the public health and/or prevent the spread of Communicable and Infectious Diseases. The Department has the authority to specify the content, manner and means of the publication, including, but not limited to, requiring the posting of a Public Health Notice.

D. All persons and entities shall comply with Department directives and orders to protect the public health from the spread of Communicable and Infectious Diseases. Any person or entity who, after notice, violates a directive or order of the Department issued pursuant to this section is subject to a civil penalty not to exceed one thousand dollars a day for each violation, with every day of noncompliance considered a separate violation.

SECTION 5. The Department Is to Assume Control of Quarantine, Isolation and Other Control Measures.

In all cities, towns and counties of this state, the Department shall assume control and management of all Outbreaks of Communicable Diseases and exposures to Infectious Agents and shall see that appropriate control measures, including, but not limited to, Isolation and Quarantine, are carried out in all jurisdictions. It shall be the duty of the Department to institute proper methods and control and to coordinate securing any buildings, places and premises in a manner following Communicable Disease control practices and standards as necessary to protect the public health.

SECTION 6. Authorized Health Officers May Pass Through Quarantine Lines and Access Restricted Areas.

All Authorized Health Officers shall have the privilege and shall be allowed to pass through all Quarantine lines and access restricted areas after first identifying themselves as properly Authorized Health Officers and after presenting proper identification. The Director shall specify a method of identification that such officers must carry to verify their authority.

SECTION 7. Buildings, Places and Premises Designated as Infectious.
Whenever the Department determines that a building, place or premises may pose a risk to the public health, the Department shall cause a Public Health Notice to be placed upon the outside entrance or entrances of the building, place or premises in order to warn the public of the risk. The Public Health Notice shall be in a manner comparable to the following:

"These premises may pose a risk to the public health and may not be again occupied until order of DHEC

This notice must not be removed under penalty of law, except by an Authorized Health Officer."

SECTION 8. Public Health Notices Shall Not Be Destroyed or Removed.
No person or persons shall alter, deface, remove, destroy or tear down any Public Health Notice, including posters, signs, or cards, posted by the Department or its designees. The occupant or person having possession or control of any building, place or premises upon which a Quarantine or other Public Health Notice has been placed shall, within 24 hours after destruction or removal of such by other than the proper authorities, notify the Department of such destruction or removal. All Public Health Notices shall remain as posted by the Department until such time as the Department determines there is no longer a risk to the public health.

SECTION 9. Persons Forbidden Entering or Leaving Contaminated Premises.
After DHEC has declared a building, place, or premises as contaminated by a Communicable Disease or Infectious Agent and a risk to the public health, all persons, except those designated by the Department, are prohibited from entering or leaving the building, place/premises or from removing or causing to be removed any object or material whereby such Communicable Disease or Infectious Agent may be transmitted.

SECTION 11. Persons Affected with or Exposed to Communicable Diseases Shall Comply with Department Directives.

Any person affected with or exposed to any Communicable Disease or Infectious Agent and who the Department determines is a threat to the public health shall strictly observe such instructions, directives and orders as are given to him or her by the Department. It shall be lawful for the Department to require any person thus affected or exposed to remain within designated premises and/or to refrain from entering designated premises or workplaces for such length of time as the Department prescribes. Those persons excluded from the workplace shall not be permitted to return to work until the workplace has implemented mitigation measures or the Department has determined there is no public health risk.

SECTION 12. Official School and Child Care Exclusion List of Contagious or Communicable Diseases.

A. The Department shall publish an Official School and Child Care Exclusion List of Contagious or Communicable Diseases for which known or suspected Cases and those exposed to certain Communicable Diseases, whether symptomatic or not, shall not be

permitted to attend any private, public, parochial or church school or any childcare center or facility. This Exclusion List shall include specific conditions for duration of school or childcare exclusion as well as criteria for return, and it applies to both students and staff.

B. No superintendent, principal or teacher of any school, no provider of childcare as defined in S.C. Code Ann. Section 63-13-20, and no parent or guardian of any child or minor shall permit any child or minor having or suspected of having any of the Communicable Diseases published in this Exclusion List to attend any private, public, parochial, or church school or childcare center or facility until such time as the published conditions for return have been met.

C. No administrator, faculty member, teacher, staff member, volunteer, custodian or any other person having or suspected of having any of the Communicable Diseases published in this Exclusion List shall attend any private, public, parochial, or church school or childcare center or facility until such time as the published conditions for return have been met.

SECTION 13. Health Laws of Cities, Towns and Counties.
Nothing contained in these regulations shall be construed to prevent any city, town or county from making such health laws as they may think necessary for the preservation of public health; provided that said laws are not inconsistent with the laws approved by the Board of Health and Environmental Control. It shall be the duty of any city, town or county proposing a health law to at once furnish DHEC with a copy of any proposed law for the approval of the Board of Health and Environmental Control before it shall become law.

SECTION 14. Public Health Orders, Law Enforcement and Appeal Process.

A. In addition to its authority provided for by statute or as otherwise provided for by regulation, DHEC may issue separate orders to enforce the provisions of this regulation for the purpose of suppressing nuisances, Communicable, Contagious and Infectious Diseases, and other dangers to the public health.

B. The Director or his or her designee may request assistance from state and local law enforcement authorities in enforcing orders issued pursuant to this regulation, who must aid and assist the Director and the Department in carrying out such orders.

C. Except as otherwise provided by law, any person to whom an order is directed under this regulation may appeal the order of the Department to any court having jurisdiction. At any hearing on appeal, the person shall be provided the opportunity to present and to cross-examine witnesses. The person appealing from such order may be represented by an attorney of his or her choosing. The person or his or her attorney

shall have access to any documents relied upon by the Department in issuing the order. Any order which is appealed shall remain in full force and effect throughout the pendency of the appeal.

S.C. Code of Regulations 61-22. The Evaluation of Staff of Schools and Child Care Centers for TB.

I. PURPOSE AND SCOPE.

As more fully set forth below, as a prerequisite to employment and as a condition of continued employment, all persons to whom these guidelines apply shall be evaluated for TB and shall provide certification on a form designated by the Department that the person does not have TB in an active stage. Re-evaluation will not be required for employment in subsequent consecutive years unless otherwise indicated.

