South Carolina

Department of Public Health

Emergency Operations Plan

December 2024

Contents

Statement of Promulgation

The purpose of the Department of Public Health (DPH) 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 DPH 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 December 2024, supersedes all previous versions of the 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 DPH Director at least annually.

1. Director, Bureau of Emergency Preparedness and Response
2. Assistant Director, Bureau of Emergency Preparedness and Response

The South Carolina Department of Public Health 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 DPH Director.

Signed:

Edward D. Simmer, MD, MPH, DLFAPA
Interim Director

19 December 2024

I. Introduction

The State of South Carolina, in accordance with statutes implemented by 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 Public Health (DPH) is charged with primary and support responsibilities for a number of emergency response activities.

II. Purpose

This plan establishes standards and procedures for DPH and assigns responsibilities for delivering emergency 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 DPH 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 applies to DPH actions. 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 whether natural or caused by human agency or failure to act; public health incidents including disease outbreaks whether they are infectious or noninfectious.

DPH, 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.

IV. Situation

This plan assumes an event has occurred or is likely to occur which requires refocusing, mobilization and/ or deployment of DPH resources to protect and preserve public health to mitigate effects of an incident or pending disaster.

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.

To meet our objectives we will:

- Provide and coordinate essential health and medical services to the citizens and visitors of South Carolina. This includes public health coordination of: essential medical care as required, emergency medical service transportation, health care facilities, radiological response, Medical Need Shelter operations and support, and maintenance of situational awareness of post-disaster potable water supplies and wastewater systems for public health impacts.
- 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 as soon as safely possible.
- 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 DPH employees and family members.
- DPH 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 DPH facilities.
- Local governments will manage disasters/emergencies utilizing resources within their jurisdictions to the extent possible.
- 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 healthcare and residential care facilities; potable water; and wastewater collection and treatment;
- Incidents may require assistance and integration of resources outside of the State.
- Finance practices may require expedition.
- By exception, some DPH procedures may be relaxed or waived to maintain essential services, or to effectively meet public health objectives.
- DPH employees responding to an incident will be acting in the scope of their employment and as such will be covered by the South Carolina Tort Claims Act.

VII. Organizational Structure.

DPH responds to incidents and events by activating the Incident Command System (ICS), through which a DPH Incident Management Team (IMT) provides command and control for the response. 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.

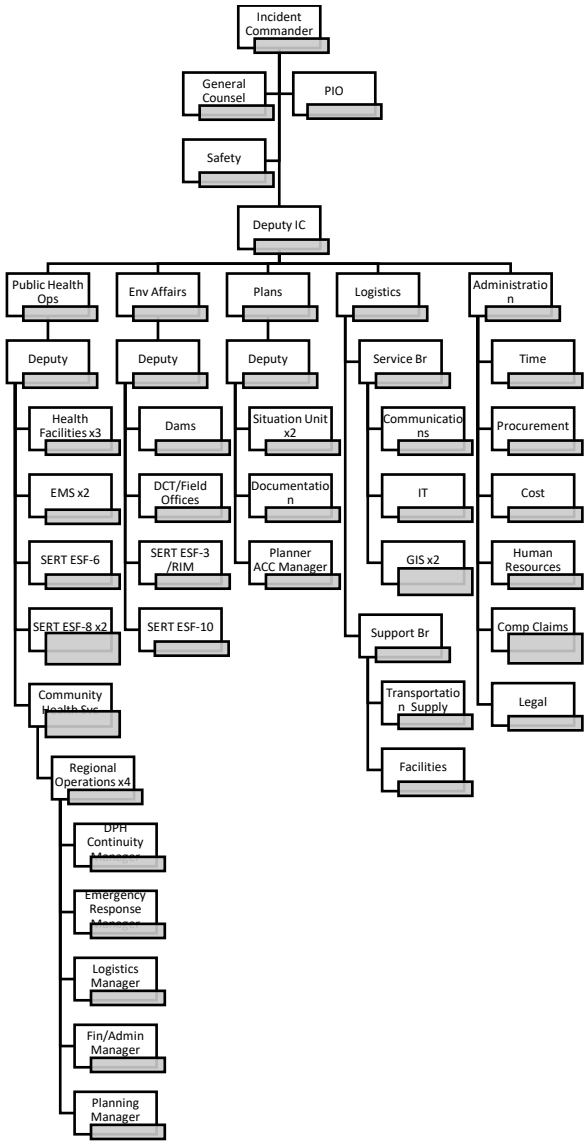


Figure 1, Incident Command Structure.

Figure 1 is only an example and depicts a large-scale agency-wide response structure in a disaster such as a hurricane. Other events such as a DPH response to a local transmission of the Zika Virus, while localized, may be very complex and require a combination of regional and state health personnel, operating under an Incident Commander (IC) who may be designated by the Director from any area of the agency. 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 Director may be better suited as the incident commander for a regional response; a Medical Doctor may be better suited as the IC for Hepatitis event.

Certain general principles remain constant:

- DPH responds to incidents as a single incident command representing the entire agency.

- The Incident Commander is responsible for all actions pertaining to the incident and is the agency's sole authority for outcomes.
- The Incident Commander determines the appropriate operational period for the event e.g.a twelve hours or twenty-four hours, multiple days, etc.
- The Deputy Incident Commander (DIC) acts on behalf of the Incident Commander when appropriate.
- The Operations Chief "runs" the incident for the current operational period under the authority of the incident commander.
- The Plans Chief prepares the incident response for the next operational period.
- The Logistics Chief identifies, coordinates, and procures all needed resources, personnel, material, vehicles and facilities for use by the ICS.
- Branches and Divisions are created when the ICS is larger or more complex.
- All agency personnel are likely to be affected in some way, and all leaders will be engaged in response-related roles. Chains of command for personnel assigned an ICS position are through the Incident Command structure rather than through normal blue-sky tables of organization.
- ICS is a guide; and is intended to be flexible and adjustable to needs and modifications.
- The Bureau of Emergency Preparedness and Response (BEPR) maintains agency processes and procedures and trained staff available to fill critical roles as needed.

Once the DPH incident command is established, key positions are designed and assigned. At a minimum, all ICS operations include the Incident Commander, Deputy Incident Commander, an Operations Chief, a Plans Chief and a Logistics Chief. Where costs outside normal budgets may be incurred, a Finance/ Administration 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. FEMA courses IS 100, 200, 700 and 800 provide additional instructional material.

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

VIII. Concept of Operations.

General

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

- Public health
- Emergency medical service transportation coordination
- Health care facility coordination
- Coordination of radiological response
- Medical Need Shelter operations and support

- Situational awareness of potable water supplies and wastewater systems that impact public health
- Protect agency personnel and families
- Records protection
- Restoration of normal services as soon as safely possible

While many of these tasks closely associate to normal services our agency provides, those that 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, DPH 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 workdays may expand to 12 or more hours. Even when responding in your "regular" job, disaster response will have an effect. 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, DPH 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 the 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.

Plan Interrelationships

This Emergency Operations Plan supports State plans and is supported by DPH policies and standard operating procedures. The plan, to include annexes, attachments and

appendices is intended to be consistent with the National Response Framework (NRF). It directs 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.

Supporting Appendices to the SC Emergency Operations Plan include:

- SC Hazards and Vulnerabilities Assessment
- SC Hurricane Plan
- SC Earthquake Plan
- SC Operational Radiological Emergency Response Plan (SCORERP)
- 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
- SC Hazard Mitigation Plan
- SC Recovery Plan

Responsibilities assigned to DPH by the SCEOP and its Attachments, Appendices and Annexes are incorporated by reference into this plan as if repeated fully herein.

DPH 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 6 Mass Care, ESF 8 Health and Medical Services **(lead agency)**, ESF 14 Initial Recovery and Mitigation, ESF 15 Public Information, ESF 17 Animal and Agriculture, and ESF 18 Donated Goods and Volunteer Services.

Specific DPH policies and SOPs listed in other parts of this Plan are incorporated as if repeated fully herein.

Plan Activation

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) is activated in conjunction with the South Carolina State Emergency Response Team (SERT).
- An incident at the local level 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 respond effectively.
- At the direction of the State Health Officer when issuing a Public Health Emergency impacting the State of South Carolina.
- At the request of a Regional Operations and Community Engagement Director or Medical Officer, after approval of the Agency Director or State Health Officer, in anticipation of or in response to an emerging public health or medical system risk that requires regional coordination and asset allocation across the region.

IX. Assignment of Responsibilities.

DPH 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, DPH is 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.

DPH 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 DPH. 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					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.

Responsibilities assigned to DPH in State plans including those listed in Section IV of this Plan are incorporated by reference into this plan as if repeated fully herein.

DPH 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. Recovery begins at (a) or (b) and may extend for years following an event.

Command and control follow the lines of responsibility defined by the Incident Command structure and documented in ICS Form 207 for the incident.

Tables below outline tasks and responsibilities for DPH.

PREPARE. ICS and SEOC are not activated.	
See also Annex F Federal and State Disaster Preparedness and Response Requirements	
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:** DPH Director **Supporting:** Deputy Incident Commander (DIC), 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 DPH Planning Group. ☐ 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	**Lead:** Bureau of Emergency Preparedness and Response (BEPR) **Supporting:** All state level bureaus/ divisions

PREPARE. ICS and SEOC are not activated.	
DPH Executive Leadership Team (ELT) as appropriate. ☐ Establish procedures for and be prepared to activate the DPH ICS structure and DPH EOC. ☐ Recommend Regional Command Posts (RCP) 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. ☐ As required and available, assist the DPH 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).	
☐ Maintain and update alert and recall rosters. Note: alert and recall rosters are part of this Plan but are updated as needed and are maintained separately to ensure currency.	**Lead:** Directors and Chief Officers of agency leadership team **Supporting:** BEPR
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**

PREPARE. ICS and SEOC are not activated.	
☐ Coordinate DPH 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.	**Lead:** Communications **Supporting:**
☐ Post materials to the DPH SharePoint site ☐ Post materials to the DPH website and social media. ☐ Conduct public education campaigns on topics related to the incident and its consequences.	**Lead:** Communications **Supporting:** OIT
☐ 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	**Lead:** Legislative Affairs **Supporting:** Agency Subject Matter Experts (SMEs)
☐ Coordinate messaging with regional and local health officials.	**Lead:** Regional Operations & Community Engagement (ROCE) **Supporting:** Communications, Legislative Affairs
☐ Coordinate messaging with state and local emergency management or designated points of contact.	**Lead:** BEPR
☐ Create and deploy messages for all DPH employees.	**Lead:** Communications

PREPARE. ICS and SEOC are not activated.	
☐ Identify key partners, stakeholders and community groups to help distribute educational materials.	**Lead:** Communications **Supporting:** HPS Operations and Community Engagement
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Chief of Staff **Supporting:** Bureau and Office Directors
OFFICE OF GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise before an emergency. ☐ Review or draft any documents or correspondence as required. ☐ Be prepared to perform incident command duties as requested or required. ☐ Maintain internal notification and recall rosters.	**Lead:** OGC **Supporting:** Agency bureau and section areas
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Participate in preparedness trainings and exercises ☐ Maintain emergency (COOP, KI, etc.) plans	**Lead:** BEPR **Supporting:** ROCE, Health Programs (HP), other Health Collaboration (HC) Branches

PREPARE. ICS and SEOC are not activated.	
☐ 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:**
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** HPS Director **Supporting:** Bureau and Office Directors
HEALTHCARE QUALITY	
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. ☐ SCDPH Architects and Fire and Life Safety provide opinions and information for building structures and standards.	**Lead:** Healthcare Quality **Supporting:** Bureau of Operations Support, Bureau of Nursing Home & Medical Services, Bureau of Hospitals, Community Services & Emergency Management

PREPARE. ICS and SEOC are not activated.	
☐ Maintain current status of certification levels of EMTs and licensed ambulance services	**Lead:** Bureau of Hospital, Community Services &
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Bureau of Operations Support **Supporting:** Bureau and Office Directors
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, BEPR
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 ***Annex N – Personnel Operations during Disaster***	**Lead:** HR **Supporting:** Policy Review Committee
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Office of Human Resources **Supporting:** Bureau and Office Directors
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**

PREPARE. ICS and SEOC are not activated.	
☐ 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 DPH 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 ☐ Maintain internal notification and recall rosters and systems. ☐ Coordinate with appropriate bureau areas regarding the maintenance of emergency communication systems (i.e. satellite phones and HAM radios)	**Lead:** Office of Information Technology (OIT) **Supporting:**
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Ensure staff complete routine preparedness trainings and participate in exercises	**Lead:** Region Training Coordinator **Supporting:** Region EPR Section Manager
☐ Establish and maintain contracts with facilities that agree to serve as Medical Needs Shelters (MNS) ☐ Maintain emergency (COOP, KI, etc.) plans ☐ Maintain internal notification and recall rosters and communications systems	**Lead:** Region EPR Section Manager **Supporting:**
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**

PREPARE. ICS and SEOC are not activated.	
☐ 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 Countermeasures Plan to the SC Emergency Operations Plan.	**Lead:** BEPR **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:** BEPR **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:** BEPR **Supporting:** ROCE; Office of Oral Health, Bureau of Hospital, Community Services & Emergency Management

PREPARE. ICS and SEOC are not activated.	
☐ 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:** Healthcare Quality **Supporting:** BEPR
☐ 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:** BEPR
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 ☐ 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:** BEPR **Supporting:** ROCE
☐ 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. Criteria includes: - A need for uninterrupted power to operate equipment or refrigeration - A medical need for a temperature-controlled environment	**Lead:** ROCE **Supporting:** BEPR
☐ 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 BEPR; ROCE **Supporting:** Regional Directors of Nursing; BEPR

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. DPH EOP is activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Authorize all agency response activities pursuant to statutory authority and orders of the Governor. ☐ 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:** DPH Director **Supporting:** DIC, All Agency
☐ Direct all agency response activities pursuant to authority of the agency Director.	**Lead:** Incident Commander **Support:** Deputy Incident Commander
☐ Activate DPH EOC/RCPs in consultation with ELT and Regional leadership	**Lead:** BEPR **Supporting:** ROCE
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Duties and activities in accordance with Annex H External Communication	**Lead:** PIO **Support:**
OFFICE OF 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 Department of Public Health Emergency Operations 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:** Agency bureau and section areas
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**

RESPOND. DPH EOP is activated.	
☐ Support the Director in making decisions and recommendations regarding public health and necessary response measures, to include but not be limited to:	**Lead:**
☐ Track, analyze and report disease outbreaks and effects of environmental exposures;	**Lead:** CDES **Supporting:** Plans Section; GIS;
☐ Recommend and coordinate pharmaceutical distribution and delivery	**Lead:** Public Health Emergency Planning Committee (PHEPC) **Supporting:** Logistics Section
☐ Issue Public Health Orders; participate on Public Health Emergency Committee and recommend declaration of a Public Health Emergency as required ☐ Recommend non-pharmaceutical interventions (Annex J)	**Lead:** HPS Director **Supporting:** OGC
☐ Activate CareLine through DPH 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:** ROCE Medical Consultant

RESPOND. DPH EOP is activated.	
☐ 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 Bureau Health Director
HEALTHCARE QUALITY	
Actions:	**Responsibility**
☐ Coordinate and direct the activation and deployment of EMS agencies.	**Lead:** Bureau of Hospital, Community Services &

RESPOND. DPH EOP is activated.	
☐ 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 SCDPH BEPR 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 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:** Healthcare Quality **Supporting:** Bureau of Hospital, Community Services & Emergency Management; Bureau of Operations Support; BEPR; ICS Designated Personnel
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Notify and assure staff are on point to perform/expedite operations.	**Lead:** Chief Financial Officer **Supporting:**

RESPOND. DPH EOP is activated.	
☐ 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**
☐ Duties and responsibilities in accordance with Annex N Personnel Operations During Disaster	**Lead:** Human Resources **Supporting:** Supervisors
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**

RESPOND. DPH EOP is activated.	
☐ Support DPH EOC, RCPs, 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 DPH EOC, RCP, and DCT locations ☐ Maintain telecommunications and connectivity services for critical functions ☐ Attend DPH EOC briefings	**Lead:** OIT **Supporting:**
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Maintain MNS staffing and operate shelters ☐ Track staff working time during the disaster ☐ Provide support to general population shelters as needed regarding medical issues	**Lead:** Region Operations and Community Engagement Director **Supporting:** Region EPR Section Manager
☐ Open and staff Regional Command Posts (RCPs) ☐ Maintain coordination with, and staffing at, county Emergency Operations Centers (EOCs)	**Lead:** Region EPR Section Manager **Supporting:** Region Health
☐ Complete relevant portions of the After-Action Report (AAR).	**Lead:** Region EPR Section Manager **Supporting:** Director of Community
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**

RESPOND. DPH EOP is activated.	
☐ 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 ☐ Monitor, track, and report any disaster related deaths ☐ 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	**Lead:** BEPR; 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:** BEPR **Supporting:** Healthcare Quality
☐ 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:** Healthcare Quality **Supporting:** BEPR
☐ Coordinate medical decontamination for hazardous materials response.	**Lead:** BEPR **Supporting:**
☐ Provide support for location, identification, registration, certification, removal and disposition of the deceased	**Lead:** BEPR **Supporting:** Vital Statistics

RESPOND. DPH EOP is activated.	
☐ 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:** BEPR
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. ☐ 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:** ROCE **Supporting:** BEPR
☐ Coordinate with other ESF-6 support agencies and organizations to MNS requirements as needed or necessary.	**Lead:** State MNS Coordinator **Supporting:** Region EPR Section Managers

RESPOND. DPH EOP is activated.	
☐ 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:** Region EPR Section Managers **Supporting:** ROCE

Recovery efforts begin at the beginning of all activations and may continue post 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.	
See also Annex P Disaster Recovery	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Authorize and direct all agency activities pursuant to statutory authority;	**Lead:** DPH Director **Supporting:** DIC, All Agency
☐ Schedule/facilitate After Action Reviews (AAR). An AAR will be completed for an event in which the Incident Command Structure is utilized or an exercise that is considered a tabletop, functional exercise, or full-scale exercise. After Action Reports and corresponding improvement plans will be approved by the appropriate incident commander	**Lead:** Bureau of Emergency Preparedness and Response (BEPR) **Supporting:**
OFFICE OF GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise after an emergency. ☐ Review or draft any documents or correspondence as required. ☐ Perform incident command duties as requested or required.	**Lead:** OGC **Supporting:** Clients
HEALTHCARE QUALITY	
Actions:	**Responsibility**

RECOVER. ICS and SEOC are deactivated.	
☐ 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 Healthcare Quality and Agency After Action Reviews.	**Lead:** Healthcare Quality **Supporting:** Bureau of Operations Support; ICS Designated Personnel
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:** BEPR, Financial Management
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:**
HEALTH PROMOTION AND SERVICES	
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 EPR Section Managers; Community

RECOVER. ICS and SEOC are deactivated.	
☐ Complete relevant portions of the AAR	**Lead:** Region EPR Section Managers **Supporting:** Director of ROCE
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:** BEPR **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:** Healthcare Quality **Supporting:** BEPR; 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:** BEPR **Supporting:** Vital Statistics
ESF-6 MASS CARE	
Actions:	**Responsibility**
☐ Maintain and ensure confidentiality of medical records. ☐ Deactivate the triage line. ☐ Close/consolidate shelters as necessary.	**Lead:** ROCE **Supporting:** BEPR, Health Collaboration

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 Emergency Preparedness and Response develops and maintains lists of Essential Elements of Information (EEIs) for various hazard 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.
- Inventory management and tracking systems – Quantities, types and location of pharmaceutical and/or medical supplies; quantities, types, and locations of response equipment and supplies.
- ReadyOP
- 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.

- National hospital and disease incidence information reporting systems such as the National Healthcare Safety Network and HHS Protect;
- 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 and medical systems.
    - Identify key infrastructure and support infrastructure to understand where potential problems may occur.
    - Describe the impacts to the supply chain for public health and medical systems.
- Understand the public health and medical systems in the area of operations.
    - Analyze the public health and medical 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.

- 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.
- Incident Action Plans– During each operational period a written summary of situational awareness information is developed with a complete picture of the public health and medical systems. These reports are distributed widely. Recipients may include:

    - DPH Executive Leadership Team (ELT).
    - IMT 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.
    - BEPR Staff.

- 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.
- Data Sharing – validated data and information may be shared via publicly accessible websites, restricted access server files, or data sharing agreements negotiated with due regard for personal privacy, statutory restrictions, and legitimate responsibilities and information needs of other entities. The Office of General Counsel must be consulted as necessary.

XI. Communications.

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

- Life-safety, urgent, or sensitive communication should use voice communications.
- Substantive voice communications should be memorialized appropriately in the incident record: ICS 214, Significant Events report, or other generally accessible repository.
- Email serves as a voice supplemental method for dissemination of other incident information or for routine communication.
- When established, shared email accounts should be used as primary.

For communication failures during an incident, BEPR staff 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. These plans, as components of the SERT COOP Plan, are published separately.

While Annex A and the SERT COOP plans are required by policy and serve an essential role in agency preparedness, for DPH "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 DPH, for example Regional Operations and Community Engagement 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, DPH 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, DPH'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 – see Annex N Personnel Operations During Disaster and Annex P Disaster Recovery:

- 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 DPH 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 DPH. 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 & totals
    - 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, DPH 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 DPH 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 DPH 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 DPH.

Upon receipt of reimbursement funds, Bureau of Business Management will disseminate funds base done programming codes. DPH 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 DPH. DPH 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.

DPH 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 Annex T Logistics, developed and maintained by the Bureau of Emergency Preparedness and Response.

Personnel resource management during disasters and emergencies are contained in the DPH Emergency Personnel Standard Operations Procedure, developed and maintained by the Office of Human Resources. See Annexes N.

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 DPH 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 Emergency Preparedness and Response coordinates, synchronizes, maintains and makes available the current DPH 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 BEPR.

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. See Annex R, Plan and SOP Development Schedule. 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 Emergency Preparedness and Response will distribute copies of the DPH EOP to the Agency Director and all other ELT members. Electronic access to the DPH 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 BEPR.

XV. Authorities and References.

Authorities.

- SC Code Ann. §§25-1-420 and -440
- Executive Order 2017-11 and successor executive orders of the Governor
- SC Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1-110, and 44-1-140
- SC Emergency Health Powers Act, SC Code Ann §§44-4-100 through 44-4-570
- SC Pollution Control Act, S.C. Code Ann. Section §48-1-50, 48-1-290
- SC Coastal Zone Management Act, SC Code Ann §§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 Atomic Energy and Radiation Control Act, SC Code Ann. §§13-7-40, 13-7-50
- SC Emergency Management Assistance Compact, SC 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
- SC Tort Claims Act, SC Code Ann. §§15-78-10 through -220
- SC Code Ann. Regulation 58-101, State Government Preparedness Standards
- SC Code Ann. Regulation 61-112, Emergency Health Powers Act

Plans

- South Carolina Emergency Operations Plan (SCEOP) and supporting Plans, Annexes, Appendices, and Attachments updated annually; copies at http://scemd.org/planandprepare/plans/emergency-operations-plan)
- DPH is responsible for drafting and maintaining the following:
    - SCEOP Annex 8 Health and Medical Services
    - SCEOP Appendix 14 Infectious Disease Plan

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)
B. Incident Command
C. Department of Public Health Emergency Operating Center (DPH EOC) Procedures
D. Incident Action Plans (IAPs) and Reports
E. Duty Officer/ On-call Procedures
F. Federal and State Disaster Preparedness and Response Requirements
G. Inter-Jurisdiction Coordination and Liaison
H. External Communications and Public Information
I. Public Health Orders
J. Nonpharmaceutical Interventions
K. Emergency Medical Service (EMS) Coordination
L. Shelter Operations
M. Internal Communications Support
N. Personnel Operations During Disaster
O. Mutual Aid
P. Disaster Recovery
Q. Preparedness Training and Exercise
R. Plan and SOP Development
S. Fixed Nuclear Facility Radiological Event
T. Logistics
U. PHRC Volunteer Management Plan
V. DPH Facility Evacuation, Closure, and Reconstitution
W. Health Facility Evacuation
X. Medical Surge Coordination

Annex A
Continuity of Operations
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

The South Carolina Department of Public Health 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 Public Health core functions such as newborn screening and vital statistics. 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: DPH uses the term *Core Function* throughout the COOP plan to describe Essential Functions]:

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

III. Applicability and Scope.

Phase I of the COOP plan is comprised of planning and preparatory actions before an event requiring activation of the COOP plan. Phases II, III and IV are activated when the agency Director, designated official, or senior agency official on scene directs it.

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 DPH.

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:

- DPH has considered its mission, statutory requirements, and emergency support function roles and has identified core functions and execution times to support these functions;

- DPH 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 DPH'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;
- DPH must be able to 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

DPH will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue core functions in an all-hazard/threat environment. DPH is performing normal public health. 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 Emergency Preparedness and Response (BEPR)
☐ Pre-identify alternate Department of Public Health Emergency Operations Center (DPH EOC) and Regional Command Post (RCP). ☐ Be prepared to activate DPH EOC and RCP to support a continuity event.	**Lead:** BEPR **Supporting:** All
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**

☐ Pre-identify vulnerable DPH owned and leased facilities. ☐ Identify County point-of-contacts for all DPH-leased facilities.	**Lead:** Chief Finance and Operations Officer **Supporting:** BEPR; Business Management
BUREAU OF EMERGENCY PREPAREDNESS AND RESPONSE	
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:** N/A
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.	**Lead:** IT **Supporting:** BEPR

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 IMT and DPH EOC. ☐ Determine activation levels and coordinate continuity operations. ☐ Activate RCP in affected region. ☐ Notify State EMD/State Warning Point and ESF-8 partners and determine communication plan. ☐ Be prepared to activate RCPs in unaffected region. ☐ Activate the COOP plan and order relocation of core functions, records, equipment, and supplies to alternate facility(s), if required.	**Lead:** ELT; IMT Designated Personnel; Continuity Personnel **Supporting:** BEPR
☐ 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:** IMT 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; IMT Designated Personnel
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Alert and notify non-continuity personnel of Agency's operational status. ☐ Implement telework policies	**Lead:** HR **Supporting:** IMT 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:** IMT Designated Personnel
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Suspend non-critical clinical services. Redirect high priority clinical services to unaffected DPH office(s). Refer to 1- *Core Functions by Agency Bureau.* ☐ Activate Careline to receive incoming calls regarding cancelled appointments. ☐ Report regional facility damages to IMT leadership.	**Lead:** Regional Health Directors; ROCE **Supporting:** IMT 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 DPH 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:** IMT Designated Personnel **Supporting:** Continuity Personnel; BEPR
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; IMT Designated Personnel
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Disseminate event-specific PCAS codes	**Lead:** HR **Supporting:** IMT Designated Personnel
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Maintain critical databases and systems to ensure Core Functions can be sustained.	**Lead:** IT **Supporting:** IMT Designated Personnel
PUBLIC HEALTH REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Maintain critical services at unaffected DPH facilities.	**Lead:** Regional Health Director **Supporting:** ROCE

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:** Executive Leadership Team (ELT); Bureau Chiefs; Division Directors **Supporting:** IMT Designated Personnel; Finance-BBM
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Provide a status update of DPH 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:** IMT Designated Personnel
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Maintain essential databases and systems, to include active directory.	**Lead:** IT **Supporting:** IMT Designated Personnel
REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Be prepared to reinstitute non-critical services.	**Lead:** Regional Health Director **Supporting:** N/A

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. Chief of Staff
	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. Director of Legislative Affairs
	2. Director of Communications
Chief Communications Officer Director of Communications	1. Media Relations Director
	2. Director of Public Outreach
	3. Public Information Officer
Deputy Director, Healthcare Quality	1. Chief, Bureau of Operations Support
	2. Chief, Bureau of Hospitals, Community Services & Emergency Management
	3. Chief, Bureau of Nursing Home & Medical Services
Deputy Director & Chief Medical Officer, Health Promotion and Services	1. Director, Regional Operations and Community Engagement
	2. Director, Health Programs
	3. Director, Health Collaboration
Chief Human Resources Officer	1. Assistant Human Resources Director
	2. Director of Programs
	3. Records and Benefits Director
General Counsel	1. Chief Counsel for Healthcare Quality

Position	Designated Successors
	2. Chief Counsel for Health Promotion and Services
	3. Chief Counsel for Administration
Chief Financial Officer	1. Director, Budgets and Program Support
	2. Director, Bureau of Business Management
	3. Director, Bureau of Financial Management
Director of Legislative Affairs	1. Policy Liaison
	2. Legislative Assistant
	3. Legislative Coordinator

Table A3, Orders of Succession for the Executive Leadership Team

VIII. Delegations of Authority.

DPH 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 DPH'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. 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).
- The Director and ELT members will ensure the governor 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, DPH 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 IMT 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 IMT 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
- Text Message

X. Information, Collection, Analysis, and Dissemination.

DPH 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 DPH 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 DPH will ensure the COOP related information is provided to the IMT 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.