II. DEFINITIONS.

III. GUIDELINES FOR SCREENING AND EVALUATION.

A. Evaluation for TB:

1. As a prerequisite to employment, and as a condition for continued employment, all employees shall be evaluated for TB by a licensed healthcare provider and shall provide written certification from a licensed physician that the person does not have TB disease.

2. TB evaluations must be completed no more than one year prior to employment.

3. TB evaluations shall be conducted utilizing Approved TB Screening Tests.

4. Certification of TB evaluation, including disposition and preventive treatment, shall be documented on DHEC 1420 and retained in the files of the school, kindergarten, nursery or daycare center for infants and children where the person works.

B. Disposition Following Evaluation:

1. Any employee with a negative Approved TB Screening Test shall require no further routine screening except as otherwise provided in section III(B)(3) below.

2. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed healthcare provider.

a. If the evaluation reveals no TB disease, then no exclusion and no further routine screening shall be required except as otherwise provided in section III(B)(3) below.

b. If the evaluation reveals TB disease, then the individual shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until a licensed physician certifies that the individual no longer has TB in an active stage

3. An employee in a public or private school, kindergarten, nursery or day care center for infants and children that has been evaluated for TB as required above will require no further routine screening so long as the person's employment in one or more of these work settings is continuous during consecutive years. Continuous employment in consecutive years includes, but may not be limited to, a change in employment directly from one of these work settings to another such as moving from a public school directly to a private school, moving from one school district directly to another, or moving from a day care center directly to a school. Short-term breaks in employment, such as maternity or paternity leave or traditional school year breaks, e.g., summer or winter break, shall not necessitate a new TB evaluation.

4. Nothing in these guidelines shall prevent a public or private school, kindergarten, nursery or day care center for infants and children from requiring additional TB evaluations or screenings of its employees and volunteers.

C. Documentation:

1. Every school, kindergarten, nursery or day care center for infants and children shall maintain a completed DHEC 1420 for each employee and shall make such records available for review by representatives of the Department upon request. Records may be maintained in an individual facility or in a centralized office, such as in a school district office.

2. For persons who are not employed directly by a school, kindergarten, nursery or day care center, but who work in these settings, the person's employer shall maintain a completed DHEC1420 and shall make such

records available for review upon request by representatives of the Department as well as representatives of any school, kindergarten, nursery or day care center in which the person works.

3. If an employee moves or transfers directly to another public or private school, kindergarten, nursery or day care center for infants and children such that employment in any of these work settings remains uninterrupted, no additional routine screening or evaluation for TB shall be required beyond that which is described above, provided the employee has a completed DHEC1420, which should be transferred to the new place of employment.

4. If an employee works in more than one school, kindergarten, nursery or day care center for infants and children, each facility shall maintain a separate copy of the individual's completed DHEC1420 unless kept in a centralized office governing all places of employment.

5. Any employee who does not have proper documentation on file that he or she is free of TB disease shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until written certification by a licensed physician is received and documented on DHEC 1420 declaring that the individual does not have TB in an active stage.

D. Non-routine Screening and Recommended Education:

1. An employee who would otherwise be exempt from routine annual screening for TB may be required to undergo non-routine screening if there is epidemiologic or clinical evidence that such employee may have been exposed to TB bacteria or become infected with TB or may have moved from having latent TB infection to TB disease. Epidemiologic and clinical evidence includes, but may not be limited to:

a. Identification of an employee as a close contact of a person with TB disease;

b. Occurrence of TB in any public or private school, kindergarten, nursery or daycare center for infants and children; or

c. Observation of signs or symptoms in an employee suggestive of TB.

2. The Department recommends that regular employees and volunteers of public or private schools, kindergartens, nurseries or day care centers for infants and children participate in a Public Health Education element annually. Recommended Public Health Education materials will be made available by the Department and will include disease prevention, symptoms

and screening information for communicable diseases common to public or private school, kindergarten, nursery or daycare center environments.

IV. ADDITIONAL INFORMATION AND FORMS.

A. Questions regarding these guidelines may be addressed to personnel of the county health departments or the regional offices of DHEC. Questions which cannot be resolved at the local level may be referred to the TB Control Program, DHEC, 2600 Bull Street, Columbia, S.C. 29201.

B. Employees may obtain TB evaluations and certifications from private physicians. Certification forms (DHEC 1420) are available, upon request, from the Department.

Associate contact: A person who is somehow affiliated with a patient who has noninfectious tuberculosis or with another contact. Often used in connection with source-case investigations; does not imply an *M. tuberculosis* transmission pathway.

Central Office Response Coordinator (CORC): A Central Office Nurse Consultant that will assume the Central Office lead role and sends out email notifications during Level 2 events. This individual will likely be assigned as the Operations Section Chief during Level 3 events.

Contact: Refers to someone who has been exposed to *Mycobacterium tuberculosis (M. tuberculosis)* infection by sharing air space with a person with infectious TB.

Conversion: Refers to a situation where an individual's TB screening test changes from a negative to a positive in a 24-month period

Contact investigation (CI): A series of undertakings typically requiring hundreds of interdependent decisions for investigation of TB exposure and transmission and prevention of future cases of TB. The features of the TB case under investigation inform decisions about whether to perform a contact investigation. An investigation (i.e., seeking and evaluating contacts) is recommended for the following forms of suspected or confirmed TB because they are likely to be infectious: pulmonary, laryngeal, or pleural TB disease with 1) pulmonary cavities, 2) respiratory specimens that have acid-fast bacilli (AFB) on microscopy, or 3) both.

Exposure: The condition of being subjected to something (e.g., an infectious agent) that could have an effect. A person exposed to *M. tuberculosis* does not necessarily become infected. Much of the work in a TB contact investigation is dedicated to learning who was exposed and, of these, who became infected.

Exposure period: The coincident period when a contact shared the same air space as a person with TB during the infectious period.

Exposure site: A location that the index patient visited during the infectious period (e.g., a school, bar, bus, or residence).

Exposed cohort: A group of people who shared the same air space with a TB patient during the patient's infectious period. An outbreak investigation focuses on defining the exposed cohort for infectious TB patients in order to identify contacts that need to be screened for TB and latent TB infection.