Disseminating Continuity of Operations Event Related Information					
Information Element	Specific Requirement	Responsible Element	Deliverables	When Needed	Distribution
Plan Activation/ Deactivation	Notify employees and supporting agencies when plan is activated.	• Director • ELT • DPH EOC/ RCPs	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	Reports, meetings, conference calls, and Palmetto	Within 8 hours of activation and/or as determined by the Director/ ELT	• DPH EOC/ RCPs

Operational Status	Percent of personnel that have arrived at alternate facilities (if relocated) and ability to conduct core functions	• Bureau Chiefs/ Division Directors • IMT	Reports, 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 • IMT
Hazard Information	Threat details specific to primary and alternate facility(s).	• DPH EOC/ RCPs	Reports, email, meetings, conference calls, and Palmetto, Activity Log.	Once per day and/or as determined by the Director.	• Director • ELT • IMT

Table A4, Disseminating Continuity of Operations Event Related Information

XI. Interoperable Communications.

DPH 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. Training will be coordinated with the DPH Staff Training and Development Division.

Continuity of Operations Training Schedule			
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.	BEPR	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: • IS 1300.a: Introduction to COOP • IS 545: Reconstitution Planning Workshop. Training is available online at http://training.fema.gov/IS/	Online Independent Study	N/A
Continuity Personnel	Continuity Training: Training must address continuity responsibilities and include a detailed overview of the Agency's COOP Plan.	BEPR	Annually or when significant plan changes occur
	FEMA Continuity of Operations Training: • IS 1300.a: Introduction to COOP • Training is available online at http://training.fema.gov/IS/	Online Independent Study	N/A
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.	BEPR	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 Emergency Preparedness and Response will maintain DPH'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 BEPR for publication and distribution;
- BEPR 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 BEPR. 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.

Continuity Plan Maintenance Schedule			
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: BEPR 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: BEPR Support: DPH 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, December 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. Attachments

1. Core Functions by Agency Bureau
2. COOP Plan Activation Matrix
3. Alternate Facilities
4. Definitions and Acronyms
5. Public Health Lab (PHL) COOP

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

Attachment 1: Core Functions by Agency Bureau

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
Healthcare Quality	Bureau of Operations Support	Emergency Operations Staffing	1
		Event-related Complaint Intake and Investigation	2
		Event-related Inspections	1
		Mail/fax processing	Deferrable
		Invoice and Collect Payments	Deferrable
	Bureau of Hospitals, Community Services & Emergency Management	Emergency Operations Staffing	1
		Licensure of EMS Services	2
		Inspections	Deferrable
		Complaint Intake and Investigations	2
		Review of Protocols	Deferrable
	Bureau of Nursing Home & Medical Services	Data Collection	Deferrable
		Event-related Complaints	1
		Phone/mail coverage	2
		Recertification Surveys	Deferrable
		Survey Packet Processing	Deferrable

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

	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

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

	Bureau	Core Function	Criticality Level
Health Promotion and Services	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	1
		Q Flow	Deferrable
		DPH EOC 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

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

	Bureau	Core Function	Criticality Level
		National Health Service Corps Liaison	3
		J-1 Visa Coordination	3
	Community Health Services – Vital Statistics	VRSIIS System Functionality	1
		Registration: Birth & Death	2
		Issuance: Birth & Death Cert. (Last 12 months)	2
	Bureau of Emergency Preparedness and Response	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	Chemical Toxins and Metabolites	1
		Newborn Screening Testing	1
		Bacterial - Tuberculosis	1

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

	Bureau	Core Function	Criticality Level
	based on APHL guidance)	Bacterial - Enteric Diseases	1
		Viral - Influenza	1
		Viral - Encephalitis	1
		Viral - Rabies	1
General Counsel	General Counsel	Legal advice to emergency operations activities, enforcement, and other divisions on matters denoted as urgent; representing DPH in urgent litigation related to the emergency.	1
		Representing DPH 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 DPH program	3
	Compliance	Compliance/Privacy	Deferrable
	Internal Audits	Perform Audits	Deferrable
		Fraud, Waste & Abuse Hotline	Deferrable
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

Annex A Attachment 1
Core Functions by Agency Bureau
to the SC Department of Public Health Emergency Operations Plan

	Bureau	Core Function	Criticality Level
		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

Annex A Attachment 2
COOP Plan Activation Matrix
to the SC Department of Public Health Continuity of Operations Plan

Directions: The DPH COOP plan and the incident command system are both scalable: The Director may activate the whole plan or activate only the parts of the plan needed to manage the incident. The type and scale of each incident will guide the Director in determining whether activating the COOP plan and ICS are necessary.			
Scenario Type	**Examples**	**COOP Activation**	**ICS Activation**
Small Scale (Building) Emergency: Operations are interrupted temporarily in some parts of a DPH building, but most of the offices in that building continue to function as usual at the primary facility.	Broken pipes have disrupted water flow to some restrooms and caused water damage.	No, or partial activation for programs affected more than 1 business day.	No, unless ordered by the Director.
Intermediate Scale (Building or major system) Emergency: An event has affected all or most of a DPH building, and some functions must be cancelled or transferred to an alternate work site.	A fire or natural disaster has damaged a section of the building.	Yes	Yes
Large Scale (Regional) Emergency: An event affects multiple buildings in several counties and requires agency functions to be transferred to one or more alternate work site for more than 30 days.	A hurricane or storm has caused widespread destruction and damage throughout the area.	Yes	Yes
Workforce Emergency: Key managers are unavailable for duty (dead, injured or ill, or geographically separated and unable to return to the workplace)	A major earthquake occurs while agency leadership attends a conference in Charleston	Yes; implement the Orders of Succession,	Yes
Workforce Emergency: A significant reduction (40 percent or more) in staff available to work causes the agency to scale back operations to only mission-essential functions until additional staff or volunteers become available.	A pandemic reaches widespread community transmission and is causing illness among staff and their families.	Yes. Essential functions may be modified to focus on public health response.	An Incident Commander may be appointed to oversee staffing assignments, scheduling, and cross-training needs.

Annex A Attachment 3
Alternate Facilities
to the SC Department of Public Health Continuity of Operations Plan

Alternate Facilities by Area			
Area	**Primary**	**Secondary**	**Notes**
DPH EOC	State Park EOC	Midlands Region	N/A
Midlands Public Health Region	Richland Co Health Department	Lexington Health Center	N/A
Pee Dee Public Health Region	Sumter Co HD	Conway HD	Choice depends on storm track
Lowcountry Public Health Region	Perimeter Center	Orangeburg HD Moncks Corner HD	N/A
Upstate Public Health Region	Greenville Co HD	Greenville Co Administrative Complex	N/A
Local Health Departments	Adjacent county HDs	N/A	Choice based on details of incident
PH Lab	See Annex A Appendix 6 PH Laboratory COOP	N/A	N/A

Attachment 4: Definitions and Acronyms

Administrative Authority: 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.

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.

Core Function: A function that enables DPH to: Provide vital or mission-critical services; Exercise civil authority; Maintain the safety of the general public; or Sustain the industrial or economic base during an emergency.

Emergency Authority: 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.

Attachment 6: Public Health Laboratory (PHL) COOP Plan

I. Purpose.

This document describes the Public Health Laboratory (PHL) Continuity of Operations (COOP) Plan. This plan was developed to ensure minimal interruptions of the PHL operation should an external or internal disruptive event occur. This plan ensures that the PHL core functions can be resumed within an acceptable period of time following an event. It allows PHL leadership and staff to shift efficiently from their normal structure and organization to a structure and organization that facilitates continuation of services.

II. Applicability and Scope.

This plan is applicable to all state public health laboratory core and non-critical functions performed by the PHL for DPH, its partners, clients, and the public. The plan is specific for state public health laboratory operations within South Carolina during all hazard threats and events, crises, and emergencies, natural and man-made. The plan is designed to be implemented in part or in whole depending upon the situation, and it addresses how the core functions will be provided either on-site, i.e., at the Hayne Building, or off-site, in the event that core functions can no longer be performed at the Hayne Building.

III. Core functions.

Prioritization of laboratory functions

A fundamental part of the COOP is identification and prioritization of the PHL's core functions. These are the public health-related activities that must be continued if normal operations are disrupted by some unusual event. Core functions for the Public Health Laboratory are referenced in the Agency's COOP Plan (Annex A to DPH Emergency Operations Plan).

Table A1, Core Functions Prioritization

Core Functions Prioritization	
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 negative 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.

Categorization of laboratory functions

To address the complexity and uniqueness of PHL's core functions, it is important to group all the PHL's **Critical 1** Core Functions into categories and subdivisions. By effectively subdividing a category like infectious disease, the process of differentiating between core and non-critical functions becomes more manageable. See **Table A2. Critical 2-4** laboratory functions are listed in **Table A3**.

Public Health Laboratory Core Functions (Critical 1)				
Category	**Core Function (See Appendix 1)**	**Pathogenic Condition**	**Specific Test or Method**	**MOA/ MOU**
Chemistry	Chemical Weapons of Mass Destruction	Chemical Weapons of Mass Destruction	LRN Assays	Yes
	Toxic Chemical Exposures	Poisoning / Exposures / Overdose	LRN Assays	Yes
	Newborn Screening	Organic Acid Metabolism and Fatty Acid Oxidation Disorders	Acylcarnitine Panel	Yes
		Amino Acid Metabolism Disorders	Amino Acid Panel	Yes
		Hemoglobin Disorders	Hemoglobin Variant Analysis	Yes
		Galactose Metabolism, Endocrine, Vitamin Metabolism, Hormone Disorders and Cystic Fibrosis	Fluorescent Detection Panel	Yes
		Severe Combined Immunodeficiency	Molecular Analysis	Yes
Infectious Diseases	Bacterial	Tuberculosis	Drug sensitivity	Yes
			Diagnosis	Yes
			Gen-Probe	Yes
			Confirmation	Yes
		Enteric Diseases	Outbreak Detection	Yes
	Viral	Rabies	All activities	No
	High Consequence Pathogens	Biological Weapons of Mass Destruction and High Consequence Pathogens	LRN Assays	Yes

Table A2, PHL Core Functions (Critical 1)

Additional laboratory functions.

PHL Section	Core Function	Criticality Level
Chemistry	All other testing services	2
Infectious Diseases	All other testing services	2
Safety	Mandatory Training	2
Support, Logistics, and Safety	Infectious Waste Mgmt.	2
Quality Assurance (QA)	Mandatory Training	3
Chemistry and Microbiology	Grant Writing	4
Chemistry	External Outreach Programs First Responders	4
Microbiology and Safety	External Outreach Programs -Sentinel Hospitals	4
Chemistry and QA	External Outreach Programs - Newborn Screening Training	4
Safety	Regional Lab Support - Hazardous Waste Mgmt.	4
QA	Regional Lab Support - Quality Assurance Programs	4
Logistics	Regional Lab Support - Instrument Maintenance	4
Logistics	Instrument and Facility Maintenance	4
Support	Administration - Billing	4
Laboratory Information Management System (LIMS) and QA	Data Mgmt. - Record Retention	4

Table A3, PHL Core Functions (Critical 2-4)

IV. Incident Command System.

The Agency has a pre-determined ICS structure for large scale agency wide response in a disaster such as a hurricane. The Agency's ICS structure is referenced in the DPH Emergency Operations Plan. ICS is a guide, and is intended by FEMA to be flexible and adjustable to needs and modification. In the case of a PHL-isolated event, PHL leadership has pre-identified ICS roles, to include Incident Commander, refer to Attachment C PHL ICS Structure of this plan.

Select Agent ICS Structure.

A Select Agent event is any incident caused by a biological agent or toxin that has the potential to pose a severe threat to public health and safety, animal or plant health, or

animal or plant product. The current list of Select Agent can be found in Select Agent website as following links: https://www.selectagents.gov/SelectAgentsandToxinsList.html. Refer to Tab 5a (Select Agent ICS Structure).

V. Concept of Operations.

Phase I: Readiness and Preparedness

PHL will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue core functions in an all-hazard/threat environment. PHL is performing normal public health 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**
☐ Ensure all employees understand their role prior to and during a continuity event. ☐ Ensure all employees understand the emergency notification procedures. ☐ Maintain testing agreements with supporting agencies and vendors. ☐ Maintain current call-down rosters. ☐ Ensure PHL Standard Operating Procedures (SOPs) and supporting documents are developed to support core Bureau operations. ☐ Encourage family emergency plan development to increase personal and family preparedness.	**Lead:** PHL Leadership **Supporting:** PHL staff; Bureau of Emergency Preparedness and Response (BEPR)
INFORMATION TECHNOLOGY AND LIMS DIVISION	
Actions:	**Responsibility**
☐ Maintain physical and/or electronic reference materials needed to sustain operations. These include and are not limited to: • Contact information for internal and external partners or vendors • Contracts and Blanket Purchase Orders (PO) • Contact information for the "Senders List" of hospitals, doctor's offices, and DPH offices throughout the state ☐ Maintain and regularly test data back-up systems. ☐ Ensure private information is secured.	**Lead:** LIMS Division, IT **Supporting:** N/A

PHL MICROBIOLOGY AND CHEMISTRY DIVISIONS	
Actions:	**Responsibility**
☐ Ensure that testing agreements with supporting agencies and vendors contain content that sufficiently outlines the expected duties of both parties. ☐ Maintain physical and/or electronic reference materials needed to sustain operations. These include and are not limited to: • Contact information for federal, state, and private partners • Copies of federal or state regulations • Contracts and Blanket POs • Laboratory SOPs ☐ Maintain "go packs" for laboratory services to be moved to an alternate site ☐ Ensure an adequate number of staff maintain training for shipping hazardous materials. ☐ Maintain cross-training to enable the formation of two separate and independent work groups/shifts for critical tasks	**Lead:** Microbiology Director and Chemistry Director **Supporting:** Section Supervisors
PHL QUALITY ASSURANCE DIVISION	
Actions:	**Responsibility**
☐ Maintain Clinical Lab Improvement Act (CLIA) documentation needed for testing laboratories in MOUs ☐ Ensure private information is secured	**Lead:** QA Division **Supporting:** N/A
PHL LOGISTICS DIVISION	
Actions:	**Responsibility**
☐ Maintain physical and/or electronic reference materials needed to sustain operations. These include and are not limited to: • Contact information for internal and external partners • A list of available Communication Assets • Vendor information, Contracts, and Blanket POs ☐ Maintain an Alternate Location Checklist ☐ Ensure one staff member with a P-Card is available. ☐ Maintain "go packs" for logistic services to be moved to an alternate site ☐ Maintain facility plans and information needed for building assessments	**Lead:** PHL Logistics Division **Supporting:** N/A

PHL SAFETY DIVISION	
Actions:	**Responsibility**
☐ Maintain physical and/or electronic reference materials needed to sustain operations. These include and are not limited to: • Contact information for internal and external partners • A list of available Emergency Equipment • Vendor information, Contracts, and Blanket POs • Federal, state, and local permits • Chemical Inventories and Safety Data Sheets • Federal and State health and safety regulations ☐ Maintain Emergency Equipment	**Lead:** Safety Division **Supporting:** N/A
PHL SUPPORT DIVISION	
Actions:	**Responsibility**
☐ Ensure an adequate number of staff maintain training for shipping hazardous materials. ☐ Maintain cross-training to enable the formation of two separate and independent work groups/shifts for critical tasks	**Lead:** Support Division **Supporting:** N/A

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, ICS is activated to manage continuity event and to ensure continuation of PHL Core Functions.

Phase II: Activation and Relocation. Perform PHL Core Functions ONLY. ICS activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Notify and ensure staff are ready to perform/expedite core functions. ☐ Relocate PHL core functions, records, equipment, and supplies to alternate facility(s), if required. ☐ Report COOP event and damage assessment (for facility failure) to ELT. ☐ Coordinate relocation requirements and activities. ☐ Coordinate continuity operations. ☐ Prepare for the reconstitution of the PHL ☐ Activate the ICS and DPH EOC. ☐ Activate MOU/MOA's as needed. ☐ Notify partners and clients about the curtailment of non-critical laboratory testing and services and provide them with details about core laboratory testing and services that will be available. DPH's Media Relations and Public Outreach staff will coordinate the provision of information to other agency units that can be called upon to assist in getting updated information to these partner audiences.	**Lead:** PHL Leadership; Public Health Director; Public Health Chief of Staff **Supporting:** BEPR; IMT Designated Personnel; Communication;
☐ Notify the CDC Emergency Response Center and FBI regarding laboratory function and status changes. ☐ Assess the security of the BSL-3 suite and all select agents. ☐ Maintain the secure storage of all select agents. ☐ Secure or destroy all active test materials. ☐ If needed, ensure that all federal regulations are followed regarding the theft, loss, or release of select agents. ☐ If needed, ensure that all federal regulations are followed for the transfer of the Select Agents to a designated and approved Tier One LRN Laboratory	**Lead:** Responsible Official (RO)**;** **Supporting:** Alternate RO; PHL Safety Officer; IMT Designated Personnel

FINANCE AND ADMINISTRATION	
Actions:	**Responsibility**
☐ In consultation with Department of Administration, identify alternate laboratory facilities. ☐ Assemble Procurement Documents required for Core Functions.	**Lead:** Public Health Director; Public Health Chief of Staff; Chief Financial Officer; PHL Director **Supporting:** PHL Logistics Division; BEPR; Business Management
INFORMATION TECHNOLOGY AND LIMS DIVISION	
Actions:	**Responsibility**
☐ Conduct a rapid assessment of LIMS systems, data storage, and internet based communications. ☐ Report damage assessment to IMT, or PHL Leadership. ☐ Coordinate the establishment of external data exchange required to support the essential laboratory functions performed by the PHL staff assigned to the alternate facilities. ☐ Provide communications support to "senders" (hospitals, doctor's offices, and DPH offices throughout the state).	**Lead:** LIMS Division, IT **Supporting:** Agency IT
PHL LOGISTICS DIVISION	
Actions:	**Responsibility**
☐ Conduct a rapid assessment of the Hayne Building. ☐ Report damage assessment to ICS, or PHL Leadership. ☐ Dispatch "advance team" to alternate site to coordinate with alternate facility staff prior to transportation of hardware. ☐ Assemble/acquire Alternate Site Acquisition Checklist items. ☐ Assemble/acquire Communication Assets. ☐ Coordinate transportation resources that are required to support the essential laboratory functions performed by the PHL staff assigned to the alternate facilities. ☐ Work with Business Management to acquire additional vehicles as needed. ☐ Coordinate building access with American Security.	**Lead:** PHL Logistics; PHL Safety Officer **Supporting:** IMT Designated Personnel; Business Management; PHL Logistics

PHL MICROBIOLOGY AND CHEMISTRY DIVISIONS	
Actions:	**Responsibility**
☐ Conduct a rapid assessment of the ability to perform core functions ☐ Report damage assessment results to IMT, or PHL Leadership ☐ Once MOUs/MOAs are activated, verify expected duties and coordinate transfer of samples to alternate testing sites. ☐ Assemble/acquire pre-staged reference materials. ☐ Review "go packs" for core functions which are relocating to sustain test services. ☐ Coordinate the assignment of divisional staff to support service at alternate/split locations.	**Lead:** Microbiology Director and Chemistry Director **Supporting:** Section Supervisors
PHL QUALITY ASSURANCE DIVISION	
Actions:	**Responsibility**
☐ Provide consultation to PHL Leadership or IMT staff regarding CLIA regulations, sustaining quality testing, and securing private information. ☐ Notify all PHL clients/providers about PHL laboratory status and alternate services. ☐ Contact CLIA and proficiency test providers about PHL laboratory status. ☐ Support core functions where directed by PHL Leadership or IMT staff.	**Lead:** QA Division **Supporting:** N/A
PHL SAFETY DIVISION	
Actions:	**Responsibility**
☐ Conduct a rapid assessment of the ability to store hazardous waste and treat infectious waste. ☐ Report damage and assessment results to IMT, or PHL Leadership ☐ Conduct rapid hazard assessments for unique tasks needed to support core functions. ☐ Provide consultation to PHL Leadership or IMT staff regarding safety and waste management. ☐ Support core functions where directed by PHL Leadership or IMT staff.	**Lead:** Safety Division **Supporting:** N/A
PHL SUPPORT DIVISION	
Actions:	**Responsibility**
☐ Assure appropriate levels of clerical, purchasing, and materials preparation support for core laboratory functions.	**Lead:** Support Division **Supporting:** N/A

Phase III: Continuity Operations

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

Phase III: Continuity Operations. Maintain PHL Core Functions. ICS activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Maintain Core Functions at the primary facilities or alternate facilities. ☐ Consult with/advise local, state, and federal officials during a continuity event. ☐ Begin reconstitution activities. ☐ Maintain cross-communication to ensure efficient utilization of staff and resources with changes in testing needs. ☐ Document continuity activities during activation and ensures records are maintained for future reference.	**Lead:** IMT Designated Personnel **Supporting:** Continuity Personnel; BEPR
INFORMATION TECHNOLOGY AND LIMS DIVISION	
Actions:	**Responsibility**
☐ Coordinate the establishment of external data exchange required to support the essential laboratory functions performed by the PHL staff assigned to the alternate facilities. ☐ Provide communications support to "senders" (hospitals, doctor's offices, and DPH offices throughout the state)	**Lead:** LIMS Division, IT **Supporting:** Agency IT
PHL LOGISTICS DIVISION	
Actions:	**Responsibility**
☐ Provide logistical support to PHL staff assigned at alternate facilities (i.e. Clemson University Veterinary Diagnostic Center (CUVDC)), as needed. ☐ Advise alternate facility staff on status of Hayne building.	**Lead:** PHL Logistics; PHL Safety Officer **Supporting:** IMT Designated Personnel; PHL Logistics
PHL MICROBIOLOGY AND CHEMISTRY DIVISIONS	
Actions:	**Responsibility**

☐ Coordinate the assignment of divisional staff to support service at alternate/split locations. ☐ Assist the Support Division with the coordination of sample receipt, accessioning, re-packaging, and distribution or shipment off-site of samples received for testing. ☐ Inventory supplies and submit purchase requests to ensure that the essential testing and services that will be performed on-site, i.e., at the Hayne Building, and off-site, i.e. by PHL staff who will be assigned to alternate facilities, will be sustainable for at least 30 days. ☐ Determine the in-house uncompleted workloads for testing and report their findings to PHL Leadership. ☐ Coordinate the distribution of reports to clients for samples tested at MOU/MOA sites.	**Lead:** Microbiology Director and Chemistry Director **Supporting:** Section Supervisors
PHL QUALITY ASSURANCE DIVISION	
Actions:	**Responsibility**
☐ Provide consultation to PHL Leadership or IMT staff regarding CLIA regulations, sustaining quality testing, and securing private information. ☐ Ensure test integrity and process quality for methods utilizing alternate locations or processes. ☐ Support core functions where directed by PHL Leadership or IMT staff.	**Lead:** QA Division **Supporting:** N/A
PHL SAFETY DIVISION	
Actions:	**Responsibility**
☐ Conduct rapid hazard assessments for unique tasks needed to support core functions. ☐ Provide consultation to PHL Leadership or IMT staff regarding safety and waste management. ☐ Support core functions where directed by PHL Leadership or IMT staff.	**Lead:** Safety Division **Supporting:** N/A
PHL SUPPORT DIVISION	
Actions:	**Responsibility**
☐ Inventory supplies and submit purchase requests to ensure that the essential support services will be sustainable for at least 30 days. ☐ Coordinate the receipt, accessioning, re-packaging, and distribution or shipment off-site of samples received for testing.	**Lead:** Support Division **Supporting:** Microbiology and Chemistry Divisions

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:** IMT Designated Personnel; PHL Leadership **Supporting:** Finance-BBM
INFORMATION TECHNOLOGY AND LIMS DIVISION	
Actions:	**Responsibility**
☐ Validate LIMS system operation at the Hayne Building or alternate facility. ☐ Maintain data exchange systems and back-up operations. ☐ Provide support for communications to "senders" (hospitals, doctor's offices, and DPH offices throughout the state) ☐ Order and replace damaged computers and hardware.	**Lead:** LIMS Division, IT **Supporting:** Agency IT
PHL LOGISTICS DIVISION	
Actions:	**Responsibility**
☐ Re-assemble items from Alternate Site Acquisition Checklist. ☐ Re-assemble Communication Assets. ☐ Dispatch "advance team" to Hayne building. • Ensure facility is ready for the transportation of hardware. • Advise staff at alternate facility when ready for transport. ☐ Transport items to Hayne building. ☐ Continue regular functions at alternate facility, if available, until Hayne building staff are ready to resume full operation. ☐ Return vehicles to Business Management if utilized. ☐ Site Security for alternate facility, if required.	**Lead:** PHL Logistics; PHL Safety Officer **Supporting:** IMT Designated Personnel; Business Management; PHL Logistics

PHL MICROBIOLOGY AND CHEMISTRY DIVISIONS	
Actions:	**Responsibility**
☐ Continue core functions at alternate facility until Hayne Building staff are ready to resume full operation. ☐ Inventory and account for all specimens mid-process or received during the COOP activation. ☐ Assess instrumentation and repair, certify, or re-order affected instrumentation. ☐ Develop validation plans for instrumentation and/or test methods effected by the event. ☐ Re-validate instrumentation and test methods at the Hayne Building prior to resuming operations at the Hayne Building.	**Lead:** Microbiology Director and Chemistry Director **Supporting:** Section Supervisors, QA Division
PHL QUALITY ASSURANCE DIVISION	
Actions:	**Responsibility**
☐ Coordinate with testing divisions to develop and execute validation plans for effected instrumentation and/or test methods. ☐ Provide consultation to PHL Leadership or IMT staff regarding CLIA regulations, sustaining quality testing, and securing private information. ☐ Notify all PHL clients/providers about changing PHL laboratory status and resuming services. ☐ Contact CMS and proficiency test providers about resuming normal laboratory functions.	**Lead:** QA Division **Supporting:**
PHL SAFETY DIVISION	
Actions:	**Responsibility**
☐ Provide consultation to PHL Leadership or IMT staff regarding safety and waste management. ☐ Inspect repaired facilities and conduct process risk assessments prior to resuming normal laboratory operations. ☐ Support core functions where directed by PHL Leadership or IMT staff.	**Lead:** Safety Division **Supporting:**
PHL SUPPORT DIVISION	
Actions:	**Responsibility**
☐ Continue core functions at alternate facility until Hayne Building staff are ready to resume full operation. ☐ Coordinate the receipt, accessioning, re-packaging, and distribution or shipment off-site of samples received for testing.	**Lead:** Support Division **Supporting:**

VI. Orders of Succession.

Pre-established Orders of Succession for the **Public Health Laboratory Director** position ensures continuity of leadership and authority to make operational decisions at the Public Health Laboratory. Should the Public Health Laboratory Director be unavailable the Bureau, in consultation with the Public Health Director, or his/her designee will implement the Orders of Succession listed in Table A4.

Position	Designated Successors
PHL Director	3. Assistant PHL Director
	4. Microbiology Division Director
	5. Chemistry Division Director

Table A4, Orders of Succession for PHL Director

Division Directors/Section Supervision.

Division Directors who are absent from duty will be succeeded by a qualified staff member selected by the PHL Director (see Tab 4). Section Supervisors who are absent from duty or out-of-state on official business will be succeeded by the most senior person in each Section, unless an individual has already been identified or a specific individual is directed to take charge by the Division Director or PHL Director. Upon return to duty, Division Directors and Supervisors who were succeeded because of absenteeism or official out-of-state travel will be restored to their positions at the discretion of the PHL Director and in a manner that would not disrupt ongoing operations.

Delegations of Authority.

The PHL Director is authorized to delegate temporary authority to others assigned to the PHL. Division Directors are authorized to delegate temporary authority to others assigned to their Divisions. Section Supervisors are authorized to delegate temporary authority to others assigned to their Sections. Types Continuity personnel assigned to specific Core Functions will be granted "emergency authorities" upon approval of the Director, successor or designee listed in Agency COOP Plan refer to, ***Appendix 2 – Orders of Succession / Delegations of Authority by Agency Bureau.***

VII. Human Resource Management.

The Public Health Laboratory plans and procedures incorporate existing agency-specific guidance and direction for human capital management, including guidance on pay, leave, work scheduling, benefits, hiring, authorities and flexibilities. Remote supervising will not be permitted. Sound judgment and common sense will be exercised when making these replacement decisions.

Timely decisions to temporarily replace or appoint supervisory staff may be verbal, but must be followed with a written notification to the individuals involved. The written notification should be made within a reasonable time period and copied to the Office of Human Resources.

All full time and hourly PHL employees will have operational assignments following activation of the COOP. These operational assignments will be subject to change during the response depending on the type and severity of the natural or man-made threat, event, crisis, or emergency.