False-positive culture: Cultures or reports of cultures of *M. tuberculosis* that are not accurate. False-positive cultures occur when *M. tuberculosis* bacteria from one specimen, instrument, or culture inadvertently contaminate another specimen or culture or when clerical

errors occur, and specimens are mislabeled or misreported. Clinical equipment (e.g., bronchoscopes, sputum collection booths, and ultrasonic nebulizers), if inadequately cleaned, can become contaminated and be the source of false-positive cultures. Cross-contamination can occur in the laboratory during batch processing, pipetting, and transfer of bacilli from a broth culture system, work in a faulty exhaust hood, or species identification procedures.

Genotype: The designation that results from one or more of the three genotyping techniques used for *M. tuberculosis*: spoligotyping, MIRU analysis, and IS6110-based RFLP. See reference, Genotyping Guide.

Genotyping cluster: Two or more isolates that share the same genotyping pattern. This term is also applied to the TB patients who produced the isolates with the same pattern. The genotyping laboratories will report a PCR cluster designation for isolates with spoligotypes and MIRU types that match other isolates from the same TB program. The laboratories will report a PCR/RFLP cluster designation for isolates in the same PCR cluster that also have the same RFLP pattern.

Genotyping match: Two or more *M. tuberculosis* isolates that share the same genotype.

Genotyping: Also referred to as DNA genotyping. A laboratory approach used to determine if *M. tuberculosis* isolates are genetically related.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private to organize field-level incident management operations.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations from the Central Office. The IC works closely with Regional TB staff and Regional Leadership to assure front line staff responding to the event have all necessary resources available. The IC may be TB Controller, the State Epidemiologist or designee.

Immunocompromised and immunosuppressed: Conditions in which at least part of the immune system is functioning at less than normal capacity. According to some style experts,

immunocompromised is the broader term, and immunosuppressed is restricted to conditions with iatrogenic causes, including treatments for another condition. Some immunocompromised conditions increase the likelihood that *M. tuberculosis* infection will progress to TB disease. Certain conditions also make TB disease or infection from M. tuberculosis more difficult to diagnose because manifestations of TB disease differ, and tests for infection rely on an intact immune system.

Index: The first case or patient that comes to attention as an indicator of a potential public health problem. Contrast with Source

Infection: A condition in which microorganisms have entered the body and typically have elicited immune responses. *M. tuberculosis* infection might progress to TB disease. The expression *M. tuberculosis* infection includes both latent infection and TB disease. Latent *M. tuberculosis* infection or latent tuberculosis infection (LTBI) is an asymptomatic condition that follows the initial infection; the infection is still present but is dormant (and believed not to be currently progressive or invasive). TB disease is determined by finding anatomic changes caused by advancing infection (e.g., shadows from infiltrates on a chest radiograph) or by noting symptoms (e.g., malaise, feverishness, or cough), and typically by both. Positive culture results for *M. tuberculosis* complex typically are interpreted as both an indication of TB disease and its confirmation, but infecting organisms can be obtained from patients who have no other evidence of disease.

Infectious period: On the basis of expert opinion, an assigned start that is 3 months before a TB diagnosis is recommended (see Table 2). In certain circumstances, an even earlier start should be used. For example, a patient (or the patient's associates) might have been aware of protracted illness (in extreme cases, >1 year). Information from the patient interview and from other sources should be assembled to assist in estimating the infectious period. Helpful details are the approximate dates that TB symptoms were noticed, mycobacteriologic results, and extent of disease (especially the presence of large lung cavities, which imply prolonged illness and infectiousness).

Table 2. Guidelines for estimating the beginning of the period of infectiousness of persons with TB, by index case characteristic

Characteristic			
TB symptoms	**Acid-fast bacilli sputum smear pos**	**Cavitary chest radiograph**	**Recommended minimum beginning of likely period of infectiousness**
Yes	No	No	3 months before symptom onset or first positive finding (e.g., abnormal chest radiograph) consistent with TB disease, whichever is longer

Yes	Yes	Yes	3 months before symptom onset or first positive finding consistent with TB disease, whichever is longer
No	No	No	4 weeks before date of suspected diagnosis
No	Yes	Yes	3 months before first positive finding consistent with TB

Source: California Department of Health Services Tuberculosis Control Branch; California Tuberculosis Controllers Association. Contact investigation guidelines. Berkeley, CA. California Department of Health Services, 1998.

Last day of exposure: The last day for potential disease transmission. This is determined by a TB physician.

Latent *M. tuberculosis* infection (or latent tuberculosis infection [LTBI]): See Infection

Mantoux method: A skin test performed by intradermally injecting 0.1 mL of PPD tuberculin solution into the volar or dorsal surface of the forearm. This is the recommended method for tuberculin skin testing.

Multidrug-resistant TB (MDR TB): TB disease caused by an *M. tuberculosis* strain that is resistant to at least INH and rifampin. Treatment regimens for curing MDR TB are long, expensive, and difficult to tolerate. The cure rate depends on the susceptibility of M. tuberculosis to alternative chemotherapy.

***Mycobacterium tuberculosis (M. tuberculosis*):** The namesake member organism of *M. tuberculosis* complex, and the most common causative infectious agent of TB disease in humans. At times, the species name refers to the entire *M. tuberculosis* complex, which includes *M. bovis* and five other related species.

NTCA: National Tuberculosis Controllers Association.

Purified protein derivative (PPD) tuberculin: A material used in diagnostic tests for *M. tuberculosis* infection. In the United States, PPD solution (5 tuberculin units per 0.1 mL) is approved for administration as an intradermal injection as a diagnostic aid for M. tuberculosis infection (latent infection or TB disease).

QuantiFERON®-TB Gold: An in vitro cytokine assay that detects cell-mediated immune response to *M. tuberculosis* in heparinized whole blood from venipuncture. QuantiFERON®-TB Gold (QFT-G) appears capable of distinguishing between the sensitization caused by *M. tuberculosis* infection and that caused by BCG vaccination. CDC recommends that QFT-G can be used in all circumstances in which the TST is currently used, including contact investigations. QFT-G can be used in place of and not in addition to the TST. A positive QFT-G result should prompt the same evaluation and management as a positive TST. No reason typically exists to follow a positive QFT-G with a TST. For persons with recent

contact to infectious TB, negative QFT-G results typically should be confirmed with a repeat test performed 8-10 weeks after the end of exposure.