HR policies and guidance can be found electronically on the Agency's Human Resource intranet page. See link: http://DPHnet/co/personnel/

VIII. Information, Collection, Analysis, and Dissemination.

During a continuity event, the Public Health Laboratory will require the collection and dissemination of critical information. While specific incidents may cause additional or specialized reporting requirements, examples of the information that the PHL must collect and report regardless of incident type during a continuity event are given in Table A5.

Disseminating Continuity of Operations Event Related Information					
Information Element	**Specific Requirement**	**Responsible Element**	**Deliverables**	**When Needed**	**Distribution**
Plan Activation/ Deactivation	Notify employees and supporting agencies when plan is activated.	• Public Health Director • PHL Leadership	Notification through: E-mail, Ready Op, Palmetto or telephone.	Within 4 hours of activation/ deactivation and/or as determined by the PHL Director (will consult Public Health Director)	• All PHL Staff • Clients (internal/external) • ELT • CMS and Proficiency Partners • CDC DSAT
Personnel Accountability	Account for all employees.	• PHL Director • Division Directors • Supervisors • Personnel/ HR	Reports, meetings, conference calls, and Palmetto.	Within 8 hours of activation and/or as determined by the PHL Director.	• IMT • ELT

Disseminating Continuity of Operations Event Related Information					
Information Element	**Specific Requirement**	**Responsible Element**	**Deliverables**	**When Needed**	**Distribution**
Operational Status	Percent of personnel that have arrived at alternate facilities (if relocated) and ability to conduct core functions.	• Division Directors • Supervisors • PHL Logistics Division • IMT	Reports, meetings, conference calls, and Palmetto and activity log.	No later than 12 hours after activation and/or as determined by the PHL Director.	• Public Health Director • CMS and Proficiency Partners • CDC DSAT • Clients (internal/external)
Hazard Information	Threat details specific to primary and alternate facility(s).	• IMT Designated Personnel • PHL Logistics	Reports, meetings, conference calls, and Palmetto and activity log.	Once per day and/or as determined by the PHL Director	• Public Health Director • PHL Leadership • ELT

Table A5, Disseminating Continuity of Operations Event Related Information

IX. Tests, Training, and Exercises.

To ensure laboratory staff are familiar with and prepared for implementation of the laboratory COOP, an appropriate laboratory education and training component will be incorporated into the existing agency-wide COOP training program. PHL staff, as well as those in other parts of the agency, will receive training about agency COOP implementation as part of their new employee training requirements.

X. Plan Development and Maintenance.

The PHL Director is responsible for COOP planning. For each core laboratory function, at least one Lead Planner has been identified to assist the PHL Director in planning. Lead Planners are authorized to form ad hoc work groups comprised of subject matter experts to facilitate planning. The PHL Director and Lead Planners will review the COOP annually. The PHL's COOP will be updated and reviewed in coordination with the Bureau of Emergency Preparedness and Response (BEPR). All COOP reviews, revisions, and updates will be documented in the record of changes by a

BEPR-Planner. Refer to the Agency's COOP plan for guidance regarding plan development and maintenance.

XI. Authorities.

South Carolina laws and regulations authorizing laboratory testing and reporting:

- Code of Federal Regulation, Title 42, Part 73: Public Health
- Code of Federal Regulation, Title 42, Part 493: Laboratory Requirements
- South Carolina Code of Laws: Section 47-5-90 (Rabies Reporting)
- South Carolina Code of Laws: Section 47-29-15 (Reporting Infectious Diseases)
- South Carolina Code of Laws: Section 44-31-100 (TB Control)
- South Carolina Code of Laws: Section 61-80 (Neonatal Screening)

XII. Tabs.

A. Information Management
B. Orders of Succession by Core Function
C. PHL ICS Structure
D. PHL Select Agent ICS Structure
E. Social Distancing
F. Surge Capacity
    Tab A: Pan Flu Surge Capacity
G. Facility Scenario Outlines

Tab A: Information Management

Daily Situation Report				
Operational Period		**Operational Condition**		
Approved by:				
Published by:			**Reviewed by:**	
Subject:				

I. Incident Summary

II. Priorities & Objectives

III. Safety

IV. Critical Information Requirements

Current situation status/actions taken by DHEC Operations (Core Functions, COOP, Facilities, Communications):

PHL Operations Status

Hayne Building (by Floor or Section)	Closed	Delayed Opening	Normal Operations	Services Suspended	Continued Services

Notes

DHEC Facilities Damage Assessment

Location	County	Service Type	Status	Damage	Est Closure

V. Communication Plan

Email Communications:
When communicating incident information through email, please use the following header "**Event name**." This will assist members of the incident management team in differentiating between day-to-day email and incident email communications. (i.e. Hurricane Florence: Information for Situation Report).

Situation Report Submission:
Please use ACC-SituationUnit@dhec.sc.gov to submit information to be included into the situation report. Information to be included into the situation report should be submitted to the Situation Unit no later than 6am and 5pm each day. A draft situation report will be prepared and ready by 12pm each day.

Incident SharePoint:
All documents and records relating to the incident should be stored on the following SharePoint site.

VI. Activities

Annex-A, Attachment-5, Tab-B
Orders of Succession by Core Function
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Tab B: Orders of Succession by Core Function

Core Function	Key Positions	Successor 1 (*by position*)	Successor 2 (*by position*)	Successor 3 (*by position*)	Program Responsibility	Condition for Succession
Mycobacteria tuberculosis Testing	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Mycobacteriology Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Mycobacteriology Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Mycobacteriology Supervisor	N/A	N/A	Full	If requested by Director
	4. Mycobacteriology Supervisor	N/A	N/A	N/A	Limited	If requested by Director
Outbreak Testing - Enteric Diseases or Foodborne	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Section Supervisor (To Be Determined)	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Section Supervisor (To Be Determined)	N/A	Full	If requested by Director
	3. Microbiology Division Director	Section Supervisor (To Be Determined)	N/A	N/A	Full	If requested by Director
	4. Section Supervisor (To Be Determined)	N/A	N/A	N/A	Limited	If requested by Director

Annex-A, Attachment-5, Tab-B
Orders of Succession by Core Function
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Core Function	Key Positions	Successor 1 (*by position*)	Successor 2 (*by position*)	Successor 3 (*by position*)	Program Responsibility	Condition for Succession
Rabies Testing	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Virology Supervisor	N/A	N/A	Full	If requested by Director
	4. Virology Supervisor	N/A	N/A	N/A	Limited	If requested by Director
Influenza, H5N1 Identification	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Virology Supervisor	N/A	N/A	Full	If requested by Director
	4. Virology Supervisor	N/A	N/A	N/A	Limited	If requested by Director

Annex-A, Attachment-5, Tab-B
Orders of Succession by Core Function
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Core Function	Key Positions	Successor 1 (*by position*)	Successor 2 (*by position*)	Successor 3 (*by position*)	Program Responsibility	Condition for Succession
Encephalitis, Mosquito Testing	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Virology Supervisor	N/A	N/A	Full	If requested by Director
	4. Virology Supervisor	N/A	N/A	N/A	Limited	If requested by Director
Encephalitis, Mosquito Testing	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Virology Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Virology Supervisor	N/A	N/A	Full	If requested by Director
	4. Virology Supervisor	N/A	N/A	N/A	Limited	If requested by Director

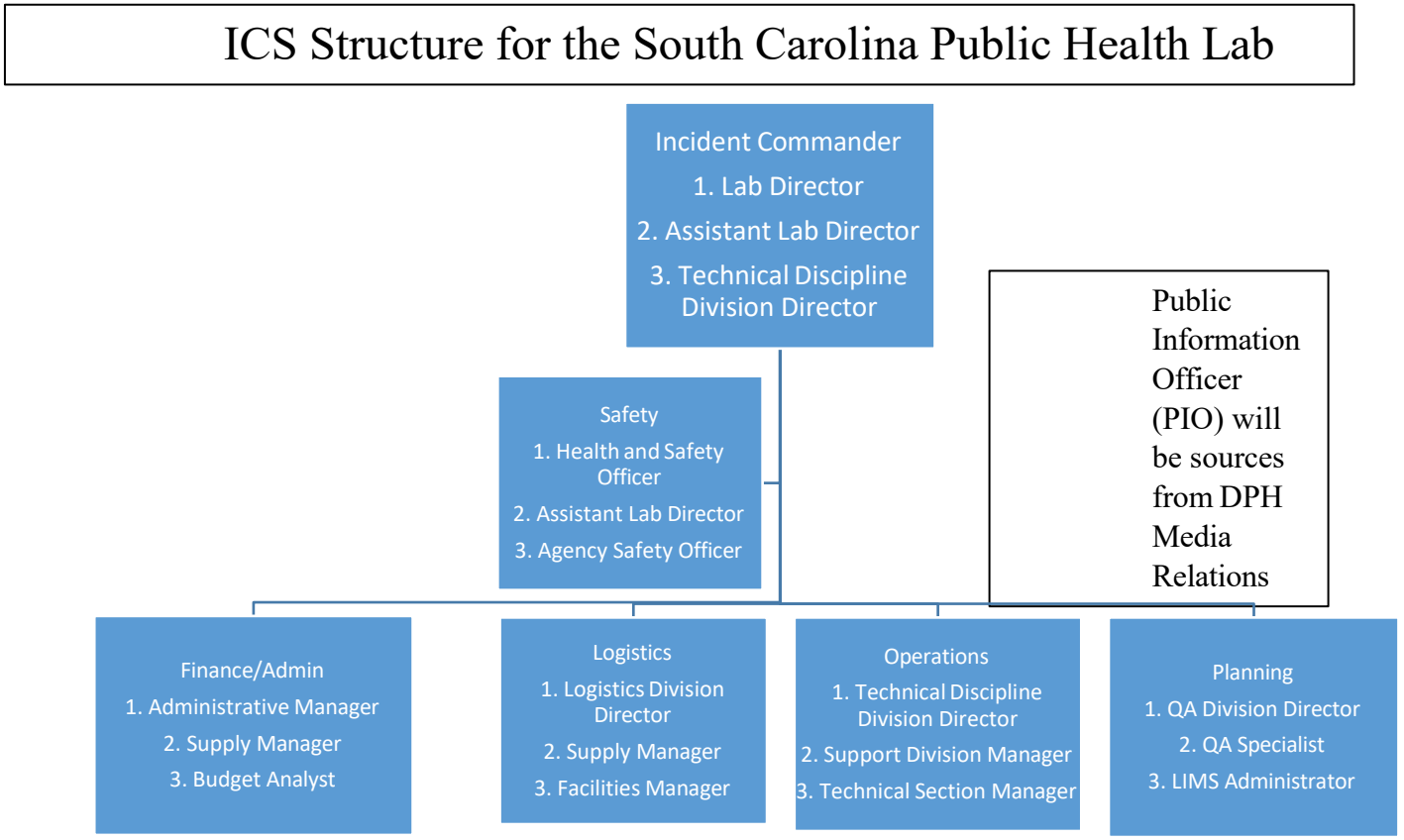
Annex-A, Attachment-5, Tab-B
Orders of Succession by Core Function
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Core Function	Key Positions	Successor 1 (*by position*)	Successor 2 (*by position*)	Successor 3 (*by position*)	Program Responsibility	Condition for Succession
Bioterrorism Response Testing	1. Assistant Laboratory Director	Laboratory Director	Microbiology Division Director	Special Pathogen Supervisor	Full	If requested by Director
	2. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Special Pathogen Supervisor	Full	All emergencies
	3. Microbiology Division Director	Special Pathogen Supervisor	N/A	N/A	Full	If requested by Director
	4. Special Pathogen Supervisor	N/A	N/A	N/A	Limited	If requested by Director
Non-foodborne infectious disease outbreak testing	1. Laboratory Director	Assistant Laboratory Director	Microbiology Division Director	Section Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Microbiology Division Director	Section Supervisor	N/A	Full	If requested by Director
	3. Microbiology Division Director	Section Supervisor	N/A	N/A	Full	If requested by Director
	4. Section Supervisor	N/A	N/A	N/A	Limited	If requested by Director

Annex-A, Attachment-5, Tab-B
Orders of Succession by Core Function
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

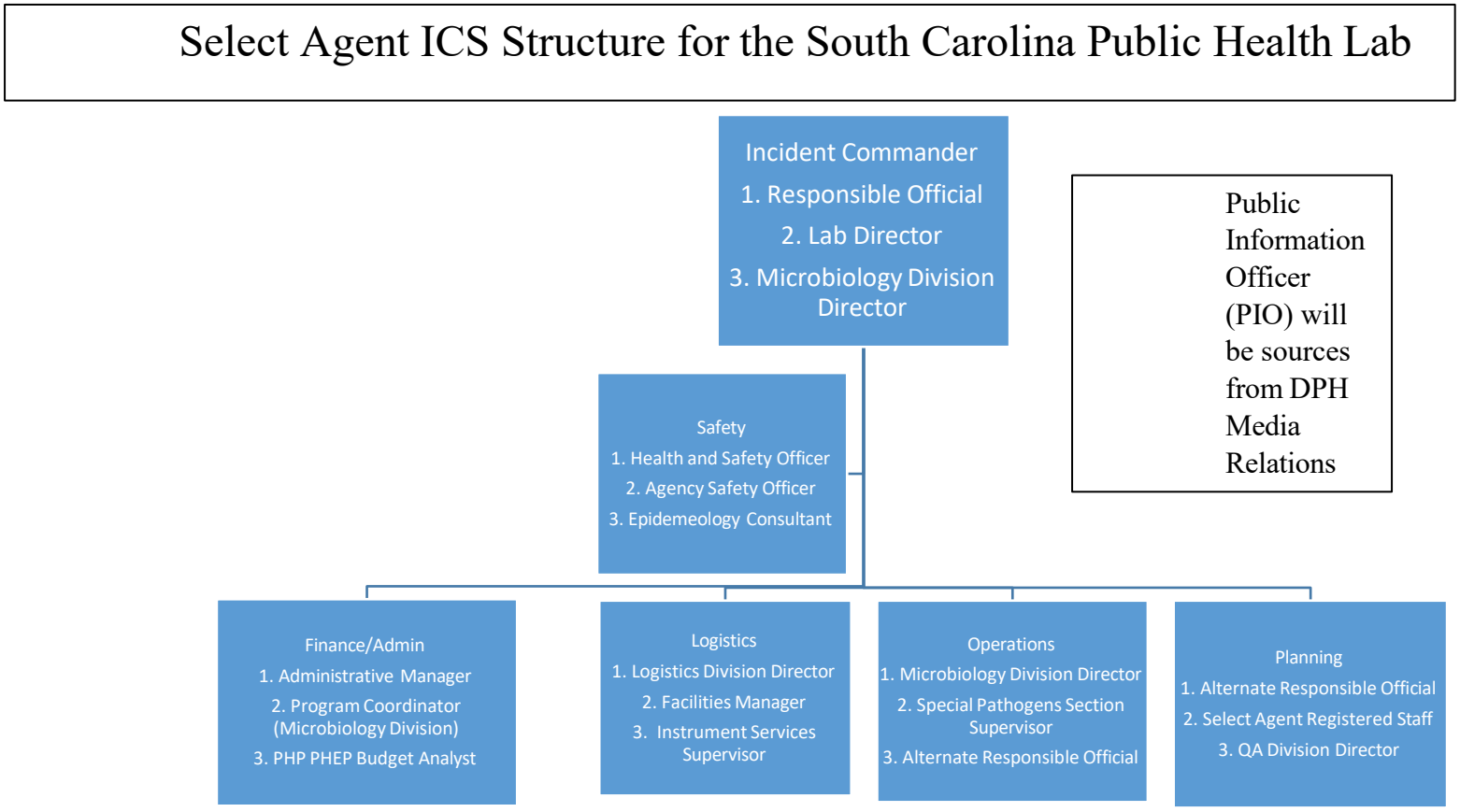
Core Function	Key Positions	Successor 1 (*by position*)	Successor 2 (*by position*)	Successor 3 (*by position*)	Program Responsibility	Condition for Succession
Chemical Toxins and Metabolites	1. Laboratory Director	Assistant Laboratory Director	Chemistry Division Director	Section Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Chemistry Division Director	Section Supervisor	N/A	Full	If requested by Director
	3. Chemistry Division Director	Section Supervisor	N/A	N/A	Full	If requested by Director
	4. Section Supervisor	N/A	N/A	N/A	Limited	If requested by Director
Chemical Weapons of Mass Destruction	1. Laboratory Director	Assistant Laboratory Director	Chemistry Division Director	Section Supervisor	Full	All emergencies
	2. Assistant Laboratory Director	Chemistry Division Director	Section Supervisor	N/A	Full	If requested by Director
	3. Chemistry Division Director	Section Supervisor	N/A	N/A	Full	If requested by Director
	4. Section Supervisor	N/A	N/A	N/A	Limited	If requested by Director

Tab C: PHL ICS Structure



Annex-A, Attachment-5, Tab-D
PHL Select Agent ICS Structure
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Tab D: PHL Select Agents ICS Structure



Tab E: Social Distancing

I. Purpose.

The purpose of this document is to outline the processes and procedures required to minimized the risk of transmission of pandemic disease to laboratory staff and visitors; and sustain laboratory operations during a public health emergency.

II. Scope.

This document is a tab to the PHL COOP. It is not an independent document, and it may be activated concurrently with the PHL COOP. It applies to all Hayne Building Staff and visitors to the Hayne Building during a public health emergency.

III. Responsibilities.

Public Health Lab Responsibilities

- Incident Commander:
  - Activate (full or partial) PHL COOP and ICS structure, as needed.
  - Ensure communications are established with PHL partner entities.
  - Ensure PHL staff notification regarding plan activation.
  - Continue to communicate PHL operational status to Agency Leadership.

- Logistics:
  - Assess the stock of respiratory protection devices, hand soap, hand sanitizer, and disinfection products. Order additional supplies as needed.
  - Develop and post signs for building entrances informing visitors of our restrictions and occupancy signs for the bathroom entrances, as required.
  - Distribute respiratory protection supplies based on availability and instruction from the safety officer.
  - Review new building entry restrictions with security staff. See section IV: Social Distancing Measures for new entry restrictions.
  - Work with the custodial staff to perform daily facility disinfection tasks.
  - Monitor for compliance.

- Planning:
  - Prepare/distribute handouts and/or posted reminders outlining social distancing and components of this plan.
  - Update PHL COOP succession of authority lists and contact information (work and personal) for all staff, as needed.
  - Be available to answer questions regarding plan components.
  - Develop Situation report related to the progress and resolution of the incident, as required.

- Safety Officer:
    - Follow guidance in the Hayne Building Safety Manual Infection Control Section and any previous agent risk assessment documents to conduct an agent specific risk assessment and review known information about the pandemic strain. Document the risk assessment in writing for later reference.
    - Review the new or updated risk assessment with PHL ICS.
    - Brief staff on policy changes and selected elements of the risk assessment, as required.
    - Modify the emergency action plan evacuation and accountability system as needed. Communicate any changes to staff.
    - Monitor for compliance.

- Operations:
    - Identify work stations that need / can be moved to accommodate social distancing.
    - Identify work tasks that can be modified to accommodate social distancing.
    - Identify work tasks that cannot accommodate social distancing.
    - Review modified work procedures / tasks with staff.
    - Monitor for compliance.
    - Review return to normal work procedures / tasks with staff as needed

IV. Social Distancing Measures.
Personnel Protection.

- All non-essential meetings will be canceled. Examples include the activity committee, safety committee, QA committee, laboratory huddles, non-essential trainings, professional meetings, and employee of the quarter.
- Bathroom use is limited to one person at a time. Use in-use/vacant signs to determine occupancy.
- Where possible, staff should work from home, hold meetings using phone or video conferencing.
- Staff and visitors must maintain at least three feet of distance between each other while in the building.
- Staff and their families will be encouraged to maintain social distancing outside of work.
- In situations where staff are unable to maintain three feet of distance, respiratory protection such as a surgical mask, N95, or greater should be utilized if available. In limited supplies, respiratory protection must be prioritized based on agent and method specific risk assessments performed by the Safety Officer.

- Access to the laboratory section which is testing samples for the pandemic pathogen will be restricted to only staff with a mission essential need to enter the section.
- Hugs and handshakes will be discouraged.
- Handwashing will be encouraged at regular intervals.

Staff Health Watch.

- Employees will be encouraged to self-monitor for symptoms and/or a fever before coming to work.
- Employees with fever must report illness to their supervisor and must stay home.
- Employees which develop symptoms or a fever at work must immediately report their condition to their supervisor and return home.

Facility Operations

- At least once each day, facility touch surfaces (door handles, hand rails, finger readers, etc.) will be decontaminated with a disinfectant approved by the Safety Officer or recommended by the CDC.
- The entry of non-building employees will be restricted to mission essential visits only. These can include supply deliveries, service engineers, contractors, operations meetings, etc.
- At the discretion of the incident commander, staff and visitors may be asked to take their temperature and to display the reading through the window before entering the building.
- With reduced staffing or an increasing number of the use of alternative work sites (as determined by the Safety Officer), all staff and visitors must sign-in at the front desk to facilitate an emergency evacuation or accountability process as necessary. The accountability process will be modified as necessary for reduced staffing and communicated to all staff upon any changes.
- At the discretion of the incident commander. Conference rooms may be used for surge supply storage instead of meeting space.

Tab F: Pandemic Influenza Surge Plan

I. Purpose.

This plan is intended to provide a framework describing the PHL's response for the identification of a highly pathogenic pandemic influenza strain, preparing for and transitioning to surge testing, sustaining test capacity, dealing with situations where resources are depleted or test capacity is exceeded test, and recovery. This plan will describe all available resources and capabilities of the laboratory (such as personnel, instruments, logistic support, and communication channels) needed to sustain critical laboratory functions during a pandemic situation.

II. Scope.

It applies to all Public Health Laboratory Staff working in the Hayne Building during a pandemic disease or other public health emergency.

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

- When the PHL COOP has been activated regarding a known or potential for highly pathogenic pandemic influenza.
- Notification from a public health authority (CDC, WHO, etc.) that a highly pathogenic strain of influenza has reached or is anticipated to reach a level of international concern or has been declared a pandemic.

III. Concept of Operations.

During a pandemic of highly pathogenic influenza, laboratory staff will be facing a need to adapt work practices to rapidly changing situations, a significant increase in influenza testing demands, and potential to exceeding available test capacity. In addition, the laboratory will need to respond to severely reduced staffing, a need to follow social distancing measures, a risk of the depletion of available supplies.

In order to help laboratory staff deal with such a difficult situation, this plan outlines and describes the work process for normal seasonal influenza testing as a foundation for describing the work plans for a surge situation so that staff may rapidly transition into a surge testing scenario. The following section will provide the work plans for and policies for both seasonal and pandemic influenza and the anticipated roles and responsibilities for each section or division.

Safely Adapting Work Practices.

During the initial stages of a pandemic influenza response, new information related to the risk posed by the agent (transmission routes, morbidity, mortality, disinfection methods, etc.) may change as additional information about the agent is discovered. Additionally,

cross-utilized staff, alterations to normal equipment, supplies, and/or work areas, and social stresses may place additional stressors and risks in the work environment. Safety Office staff must be engaged and monitor for these changes, review the current risk assessment, and alter the risk assessment or mitigation strategies as needed in collaboration with the testing managers and the incident commander.

In order to ensure appropriate risk mitigation strategies are in place, any modifications to the location of the work, work practices, new methodology, new PPE, new equipment, etc. must be approved by the safety office prior to implementation. For minor changes, this can be as simple as a brief consultation during a staff briefing. For significant changes, the appropriate response may be a rapid but comprehensive full method risk assessment. The thoroughness of the review must be scaled to the nature and severity of the change.

Sources used to evaluate agent specific changes or alternate mitigations strategies must be scientifically based and nationally recognized (NIOSH, OSHA, CDC, WHO, etc.). In the event that resources are not available to appropriately mitigate the risk of working with the agent, work cannot continue until a solution is found.

Quality Assurance Standards.

Quality Assurance Standards will not change for Emergency Situations. The same level of quality is expected, and the policies in the PHL QA Manual will be adhered to. If at any time during an emergency situation, it is found that the Public Health Laboratory is unable to provide test results to our clients within the established turn-around-times, actions will be taken to reduce the workload being tested at the PHL by referring samples to the appropriate reference laboratories.

Document A: PHL Pan Flu Surge Capacity

I. BSL-2 Pandemic Influenza

A. Sample Receiving and Accessioning

1. Staffing
   a. Number of Staff Needed: 1-2 laboratory technicians
   b. Location: Virology Section
   c. Supervised by: Virology Supervisor
2. Work Schedule
   a. One Shift (7:30 am to 4:30 pm, M-F)
   b. Extended hours as needed to perform relevant high priority tasks
3. Equipment and Supplies
   a. One desktop computer with network access and OpenELIS program installed
4. Work Capacity
   a. Variable, will staff to accommodate need
5. Relevant Processes and Duties (additional or altered only)
   a. Unpack specimens on the bench top
   b. Barcode specimens
   c. Organize samples for testing and/or store specimens as needed
   d. Scan requisition into OpenELIS
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. General Hayne Laboratory Training (infection control, chemical hygiene, etc.)
   b. OpenELIS specimen login training.

B. Open ELIS Demographics Entry

1. Staffing
   a. Number of Staff Needed:1-2 laboratory technicians
   b. Location: Specimen Management
   c. Supervised by: the Specimen Management Supervisor
2. Work Schedule
   a. One Shift (7:30 am to 4:30 pm, M-F)
3. Equipment and Supplies
   a. Three desktop computers with network access and OpenELIS program installed
4. Work Capacity
   a. Variable, will staff to accommodate need
5. Relevant Processes and Duties (additional or altered only)
   i. Enter patient demographics
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. OpenELIS specimen login training.

C. Sample Testing – Sample Extraction

1. Staffing
   a. Number of Staff Needed:1-2 laboratory technicians
   b. Location: Virology Section
   c. Supervised by: the Virology Supervisor
2. Work Schedule
   a. One Shift (7:30 am to 4:30 pm, M-F)
3. Equipment and Supplies
   a. MagNa Pure 96
4. Work Capacity
   a. Variable, subject to change based on the testing algorithm currently recommended by the CDC
5. Relevant Processes and Duties (additional or altered only)
   a.Sample extraction
   b.Instrument maintenance
   c.Managing and storing remaining sample and extracted sample materials.
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. General Hayne Laboratory Training (infection control, chemical hygiene, etc.)
   b. Experiance working at a Biological Safety Cabinet
   c. OpenELIS specimen login training.

D. Sample Testing – Master Mix and PCR

1. Staffing
   a. Number of Staff Needed:1-3 laboratory technicians
   b. Location: Virology Section
   c. Supervised by: the Virology Supervisor
2. Work Schedule
   a. One Shift (7:30 am to 4:30 pm, M-F)
3. Equipment and Supplies
   a. ABI 7500 DX – 4 in Virology
   b. Auxillary ABI 7500 DX - 3 in Special Pathogens, 2 in Clinical Microbiology
4. Work Capacity
   a. Variable, subject to change based on the testing algorithm currently recommended by the CDC
5. Relevant Processes and Duties (additional or altered only)
   a. Master mix preparation
   b. Adding template

c. Programing the ABI 7500 Dx
d. Performing Post-run analysis

6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. General Hayne Laboratory Training (infection control, chemical hygiene, etc.)
   b. Experience with PCR methodologies and techniques

B. Infectious Waste Treatment and Management

1. Staffing
   a. Minimum Number of Staff Required: 1
   b. Location: Media, Reagents, and Glassware Section
   c. Supervised by: Support Manager
2. Work Schedule
   a. One Shift (7:30 am to 3:30 pm, M-F)
3. Equipment and Supplies
   a. Autoclaves(2), waste transport cart, bin transport cart, trash bins, autoclave bags, clear plastic bags, autoclave tape, permanent marker, heat resistant gloves, incinerator bins, and disinfectant.
4. Work Capacity
   a. Up to 30 autoclave bags a day
5. Relevant Processes and Duties
   a. Collect infectious waste from testing sections twice a day.
   b. Steam sterilize waste using "waste" autoclaves.
   c. Package and label treated waste in large trash bins.
   d. Dispose of packaged treated waste in the dumpster.
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. General Hayne Laboratory Training (infection control, chemical hygiene, etc.)
   b. Autoclave operations and waste treatment training

C. LIMS Office

1. Staffing
   a. Minimum Number of Staff Required: 1
   b. Location: LIMS Office, Room 116
   c. Supervised by: the LIMS administrator
2. Work Schedule
   a. One Shift (7:30 am to 4:00 pm, M-F)
3. Equipment and Supplies
   a. OpenELIS system
   b. One Laser printer
4. Work Capacity

a. Highly Variable, duties prioritized by urgency and potential impact

5. Relevant Processes and Duties
   a. Modify entry or reporting format as needed to reflect changing testing algorithms
   b. Reports are automatically sent to the OpenELIS Web portal when the testing staff releases the results.
   c. Paper copies are generated at 0300 and 1200 daily.
   d. LIMS Administrators have the capability to push out paper reports at off scheduled times during emergencies.
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. Incomplete