Recent transmission: The transmission of TB that has occurred in the recent past, as opposed to reactivation of a latent TB infection. Although the precise time period that distinguishes TB that resulted from “recent” transmission and TB that resulted from reactivation of a latent infection is not well defined, “recent” transmission is often considered to be within the last 2 years.

Regional Response Coordinator (RRC): This person is the region TB staff that is chosen by the regional TB Program Manager to be responsible for a significant Level 2 TB public health concern and updates the CORC with information on the patient and contact investigations. This person is also likely the case manager for the original case related to the event and will assume a role as assigned in the ICS during Level 3 events.

Secondary (TB) case: A new case of TB disease that is attributed to recent (i.e., <2 years) transmission as part of a scenario under investigation. Technically, all cases are secondary, in the sense that they arise from other cases that are contagious.

Secondary (or "second-generation") transmission: Transmission of *M. tuberculosis* from persons with secondary cases (see Secondary [TB] case). This creates a chain of transmission, and if secondary transmission is identified as part of a contact investigation, the scenario can be classified as an outbreak.

Source patient: A patient with infectious TB who is thought to be the source of another patient’s TB infection. Also referred to as the source case.

TB disease: See discussion under Infection.

Treatment for LTBI: Treatment that prevents the progression of infection into TB disease.

Tuberculin: A precipitate made from a sterile filtrate of *M. tuberculosis* culture medium.

Tuberculin skin test (TST): A diagnostic aid for finding *M. tuberculosis* infection. A small dose of tuberculin (see also Mantoux method and PPD) is injected just beneath the surface of the skin by the Mantoux method, and the area is examined for induration by palpation 48--72 hours after the injection. Indurated margins should be read transverse (perpendicular) to the long axis of the forearm.

Universal genotyping: The policy of submitting all *M. tuberculosis* isolates for genotyping.

Appendix 4
(Samples of Communication)
to the SC Department of Health and Environmental Control TB Response Plan

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Appendix D provides sample communication documents for TB staff to use during a TB event. Communications with patients, parents and legal guardians, schools or other congregate settings, and the media requires planning and well-constructed messaging. The following communication documents have been provided as samples:

- Tab 1: Careline Script Template
- Tab 2: Notification Letter Sent to All Parents
- Tab 3: Notification Letter Sent to Those Needing Testing
- Tab 4: Media Response to Query (RTQ) Briefing Card Template
- Tab 5: TB Messaging Map for Contact Investigation

Tabs 2 and 3 are sample letters sent to all parents and legal guardians during a school-based TB event. Similar letters are also sent to the faculty and staff at the school. Additional documents, such as the TB testing permission slips, can be found on DHEC's intranet.

Tab 1. Careline Script Template

Name of Careline Staff_________________ Date of call:________________

1. All calls from the media should be directed immediately to DHEC Public Information:

   Main Media Relations Line: (803) 898-7769 or media@dhec.sc.gov

2. If caller says they received a letter/email advising their child needs tuberculosis or TB testing, *testing will occur at the school on ________from ________ and _________ from ________. TB testing permission slips must be returned to the school with your student for them to receive testing. If your child does not have a permission slip, you will be contacted by a DHEC staff person to obtain your permission to test.*

3. If caller says their child missed the testing at school on _______ and/or _______ - *If your child missed testing at the school, please call your [local health department] at [(xxx) xxx – xxxx)] for a testing appointment at the health department. Testing at the health department will still be at no cost to you.*

4. If the caller says their child was tested on ______ or ______ and they want to know how and when they will receive results – *Positive results will be called to the parent/guardian. Negative results will be mailed to the address provided by _______. If you have not received results by either format by _______, please call your [local health department] at [(xxx) xxx – xxxx)].*

5. If caller asks if their child should be tested for tuberculosis – *Recommendations for TB testing have been communicated with affected families via a separate email. This email contained additional information regarding the date/time of testing and additional documents to complete. Testing is not recommended for your child at this time. Parents always have the option of having their child evaluated by their personal physician. If you choose to do so, you are advised to take the information provided in that email with you to your physician.*

6. If caller asks if it is safe to have their child with family or other children during the contact investigation – *The Symptoms of TB include: a bad cough that lasts 3 weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, sweating at night. If your child has none of these symptoms there is no reason to change any plans or to isolate your child.*

- If the caller states that child has these symptoms, obtain the caller's name and number and transfer the call to the TB Staff numbers listed below.

7. If the caller has a question or concern that cannot be answered using the guide below, obtain the caller's name and number and transfer the call to the TB Staff numbers listed below.

*Caller Name*______________________ *Caller Phone #*________________

*Name of DHEC staff that returned call*_____________________________

TB Nurse Name	TB Nurse Cell Number

TB CARELINE QUESTIONS AND ANSWERS

What is TB?
Tuberculosis (TB) is a disease that is spread through the air from one person to another. When someone who is sick with TB coughs, speaks, laughs, or sneezes, people nearby may breathe TB bacteria into their lungs. TB usually infects the lungs.

TB is NOT spread by shaking someone's hand, sharing food or drink, touching bed linens or toilet seats, sharing toothbrushes or kissing.

What are the symptoms of TB?

Symptoms include: a bad cough that lasts 3 weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, sweating at night.

How to test for TB?
There are 2 tests available to determine if a person has been infected with the germ that can cause TB disease: the TB blood test known as the IGRA or the tuberculin skin test (TST).

Why is a TB blood test performed?
A TB blood test can determine if a person has been infected with the germ that can cause TB disease. This is also referred to as an IGRA test.

How does the TB blood test work?
A nurse or lab technician will take a blood sample from the person's arm and send the sample to a laboratory. The laboratory will test the sample to determine if the person being tested has been infected with the germ that can cause TB disease.

Why is a Tuberculin skin test performed?
A TB skin test can determine if a person has been infected with the germ that can cause TB disease. Children younger than 5 years of age will also require a chest x-ray. A referral form for x-ray will be provided at time of skin test. You will not have to pay for the tests if DHEC provides the testing.

How does the Tuberculin skin test work?
The TB skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm.

Why are you recommending testing for some individuals in the school?
If DHEC recommends testing it is because an individual at the school, who is no longer there, was identified as having Tuberculosis. Specific individuals who were in close contact with this individual may have been exposed to the germ that causes TB and should be tested.

How much does the TB testing cost?
DHEC will be providing the test at no cost to individuals who have been identified as close contacts.

What does a TB skin test result mean?

- **Negative Skin Test Result:** This means the person's body did not react to the test and TB disease is not likely (or that the person does not have the TB germ).
- **Positive Skin Test Result:** This means the person's body was infected with TB germ. Additional tests are needed to determine whether or not the person has active TB disease.

What if the TB test is positive?
If the TB test is positive, you will be contacted by a DHEC nurse to discuss the test results and to schedule additional tests to determine whether or not you have active TB disease. These tests may include a chest x-ray, blood test and physician's examination. You will not have to pay for the tests if DHEC provides the testing. Medications for both TB and latent TB infection will be provided at no cost.

If my test is positive, what is the likelihood that I will get sick or develop active TB?
Overall, about 5 to 10% of people who have been infected by the TB germ but who have no symptoms or don't feel sick will develop TB disease at some time in their lives. For persons whose immune systems are weak, the risk of developing TB disease is much higher than for persons with normal immune systems.

Tab 2. Notification Letter Sent to All Parents

Dear Parent or Guardian:

The South Carolina Department of Health and Environmental Control (DHEC) has confirmed a case of tuberculosis (TB) at your child's school. The case has been confirmed by laboratory testing, and DHEC's investigation is active and on-going.

A case of TB in your child's school does not necessarily mean that your child has been exposed to the TB germ. *Only individuals identified as having been in close contact with a person with active TB disease need to be tested. TB is a lung infection that can be spread through the air by a person with active TB disease. TB can be treated with antibiotics.*

DHEC is working closely with school leadership to conduct a contact investigation of the school and its facilities. The contact investigation includes evaluating the school layout and routine activities of the case to determine the level of risk for classrooms, lunchrooms and other areas where students and staff congregate.

Testing everyone in a school is rarely recommended. Based on information gained during the site assessment, individuals have been identified as having an exposure to the TB germ. Those needing testing will receive an additional email today detailing TB testing that will be performed by DHEC. As the contact investigation progresses over the next few weeks, others may be recommended for testing. Only those recommended for testing will be tested by DHEC at each stage of the contact investigation.

All students and families have the option of having any testing performed by their own physician at their own cost. In the event you elect to have your own physician perform testing, DHEC requests that your physician report the test results to DHEC.

DHEC and your school thank you for your partnership during this on-going and developing situation. We respect your role and responsibility as parents/guardians and will do our best to ensure you are getting available information about the contact investigation in a timely manner.

If you have questions or concerns, please contact the Careline at 1-855-4SC-DHEC (1-855-472-3432). Careline staff will be available on ______ from _____ to answer your questions. For more information on TB, please visit the CDC TB website at https://www.cdc.gov/tb/ and DHEC's TB web site at www.scdhec.gov/tb.

School Signatory

TB Medical Clinician
SC DHEC

Tab 3. Notification Letter Sent to Those Needing Testing

Dear Parent/Guardian:

The South Carolina Department of Health and Environmental Control (DHEC) has confirmed a case of tuberculosis (TB) at your child's school. The case has been confirmed by laboratory testing and DHEC's investigation is active and on-going.

DHEC is working closely with your child's school to conduct a contact investigation of the school and its facilities. The contact investigation includes evaluating the school layout and routine activities of the case to determine the level of risk for classrooms, lunchrooms and other areas where the students and staff congregate.

At this time, DHEC recommends TB testing for your child because your child has been identified as having an exposure to the TB germ. Testing will be performed by DHEC staff at the school on _______ from ___ until ____ and again on ______from ____ until _____. This test will be provided at no cost. TB testing is accomplished by a blood test or by a tuberculin skin test (TST) and may require a chest x-ray for a complete assessment. Testing will be conducted at ________________. *(Provide any additional instructions on parking and location).*

Included with this letter is a packet of additional information, including a permission slip and a DHEC TB Contact Evaluation Form. **<u>You must complete the permission slip in its entirety, as well as the circled items on the DHEC form, and bring the forms to the school on the date of testing for your student to receive free testing from DHEC.</u>**

Positive test results will be reported as soon as possible to parents/guardians by phone. Negative test results will be mailed to the address provided on the DHEC TB Contact Evaluation form by ________. If you have not received your child's result by _______, please call _______ at DHEC at (xxx) xxx-xxxx to request an additional copy.

Families have the option of having any testing performed by their own physician at their own cost. In the event you elect to have your own physician perform testing, DHEC requests that your physician report the test results to DHEC. Your child may be excluded from school if test results are not documented for your child.

Additionally, DHEC and your school leadership recognize that you will likely have questions about TB, the contact investigation and the safety of your child's school. A Careline sponsored by DHEC has been opened to address those concerns and answer questions directly (see phone number below).

DHEC and your school thank you for your partnership and patience during this situation. If you have questions or concerns, please contact the Careline at 1-855-4SC-DHEC (1-855-472-3432). Careline staff will be available on _____ from _____ to answer your questions. For more information on TB, please visit the CDC TB website at https://www.cdc.gov/tb/ and DHEC's TB web site at www.scdhec.gov/tb.

School Signatory

TB Medical Clinician
SC DHEC

Tab 4: Media Response to Query (RTQ) Briefing Card Template for TB Event in a School

Holding Statement:

DHEC has confirmed a case of tuberculosis (TB) in someone associated with _______ in ______ County. DHEC is working closely with school leaders to identify members of the school community who may have been exposed to the TB germ and need to be tested. DHEC and _______ have informed parents and staff and will continue to keep the school community updated on next steps.

It is important to note that TB can be treated with antibiotics. Additional information including frequently asked questions can be found on DHEC's website or the CDC's website.

Talking Points:

- DHEC remains committed to ensuring any risk of TB transmission is quickly identified and addressed.
- TB is treatable using a prescribed course of antibiotics
- TB is spread from person to person by sharing the air space in a confined area for a prolonged period of time. You can only get infected by breathing in TB germs that a person coughs into the air. You cannot get TB from someone's clothes, drinking glass, eating utensils, handshake, toilet, or other surfaces where a person with TB has been.