D. Office of Safety and Health

1. Staffing
   a. Minimum Number of Staff Required: 1 Safety Officer
   b. Location: the Office of Health and Safety
   c. Supervised by: the Assistant Laboratory Director
2. Work Schedule
   a. Normal Business hours (8:30 to 5:00, M-F)
   b. Extended hours as needed to perform high priority tasks
   c. On-call for emergencies
3. Equipment and Supplies
   a. Maintains a small back-up stock of different sizes and models of extra half-face respirators, P100 filters, and fit testing supplies.
4. Work Capacity
   a. Highly variable, duties prioritized by urgency and potential impact
5. Relevant Processes and Duties (additional or altered only):
   a. Rapidly conducts agent and method specific risk assessments and provides a mitigation plan as needed.
   b. Rapidly reviews and consults with senior management involving any changes (prior to implementation) of facilities, instrumentation, PPE, work practices, etc. with regard to safety and health.
   c. Facilitates medical monitoring and conducts fit testing for employees needing to enter the respiratory protection program.
   d. Provides safety and situational updates to the staff at meetings and as needed.
   e. Monitors surge activities for safety and regulatory compliance
   f. Assists with ordering and stocking bulk PPE.
   g. When normal PPE supplies are depleted, provides recommendations for safe and effective alternatives.
   h. Provides safety related trainings as needed.
6. Minimum Requirements for Training or Experience for Cross-training Staff

a. ≥ 2 years of experience working at BSL-3 and/or serving as a safety officer
b. General Hayne Laboratory Training
c. Hayne Laboratory BSL-3 Training
d. Shipping Infectious Substances Training

E. Office of Quality Assurance

1. Staffing
   a. Minimum Number of Staff Required: 1
   b. Location: QA Office
   c. Supervised by: Quality Assurance Director
2. Work Schedule
   a. One Shift (8:30 am to 5:00 pm, M-F)
3. Equipment and Supplies
   a. PHL QA Manual
4. Work Capacity
   a. Highly variable, duties prioritized by urgency and potential impact
5. Relevant Processes and Duties
   a. Assists with the validation process, as needed
   b. Assists with ensuring CLIA regulations are being met
   c. Communicate with regional health departments regarding the specimen collection and shipping related issues.
   d. Inform providers if the reporting schedule changed due to the surging volume of specimen requested for seasonal influenza testing
6. Minimum Requirements for Training or Experience for Cross-training Staff
   a. Incomplete

F. Logistic Division

1. Staffing
   a. Minimum Number of Staff Required: 1 Instrument Services/Facilities Management, 2 Supply Mailroom
   b. Location: Various
   c. Supervised by: the Logistics Division Director
2. Work Schedule
   a. One Shift (8:30 am to 5:00 pm, M-F)
3. Equipment and Supplies
   a. Supply Van.
   b. State VISA Card.
   c. Access to Intrument Services/Facilities Management on-site resources.
4. Work Capacity
   a. Highly variable, duties prioritized by urgency and programs needs.

5. Relevant Processes and Duties
    a. Transportation of samples and specimens
    b. Mailing of samples, specimens, and patient test results
    c. Maintain the Hayne laboratory facility
    d. Maintain and repair laboratory instrumentation
    e. Procure laboratory items as needed
    f. Purchase more shipping packages and other accessories
6. Minimum Requirements for Training or Experience for Cross-training Staff
    a. None

G. Administrative Support

1. Staffing
    a. Minimum Number of Staff Required: 1
    b. Location: Hayne building
    c. Supervised by: Laboratory Director
2. Work Schedule
    a. One Shift (8:30 am to 5:00 pm, M-F)
3. Equipment and Supplies
    a. Require desktop computer, fax, printer, and phones
4. Work Capacity
    a. Highly variable, duties prioritized by urgency and programs needs
5. Relevant Processes and Duties
    a. Coordinate in and outgoing communications.
    b. Coordinating the procurement process and resolving pending issues
    c. Expedite purchasing process
    d. Ensure the updated emergency contact list is available
    e. Responsible to report or provide current laboratory testing status to PH Director and other Bureaus
6. Minimum Requirements for Training or Experience for Cross-training Staff
    a. None

II. BSL-3 Pandemic Influenza

A. Sample Receiving and Accessioning

1. Staffing
    a. No changes from BSL-2 Pandemic Influenza
2. Work Schedule
    a. No changes from BSL-2 Pandemic Influenza
3. Equipment and Supplies
    a. Biological Safety Cabinets

4. Work Load
    a. No changes from BSL-2 Pandemic Influenza
5. Relevant Processes and Duties (additional or altered only)
    a. Open shipper secondary containers under a BSC.
6. Minimum Requirements for Cross-training Staff (additional or altered only)
    a. Experience using a BSC at BSL-2 or demonstrated competency with infection control and BSC practices
    b. Participation in the respiratory protection plan (as needed)

B. Open ELIS Demographics Entry

No changes from BSL-2 Pandemic Influenza

C. Sample Testing – Specimen Extraction

1. Staffing
    a. Number of Staff Needed 1-2 laboratory technicians
    b. Location: BSL-3 Special Pathogens Suite
    c. Supervised by: Special Pathogens Supervisor
2. Work Schedule
    a. One Shift (8:30 am to 7:00 pm, M-F) 10 hour shift.
3. Equipment and Supplies
    a. BSL-3 Facilities with biological safety cabinets
4. Work Capacity
    a. Maximum Capacity: 48 sample/10 hours
5. Relevant Processes and Duties
    a. Receive samples at BSL-3
    b. Safety perform sample extractions
    c. Maintain awareness of supply stocks
6. Minimum Requirements for Training or Experience for Cross-training Staff
    a. >1 year experience at BSL-3
    b. Completion of the Select Agent Suitability Assessment
    c. Select Agent Approved (for independent access to the suite)

D. Sample Testing – Master Mix Preparation and Testing Support

1. Staffing
    a. Number of Staff Needed: 1-2 laboratory technicians
    b. Location: BSL-3 Suite
    c. Supervised by: the Special Pathogens Supervisor
2. Work Schedule
    a. One Shift (8:30 am to 7:00 pm, M-F) 10 hour shift.
3. Equipment and Supplies

a. Dead-air cabinet, molecular clean room

7. Work Capacity
   a. Variable, subject to change based on the testing algorithm currently recommended by the CDC
4. Relevant Processes and Duties
   a. Build plate maps for PCR instruments
   b. Make Master Mix
   c. Program 7500 instruments
   d. Load template into plate
   e. Load plate into instrument and start run
   f. Monitor runs
   g. Maintain awareness of supply stocks
   h. Perform Post-run Analysis
   i. Complete Run Documentation
   j. Enter sample results into OpenELIS
7. Minimum Requirements for Training or Experience for Cross-training Staff
   a. >1 year laboratory experience with "clean" molecular techniques or a demonstration of good molecular practices
   b. Completion of the Select Agent Suitability Assessment
   c. Select Agent Approved (for independent access to the suite)

C. Infectious Waste Treatment and Management

1. Staffing
   a. Number of Staff Needed: 1 laboratory technician
   b. Location: BSL-3 Suite
   c. Supervised by: the Special Pathogens Supervisor
2. Work Schedule
   a. One Shift (8:30 am to 7:00 pm, M-F) 10 hour shift.
3. Equipment and Supplies
   a. BSL-3 Autoclave, attest sterility monitor and strips, autoclave pans and trays
4. Work Capacity
   a. Maximum Capacity: 5 autoclave runs per 10 hour shift
5. Relevant Processes and Duties
   a. Gather waste from the BSL-3 suite
   b. Autoclave waste
   c. Conduct sterility monitors
   d. Monitor autoclave runs
   e. Deliver treated waste to the media section
   f. Assist with restocking and inventory control

6. Minimum Requirements for Training or Experience for Cross-training Staff
    a. Autoclave and waste management training
    b. Completion of the Select Agent Suitability Assessment
    c. Select Agent approved (for independent access to the suite)

D. LIMS Office

No changes from pandemic BSL-2 influenza operations

E. Office of Safety and Health

No changes from pandemic BSL-2 influenza operations

F. Office of Quality Assurance

No changes from pandemic BSL-2 influenza operations

G. Logistic Division

No changes from pandemic BSL-2 influenza operations

H. Administrative Support

No changes from pandemic BSL-2 influenza operations

Annex-A, Attachment-5, Tab-G
Facility Scenario Outlines
to Public Health Laboratory Continuity of Operations Plan
to SC Department of Public Health Continuity of Operations Plan

Tab G: Facility Scenario Outlines

Table of Contents

1. Facility: Loss of Power
    a. Effect: unable to work in section / building, loss of ventilation, loss of directional air flow, loss of security system, loss of autoclaves.
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Also see “Media: Loss of Autoclaves”
        ii. Also see “Media: Loss of Refrigerators/Freezer Capacity”
        iii. Also see “Facility: Loss of Vent/Exhaust Fan”
        iv. Also see “Facility: Loss of Directional Airflow”
        v. Also see “Facility: Loss of Boiler”
        vi. Also see “Facility: Loss of Chiller”
        vii. Also see “Safety: Loss of Security”
        viii. Lock down the BSL-3 suite (as needed)
        ix. Protect Assets and Equipment (as needed)
        x. Notify the Department of Administration
        xi. Notify DPH Director of Facilities (Marshal Rock)
        xii. If loss will prevent Critical 1 functions for more than 24 hours, activate COOP.

2. Facility: Loss of Water
    a. Effect: unable to maintain building heat / steam, prepare reagents, autoclaves, wash glassware, wash hands, restroom facilities, BSL-3 operations (showering)
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Also see “Media: Loss of Autoclaves”
        ii. Also see “Facility: Loss of Boiler”
        iii. Also see “Facility: Loss of Chiller”

iv. Discontinue BSL-3 testing (unable to shower out for emergencies)(as needed)
v. Notify the Department of Administration
vi. Notify DPH Director of Facilities (Marshal Rock)
vii. Provide hand washing stations with portable water (as needed)
viii. If loss will prevent Critical 1 functions for more than 24 hours,
    1. Activate COOP.
    2. Arrange for temporary restroom facilities (as needed)
    3. Order bulk water (as needed).

3. Facility: Loss of Chiller
    a. Effects: unable to maintain building temperature / instrument operation
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Notify the Department of Administration
        ii. Monitor temperature and humidity.
        iii. If conditions begin to effect staff comfort/safety or instrument operation,
            1. Relocate tasks internally as possible.
            2. Notify DPH Director of Facilities (Marshal Rock)
            3. If loss will prevent Critical 1 functions for more than 24 hours, activate COOP.

4. Facility: Loss of Boiler
    a. Effects: unable to maintain building temperature / instrument operation, autoclaves
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Also see "Media: Loss of Autoclave"
        ii. Notify the Department of Administration
        iii. Monitor temperature and humidity.
        iv. If conditions begin to effect staff safety or instruments,
            1. Relocate tasks internally as possible.
            2. Notify DPH Director of Facilities (Marshal Rock)
            3. If loss will prevent Critical 1 functions for more than 24 hours, activate COOP.

5. Facility: Loss of Vent/Exhaust Fan
    a. Effect: unable to use instruments, fume hoods, directional air-flow
    b. Potentially effected operations: All testing areas
    c. PHL Plan:
        i. Also see "Facility: Loss of Directional Airflow"
        ii. Notify the Department of Administration
        iii. Notify DPH Director of Facilities (Marshal Rock)
        iv. Discontinue use of fume hoods and BSL-3 testing.
        v. Relocate tasks internally as possible.

vi. If loss will prevent Critical 1 functions for more than 24 hours, activate COOP.

6. Facility: Loss of Directional Airflow
    a. Effect: unable to maintain biocontainment for high risk pathogens
    b. Potentially effected operations: BSL-3 testing and rabies necropsy
    c. PHL Plan:
        i. Notify the Department of Administration
        ii. Relocate tasks internally as possible.
        iii. If loss will prevent Critical 1 functions for more than 24 hours,
            1. Notify DPH Director of Facilities (Marshal Rock)
            2. Activate COOP.

7. Facility: Water Leaks
    a. Effect: damage to instruments / equipment / documents
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Protect Assets and Equipment
        ii. Notify the Department of Administration
        iii. Stop or contain leak if possible.
        iv. Relocate testing internally if possible.
        v. If conditions effect Critical 1 functions for more than 24 hours,
            1. Notify DPH Director of Facilities (Marshal Rock)
            2. Activate COOP

8. Media: Loss of Autoclaves
    a. Effect: unable to prepare sterile media, treat infectious waste
    b. Potentially effected operations: Media, Clinical Testing
    c. PHL Plan (infectious waste treatment):
        i. Utilize spare parts to repair if possible
        ii. Notify the Department of Administration (as needed).
        iii. If the issue is anticipated to remain for 24 hours,
            1. Notify the DPH Director of Facilities (Marshal Rock)
            2. Activate COOP for BSL-3 testing.
            3. Contact SCDPH Infectious Waste Management (waste permit)
            4. Modify Stericycle Contract to handle all waste
            5. Divert BSL-2 waste to Stericycle
    d. PHL Plan (culinary steam autoclaves):
        i. Utilize spare parts to repair if possible
        ii. Notify the Department of Administration (as needed).
        iii. If the issue is anticipated to remain for 24 hours,
            1. Notify the DPH Director of Facilities (Marshal Rock)
            2. Modify blanket purchase orders to purchase internally made media from external vendors.

3. If conditions effect Critical 1 functions for more than 24 hours, activate COOP.

9. Media: Loss of Refrigerator/Freezer Capacity
    a. Effect: unable to store media, reagents, samples
    b. Potentially effected operations: All testing sections
    c. PHL Plan:
        i. Relocate media, reagents, and samples to alternate storage locations in-house if possible.
        ii. Provide temperature storage with cold packs and dry ice where possible.
        iii. Emergency purchase order for new equipment or repair.
        iv. If unable to properly store reagents or samples for Critical 1 functions,
            1. Activate COOP.
            2. Triage and prioritize available cold storage to critical 1 functions.

10. Information Technology: Loss of Server or Network
    a. Effect: unable to transmit test results, access electronic records, shared drives, phone service
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Notify Department of Administration
        ii. Notify the DPH Director of Facilities (Marshal Rock)
        iii. Notify DPH IT
        iv. Utilize alternate means of access (VPN, hotspot, etc) or relocate internally, as possible.
        v. If loss will prevent Critical 1 functions for more than 24 hours, activate COOP.

11. Administration: Staff Unable to Report for Work
    a. Effect: unable to perform critical tasks
    b. Potentially effected operations: All
    c. PHL Plan:
        i. Utilize cross-trained staff where possible.
        ii. If staffing prevents Critical 1 functions for more than 24 hours, activate COOP. Alternate transportation, work-from home capability, etc. can be coordinated through COOP.