Expected RTQ:

Q) When was DHEC notified about the case?
A) DHEC was notified on _____ of a possible case of tuberculosis and confirmed it as a case on _____.

Q) When did DHEC notify the School?
A) DHEC notified health professionals in the ________ School District on _____ and held a meeting with school administrators on _______.

Q) Is the sick person a student or teacher?
A) Due to federal and state privacy laws, we cannot divulge whether it was a staff member or a student who tested positive for active tuberculosis.

Q) How long has the person been sick/spreading the disease?
A) DHEC does not divulge medical information about individuals or any other confidential information.

Due to federal and state privacy restrictions, DHEC is unable to provide additional information concerning any individual, including details about physical condition, hospitalization, age, sex, and residence.

Q) Is the person in isolation?

A) Yes. The individual has been instructed to remain in isolation until DHEC has established they can no longer spread TB. DHEC's mission is to ensure that public health threats are addressed in a timely manner. We take the threats seriously and are working to ensure all necessary measures to control TB and the spread of this germ are put in place and isolation measures are used for individuals when indicated.

DHEC remains committed to ensuring any risk of TB transmission is quickly identified and addressed.

Q) Is it safe for students and teachers to return to school?

A) Yes, it is safe for staff, students and visitors to be inside the school. The TB germ is spread by infected individuals in a particular air space. The school building itself is not a source of infection. All individuals that may have been exposed to the germ have been contacted and will be tested. In order to spread the infection one must have had exposure to an infected individual over an extended period of time. The likelihood of the infection spreading in a school setting is very minimal.

Q) How many people are being tested?

A) This is an ongoing TB investigation. We begin testing with those who are in closest contact to the individual. As the contact investigation progresses, additional people may be recommended for testing. The numbers of people tested may change throughout the investigation. At the end of the investigation, we can share how many individuals DHEC tested.

Q) Does this incident have any connection to the _____ case ____ years ago?

A) No. This case is not connected to any previously documented TB case in ________. Due to federal and state privacy restrictions, DHEC is unable to provide additional information concerning any individual, including details about physical condition, hospitalization, age, sex, and residence.

Tab 5. TB Messaging Map for Contact Investigations

Example: School Situation

Stakeholder:
Public
Question/Concern
TB in a School

Key Message 1	Key Message 2	Key Message 3
How is TB transmitted? Who is at risk of becoming infected?	What are the specifics of this situation?	DHEC works with the community to limit the spread of contagious diseases by tracking diseases and investigating their source, promoting prevention measures, and educating people about protection.

Keywords: Supporting Information	Text	Keywords: Supporting Information	Text	Keywords: Supporting Information	Text
1.1	TB is caused by a slow-growing bacterium and may be spread by someone with active disease to individuals who have prolonged contact	2.1	TB is reportable. A healthcare facility notified us of suspect case on ____. We initiated investigation and notified school w/in ___ days of confirmation	3.1	DHEC provides screening tests for TB contacts and additional evaluation for those with positive screens to determine if they may be infectious.
1.2	TB can be treated with a course of antibiotics taken as recommended	2.2	In C.I.s we interview cases to learn everywhere they spent time during infectious period so we can ID and test known close contacts	3.2	In this instance by allowing sufficient time from the time of last exposure to the time of test, we can assure that the screening tests will give us definitive info about each contact's status
1.3		2.3	We worked with the school to assure we could make contact with all involved by robo-call; email and letter	3.3	DHEC will communicate the results of screening tests directly to each individual tested once they become available and provide evaluation if needed.

I. Introduction.

A catastrophic radiological event may arise from an incident at a Fixed Nuclear Facility (FNF). From an overall perspective, the agency's mission is the same in response to a catastrophic radiological event as it is to any other threat to public health and the environment. However, there are some unique aspects which require specific plans and capabilities.

II. Purpose.

This Annex to the DHEC Emergency Operations Plan serves to integrate and supplement other plans to ensure a comprehensive response to a catastrophic radiological event involving a fixed nuclear facility.

III. Applicability and Scope.

This Annex is applicable to all Divisions, Bureaus, and Program Areas within the Agency. It works in conjunction with all other applicable State and Agency plans (see References) and all other applicable policies and procedures for DHEC to ensure that all DHEC responsibilities pertaining to protection of public health and the environment are fulfilled during response to a radiological event at an FNF.

Incidents at licensed users of radioactive material, transportation accidents, or deliberate release of radioactive material may have environmental and population exposure consequences similar to those due to FNF incidents. Although the same level of detailed site-specific planning does not yet exist to respond to such incidents, this Annex may serve as guidance.

IV. Situation.

This Annex is written to address a catastrophic event from a nuclear reactor at a FNF. The public health and environmental issues faced by a catastrophic release of this nature are long-lasting and extensive.

There are four commercial fixed nuclear facilities, one federal facility, and one commercial nuclear facility located within South Carolina: Oconee Nuclear Station (Oconee County); H.B. Robinson Steam Electric Plant (Darlington County); V.C. Summer Nuclear Station (Fairfield County); and Catawba Nuclear Station (York County); Savannah River Site, the federal facility (encompasses parts of Aiken, Barnwell and Allendale counties); the Westinghouse Nuclear Fuel Division is located in Richland County adjacent to Lexington County. Additionally, there are three fixed nuclear facilities in neighboring states that could impact South Carolina: Vogtle Electric Generating Plant in Georgia, and Brunswick and McGuire Nuclear Stations in North Carolina.

All but four (Beaufort, Berkeley, Charleston, and Georgetown) of the state's counties fall within the 10-mile or 50-mile emergency-planning zone of at least one FNF.

During a catastrophic event involving a release of radioactive material from a FNF, evacuation of one or more sectors of the Emergency Planning Zones (EPZ) around the affected nuclear facility may be initiated. In a worst-case scenario, such an event will contaminate a metropolitan center or large (tens to hundreds of square miles) area with long-lived radioactive isotopes requiring the evacuation and displacement of a large population for months to years.

In an event of this nature, the initial evacuation zones would be expanded, resulting in displacement of large populations, loss of use of businesses and infrastructure inside the evacuation zone, and loss of agricultural capacity. Large numbers of evacuees may require decontamination, monitoring, and relocation.

Exact damage and casualty figures from a nuclear event depend on the location, time, weather, and mechanism of release. Planning tools are available to make reasonable estimates. An event contemplated by this plan will overwhelm governmental agencies and present situations not specifically addressed herein.

Initial response will be local and regional. While some federal resources may start arriving by 12-24 hours, they are not likely to arrive in significant numbers until 48-72 hours after the event begins.

Given the magnitude of the incident and the limited size of the Emergency Medical Services (EMS) response assets available, most people will reach medical care without having been screened or decontaminated in the field. In any radiological event, the numbers of "emotionally distressed" may overwhelm medical facilities. This will be true even if no significant release occurs.

V. Assumptions.

This Annex is based upon the following assumptions:

- An event involving actual or potential release of radioactive material over wide areas (i.e., more than inside a single facility or within the immediate vicinity of an industrial operation) (the Event) has begun;
- The State Emergency Operations Center has been or soon will be activated in response;
- Complete response may take days to weeks to complete;
- Recovery and restoration of normal operations may take months to years;
- Fulfillment of DHEC responsibilities may require augmentation of staff and diversion of effort for extended periods of time;

- The assignment of staff outside their normal areas of responsibility and incorporation of volunteers into agency responses may require just-in-time training.
- Six DHEC facilities are located in the 10 Mile EPZ of an FNF and will be directly affected if their zone is evacuated. The resources and staff normally available from these locations will not be available during an FNF event and must be supplied from other DHEC facilities.

VI. Concept of Operations.

Upon discovery or receipt of notification of a radiological event within the scope of this Annex, DHEC will activate the Emergency Operations Plan, this Annex, and those parts of the State Emergency Operations Plans and supplements for which DHEC has primary or supporting responsibility. The ACC and as many RCCs as are necessary to respond to a specific incident will be activated. DHEC staff with radiological response duties will respond and will be supplemented by other agency staff as required. DHEC will coordinate and integrate its plans and actions with local, State, Federal, and non-governmental entities as they join the response effort. DHEC is the agency with primary responsibility for ESF-8 (Medical and Health Services), ESF-10 (Environmental and Hazardous Materials Operations), to include agency-specific responsibilities in the SC Radiological Emergency Response Plan (SCORERP) – Annex 5 (Medical and Public Health Support), Annex 6 (Radiological Exposure Control) and Annex 7 (Ingestion Exposure Pathway Zone). The DHEC Director will serve as the Agency Incident Commander unless otherwise delegated.

VII. Actions.

PHASE 0: PRE-EVENT PREPARATION.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide representation to the SERT and SEOC for all FNF related activities, to include planning meetings, dress rehearsals and evaluated exercises ☐ Host tabletops, workshops or seminars biennially to enhance education, awareness and definition of FNF roles for the Executive Leadership Team (ELT)	**Lead:** BPHP; BEHS
ENVIRONMENTAL AFFAIRS	
Actions:	**Responsibility**

☐ Review and update ESF 10 SOPs and Annexes to DHEC EOP ☐ Review and update ESF 10 portions of SCORERP ☐ Review and update SC Technical Radiological Emergency Response Plan (STRERP) and SC Standard Radiological Operating Procedures (SCSTROP)	**Lead:** BEHS **Supporting:** BPHP
PUBLIC HEALTH	
Actions:	**Responsibility**
☐ Review and update SCORERP ☐ Update ESF-6 and ESF-8 Annexes and EOPs to include any radiological changes, as required	**Lead:** BPHP **Supporting:** BEHS
☐ Distribute KI to the general public.	**Lead:** CHS **Supporting:** Regional Health Departments
☐ Identify medical facilities willing and able to treat contaminated patients.	**Lead:** BPHP **Supporting:** SCHA
☐ Make KI available to healthcare facilities within 10-mile EPZ	**Lead:** BPHP **Supporting:** Health Regulations; Regional PHP
PHASE 1: EVENT INITIATION TO COMPLETION OF EVACUATION	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Activate the DHEC Emergency Operations Plan and agency ICS ☐ Serve as or designate an Incident Commander (IC) ☐ Serve as a member of the SEOC Executive Group	**Lead:** Agency Director
☐ Activate the Agency Coordination Center (ACC)	**Lead:** BPHP **Supporting:** ICS Designated Personnel
ENVIRONMENTAL AFFAIRS	

Actions:	**Responsibility**
☐ SERT ESF-10 staff to SEOC ☐ Activate Mobile Operations Center staff and field monitoring teams ☐ Staff affected host and risk counties with a technical liaison	**Lead:** BEHS **Supporting:** BLWM; Health Regs/ Bureau of Radiological Health
☐ Deploy environmental sampling and monitoring teams	**Lead:** ESF-10 **Supporting:** BEHS; BLWM
☐ Review and evaluate Protective Action recommendations from the affected plant (evacuation, shelter in place, and ingestion of KI) based on actual or projected plume exposure, potential for further escalation, or lack favorable prognosis from affected utility ☐ Advise designated DHEC physician regarding KI ingestion	**Lead:** ESF-10; ESF-8 **Supporting:**
PUBLIC HEALTH	
Actions:	**Responsibility**
☐ Assign KI distribution teams and provide just-in-time training on KI Distribution SOP	**Lead**: CHS, Regional Health Directors **Supporting:**
☐ Recommend ingestion of KI if evacuation cannot be completed before plume exposure	**Lead:** State Health Officer or designated physician **Supporting:** ESF-8; ESF-10

☐ Authorize DHEC emergency workers to exceed exposure limits in accordance with SCORERP Annex 6 and STRERP ☐ Recommend basis for other agencies to authorize emergency workers to exceed exposure limits	**Lead:** State Health Officer **Supporting:** Human Resources/ Safety
☐ Make KI available to healthcare facilities within 10-mile EPZ	**Lead:** BPHP **Supporting:** Health Facility Licensing; Regional PHP
☐ Provide public health information to support ESF-15 as needed	**Lead**: CHS; Medical Consultants; Communications **Supporting:** ESF-8
☐ Open Medical Need Shelters to support counties and ARC	**Lead:** CHS, affected Region **Supporting:** Unaffected Regions
☐ Register evacuees at reception and congregate care centers ☐ Prepare exposure registry for activation	**Lead:** KI distribution teams **Supporting:** CHS, Biostatistics
☐ Advise EMS dispatch regarding facilities willing and able to receive contaminated individuals. ☐ Assist local EMS regarding transportation and reception needs in excess of local capabilities.	**Lead:** Health Regulation, EMS and Trauma
COMMUNICATIONS	
Actions:	**Responsibility**

☐ Provide Public Information Officer to ESF-15 at SEOC.	**Lead:** Communications **Supporting:**
☐ Communicate DHEC actions and public health recommendations	**Lead:** Communications **Supporting:** ESF-8; BEHS; DHEC physician
SAFETY	
Actions:	**Responsibility**
☐ Serve as IC Safety Officer; advise Incident Commander regarding field operations and site safety for all DHEC operations wherever conducted. Support Mobile Operations Center as requested.	**Lead:** DHEC Safety Officer **Supporting:** BEHS; BLWM
PHASE 2: COMPLETION OF EVACUTION TO RE-ENTRY AND RECOVERY	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Deactivate agency ICS ☐ Serve as a member of the SEOC Executive Group	**Lead:** Agency Director **Supporting:** Executive Leadership Team (ELT)
☐ Direct transition from Emergency Support Functions to Recovery Support Functions.	**Lead:** Agency Director **Supporting:** ELT
☐ Establish policy and procedures for long-term public health and environmental recovery.	**Lead:** Directors of Public Health, Environmental Affairs **Supporting:** ELT

☐ Direct applications for recovery from Price-Anderson Act and other fund sources	**Lead:** Finance/Admin **Supporting:** BPHP
COMMUNICATIONS	
Actions:	**Responsibility**
☐ Provide Public Information Officer to Joint Field Office ☐ Communicate DHEC recommendations for re-entry and re-occupation decisions	**Lead:** Media Relations **Supporting:** BEHS; Medical Consultants
PUBLIC HEALTH	
Actions:	**Responsibility**
☐ Behavioral Health support to SC DMH, if possible.	**Lead:** CHS, Social Work **Supporting:** ESF-8
☐ Prepare exposure registry for activation ☐ Transition to support for extended shelter operations	**Lead:** CHS **Supporting:** Regional staff PRN
☐ Establish DHEC employee monitoring program	**Lead:** Human Resources (HR) **Supporting:** CHS, Biostatistics
☐ Establish long-term population monitoring program	**Lead:** CDPC **Supporting:**
☐ Support to receiving hospitals ☐ Coordination of support from Radiation Injury Treatment Network, Federal partners ☐ Coordinate requests for technical and radiation medicine advice	**Lead:** CHS, HFL **Supporting:**

☐ Coordinate access to Federal medical countermeasure stockpile	**Lead:** BPHP, MCM **Supporting:**
☐ Transition to support for extended shelter operations	**Lead:** CHS **Supporting:** all
ENVIRONMENTAL AFFAIRS	
Actions:	**Responsibility**
☐ Establish long-term environmental monitoring program to include ingestion pathway monitoring.	**Lead:** BEHS **Supporting:** EA Regions; Federal partners
☐ Recommendations for environmental monitoring methods, dose assessments, total population dose	**Lead:** BEHS **Supporting:** Federal partners
HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Employee health monitoring	**Lead:** HR **Supporting:** CHS, Biostatistics
☐ Site Safety Officer for all operations	**Lead:** HR Safety **Supporting:** BEHS

VIII. Delegation of Authority.

The Director of the Department of Health and Environmental Control has delegated the authority to recommend ingestion of potassium iodide to designated DHEC physicians. See Appendix xx to this Annex.

IX. Human Resource Management.

- During an FNF response, personnel accountability will be maintained in accordance with the DHEC Emergency Operations Plan.
- DHEC staff may be authorized to incur additional radiation exposure in accordance with the SC Technical Radiological Emergency Response Plan.
- Radiological exposure records for staff assigned to operations within a plume area (emergency workers) will be maintained in accordance with the SC Technical Operational Radiological Emergency Response Plan and SCORERP Annex 6 – Radiological Exposure Control.

X. Information, Collection, Analysis, and Dissemination.

- DHEC will support ESF-15 at the SEOC in accordance with SCORERP Annex 3 – Public Information;
- DHEC staff assigned to other ESFs and to the ACC will provide information to DHEC ESF-15 staff as necessary;
- The ACC will identify Essential Elements of Information in accordance with ACC SOPs and include them as reportable items in the daily situation reports.

XI. Tests, Training, and Exercises

- DHEC will participate in exercises and drills in accordance with SCORERP Annex 4 – Exercises and Drills;
- DHEC staff will be assigned to State Emergency Response Team (SERT) positions supporting ESF-6, ESF-8, ESF-10, and ESF-15 at the State Emergency Response Center when activated and will exercise accordingly;
- DHEC staff will participate in SCEMD-provided or SCEMD-sponsored training at the SEOC as needed;
- Regional staff may be assigned to KI distribution teams in accordance with the KI Distribution SOP in support of out-of-sequence demonstrations at county EOCs.

XII. Plan Development and Maintenance.

This Annex will be reviewed and revised whenever the plans it supplements are revised. See Authorities and References.

XIII. Authorities and References.

Authorities.

- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards)
- South Carolina Code of Laws, Title 44, Chapter 4, Article 1; Section 44-4-100 thru 570 (Emergency Health Powers Act).
- South Carolina Emergency Operations Plan, dated April 2017.
- Executive Order 2017-11 and successor executive orders of the Governor
- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1-110, and 44-1-140
- "Additional powers and duties of Governor during declared emergency," SC Code Ann. §25-1-440
- South Carolina Code of Laws, Atomic Energy and Radiation Control Act, Title 13, Chapter 7, Sections 13-7-40 and -50

References.

- SC Operational Radiological Emergency Response Plan
- SC Emergency Operations Plan, Appendix 5 Mass Casualty Plan, Annex 5 Wide-Area Radiological Plan
- SC Technical Radiological Emergency Response Plan (STRERP), February 2018
- SC Standard Radiological Operating Procedures (SCSTROP), February 2018
- Potassium Iodide Distribution SOP
- Public Health Emergencies: A Resource for Bench and Bar, DHEC 2012

XIV. Appendices

Appendix 1: Director's Delegation of Authority to DHEC Physicians
Appendix 2: ICS 207 Incident Organization Chart