12. Safety: Large Chemical Spill
    a. Effect: Unable to perform critical tasks in effected areas
    b. Potentially effected operations: All (more likely basement)
    c. PHL Plan:
        i. Evacuate as needed.
        ii. Provide first-aid (as needed).
        iii. Follow the Hayne Building Hazardous Waste Contingency Plan.

iv. Utilize the Hayne Building Spill Team to assess and remediate spill.
v. Notify HAZMAT (as needed).
vi. If spill will prevent Critical 1 functions for more than 24 hours, activate COOP.

13. Safety: Loss of Highly Pathogenic Agent Containment
    a. Effect: Unable to perform critical tasks in effected areas
    b. Potentially effected operations: All (more likely in BSL-3 areas)
    c. PHL Plan:
        i. Evacuate as needed.
        ii. Provide first-aid (as needed).
        iii. Notify HAZMAT (as needed).
        iv. Utilize the Hayne Building Spill Team to assess and remediate the spill.
        v. If contamination is suspected outside of the BSL-3 or BSL-3 suite,
            1. Activate COOP.
            2. Notify Select Agent (as needed).

14. Safety: Loss of Security
    a. Effect: Unable to secure hazardous or regulated materials
    b. Potentially effected operations: BSL-3 select agent areas, hazardous waste secure storage
    c. PHL Plan (security system):
        i. Lock down the select agent suite (as needed).
        ii. Post staff at the back door.
        iii. Notify the Security System Contractor.
        iv. If the issue is anticipated to remain after 24 hours,
            1. Activate COOP for select agent testing.
            2. Notify the DPH Director of Facilities (Marshal Rock)(as needed)
            3. Notify the Security Guard Contractor.
            4. Modify purchase orders to acquire additional security staff.
    d. PHL Plan (security guard staffing):
        i. Notify the select agent responsible official (RO)
        ii. Post staff at the front door.
        iii. Notify the Security Guard Contractor.
        iv. If the issue is anticipated to remain after 24 hours,
            1. Notify the select agent responsible official
            2. Activate the COOP for the select agent area (as determined by the RO)

    Modify purchase orders to acquire additional security staff.

Annex B
Incident Command
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

DPH responds to incidents using a modified Incident Command System (ICS) consistent with the framework established by the National Incident Management System (NIMS). DPH modifies NIMS nomenclature when the NIMS functions, positions within, and responsibilities are not clearly aligned with DPH's ICS. DPH suspends blue-sky operations and reporting structures when an ICS is activated. However, DPH's ICS mirrors blue-sky structure, authorities, and responsibilities within the agency.

II. Purpose.

This annex outlines the DPH incident command structure and reporting mechanisms that command, control, and maintain situational awareness to ensure delivery of health services to the citizens and visitors of South Carolina in the event of a disaster or threat to public health and wellbeing. The DPH 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 DPH's organizational structure during incident response. The ICS structure is applicable for large-scale response activities when two or more DPH Regions are involved in the response. DPH Regions can also activate ICS when an incident requires detailed coordination and control, and the region responds autonomously.

Agency ICS is activated when any 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) is activated in conjunction with the South Carolina State Emergency Response Team (SERT).
- An incident at the local level 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 respond.
- At the direction of the State Health Officer when issuing a Public Health Emergency impacting the State of South Carolina.
- At the request of a Regional Operations and Community Engagement Director or Medical Officer, after approval of the Agency Director or State Health Officer, in

anticipation of or in response to an emerging public health or medical system risk that requires regional coordination and asset allocation across the region.

IV. Roles and Responsibilities.

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

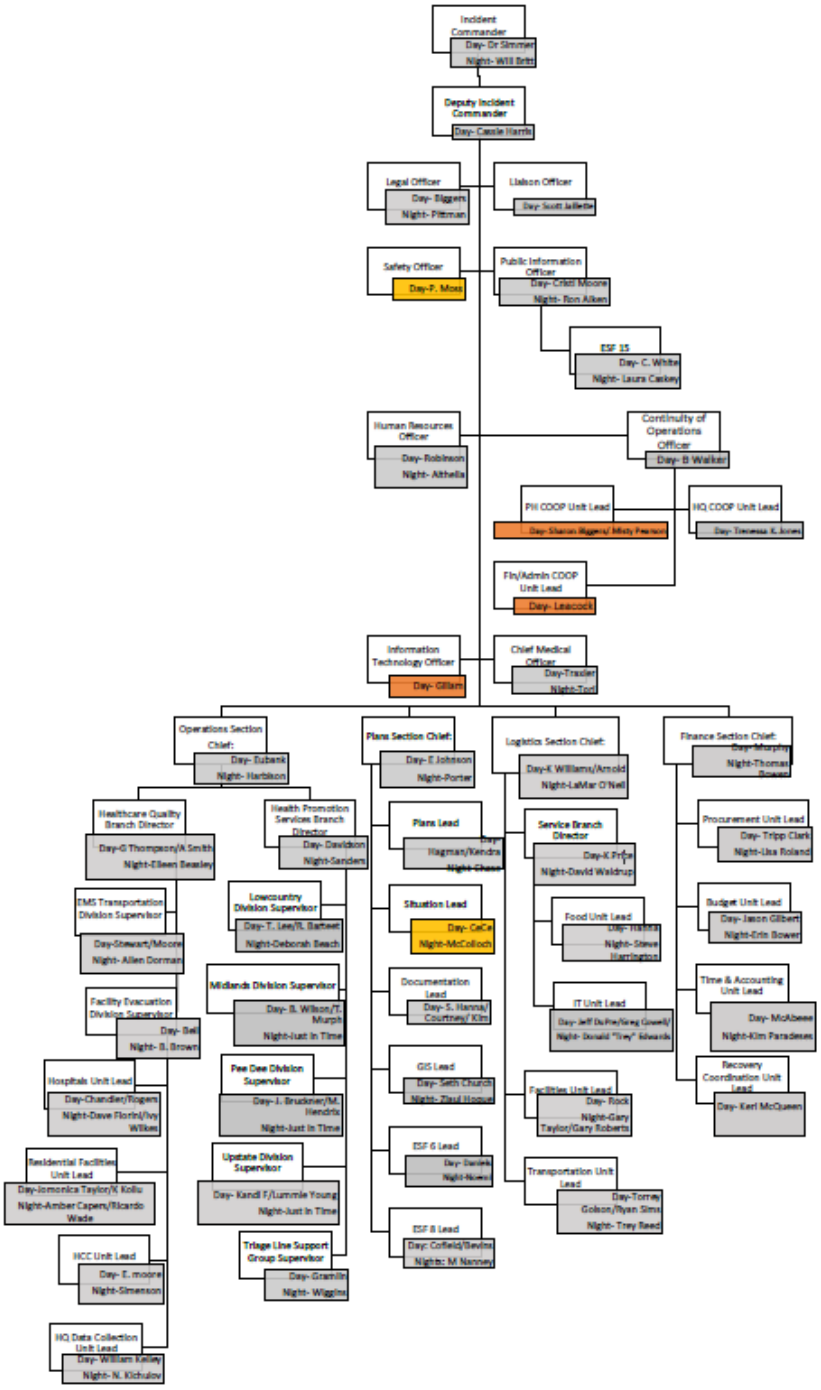
The Command Element comprises the Incident Commander (IC), Deputy Incident Commander (DIC), General Counsel, Public Information Officer (PIO), and Safety Officer. Additional Technical Advisors may be added to the Command Element depending on the nature of the incident response.

Specific responsibilities of each Command Element are:

- Incident Commander- authority to set response objectives, is responsible for outcomes and approves the Incident Action Plan.
- Deputy Incident Commander- Performs specific tasks as requested by the Incident Commander. Perform the incident command function in a relief capacity
- General Council- Provides legal counsel and guidance to the Command and General Staff.
- Safety Officer- Stop and prevent unsafe acts.
- Public Information Officer- Develops accurate, accessible, and timely information to inform the public and news media.
- The General Staff comprises the Operations, Plans, Logistics, and Finance and Administration sections. Chiefs responsible for determining their staffing requirements and establishing priorities lead each General Staff Section. Specific responsibilities of the sections are:
- Operations – responsible for all Department of Public Health incident related activities during the assigned operational period to include monitoring and coordinating pre-event preparations and post-event recovery of health care and residential care facilities.
- Plans Section – prepares the incident response for the next operational period, maintains situational awareness, generates periodic reports, and facilitates Command and General Staff coordination meetings.
- Logistics Section - identifies, coordinates, and procures all needed resources.
- 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.

Annex B
Incident Command
to the SC Department of Public Health Emergency Operations Plan

DPH will establish Branches and Divisions under the various sections when responding to larger, more complex incidents. Below is an example of the DPH ICS Structure for a major incident response.



The DPH ICS framework is flexible and modular, depending on the nature of the incident response.

V. Key DPH ICS Work Centers.

The DPH ICS uses operations centers to command, control, coordinate and report incident related response activities.

The key DPH ICS Structures are:

- Department of Public Health Emergency Operating Center (DPH EOC) – DPH's primary operations center supports operations that maintain situation awareness, support decision-making, detailed staff coordination, coordination of resources, and exchange of information.
- State Emergency Response Team liaisons – DPH sends representatives to the State Emergency Operations Center to represent DPH in ESF-6 Shelters, ESF-8 Health and Medical, and ESF-15 Public Information.

VI. Training

DPH policy A.1101 requires training for staff assigned to the Incident Command. DPH has staff certified to provide ICS training. In addition, SC Emergency Management Division and other State and Federal agencies provide incident response training. See Annex Q Preparedness Training and Exercise; the Training Needs Assessment; and the Workforce Development Plan.

VII. Job Action Sheets

Job Action Sheets for the principal Incident Command positions are attached to this Annex. The Bureau of Emergency Preparedness and Response will assist in developing job action sheets, on a just-in-time basis, for newly created Incident Command positions as required.

VIII. Attachments

- All Positions Expectations JAS
- Continuity of Operations JAS
- D-3256 RCP MNS Coordinator JAS
- D-3260 RCP MNS Triage Leader JAS
- Deputy Planning Section Chief JAS
- Documentation Unit JAS
- ESF- 6 MNS SEOC 2 JAS
- ESF- 8 Health and Medical Liaison Officer SEOC JAS
- ESF- 8 SEOC FNF Quick Start JAS
- ESF- 8 SEOC Liaison JAS
- Facilities Unit JAS
- Fin-Admin Procurement JAS

- Geographic Information System Unit JE JAS
- Geographic Information System Unit JAS
- Healthcare Quality Facilities Coordinator JAS
- HQ Section Chief JAS
- Human Resources Officer JAS
- Incident Commander and Deputy JAS
- Information Technology Officer JAS
- IT Support JAS
- Legal Officer JAS
- Legislative Affairs JAS
- Logistics Section Chief Deputy JAS
- Logistics Section Chief JAS
- PH Section Chief JAS
- Public Information Officer JAS
- RCP Director JAS.pdf
- Recovery Unit Leader JAS
- Safety Officer JAS
- Service Branch JAS
- Situation Unit Leader JAS JAS
- Transportation Branch JAS
- DPH EOC PH Region Support Role in the DPH EOC JAS

Annex C
Department of Public Health Emergency Operations Procedures
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

DPH responds to incidents and events by activating the Incident Command System (ICS), through which a DPH Incident Management Team (IMT) provides command and control for the response. The agency-wide response unit operates out of the Department of Public Health Emergency Operating Center (DPH EOC), which functions as an Emergency Operations Center (EOC) or an Incident Command Post (ICP), depending on the nature of the response. The DPH EOC is at 20 Hinton St, State Park, SC 29147 and, when activated, is operated by DPH personnel assigned to Command and General Staff roles in the IMT. Depending on the type of event, IMT staff may work in other locations supporting DPH EOC operations. Reference Annex B for more agency-specific plans regarding ICS.

II. Purpose.

This document outlines DPH EOC activation procedures and structures to facilitate service delivery and ensure a coordinated response.

III. Scope and Applicability.

Annex C will focus on procedures to activate the agency-wide IMT and the DPH EOC during qualifying incidents. Incidents requiring resources exceeding a Region's capabilities may require activation of the DPH EOC. DPH Regions activate Regional Command Posts (RCPs) when an incident requires detailed coordination and control and can be managed with regional resources.

IV. Goals and Objectives.

Facilitate efficient, effective, and timely response functions through codified activation procedures.

V. Facts and Assumptions.

Facts and assumptions influencing the content of this annex are:

- The DPH Emergency Operations Plan (EOP), DPH EOC, and agency-wide IMT are activating due to a qualifying incident or event.
- Incidents or events may impact a single geographic area or the entire state.
- An activation may be anticipatory (e.g., upon notification that a hurricane potentially threatens the State during the next week) or without notice (e.g., in response to an earthquake or other unpredictable event).
- DPH EOC will operate out of 20 Hinton St, State Park, SC 29147.

VI. Organizational Structure.

The organizational structure used in a DPH agency-wide IMT and DPH EOC activation is in the EOP base plan and Annex B.

VII. Concept of Operations.

Activation

Any condition or situation that would warrant an emergency response by DPH as outlined in the EOP base plan within any annex of the EOP, or Attachment 1 to this annex, can trigger activation of the agency-wide IMT and DPH EOC. The DPH EOP may be implemented alone or in conjunction with the State Emergency Operations Plan (SCEOP). South Carolina Emergency Management Division (SCEMD) will notify BEPR of a State Emergency Operations Center (SEOC) activation directly or through the State Warning Point outlined in Annex E to this EOP. The DPH EOC will be activated by one of the following personnel when an activation trigger is received:

- the Director of the Agency
    - or Designee
- the Director of Public Health
- the Director of the Bureau of Emergency Preparedness and Response (BEPR)
- the Deputy Director of BEPR

Notification

The activating official, or designee, will determine the IMT positions required to respond to the specific incident. Upon the activator's order or notification of SEOC activation, the activating official will notify IMT-selected staff. During regular work hours, staff will be notified directly by the activating official. Outside regular work hours, the activating official will notify a BEPR staff member with ReadyOp administrative rights to notify BEPR and other required IMT staff.

The activating official, or designee, will communicate with DPH staff to:

- Inform IMT staff of their assignment.
- Assemble IMT staff in the designated EOC.
- Begin the response phase.

VIII. Assignment of Responsibilities.

PREPARE **DPH EOC and/ or SEOC activation imminent**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**

☐ Determine which IMT positions are required for the specific incident and notify assigned staff. ☐ Communicate with Regions to discuss activation of RCPs. ☐ In consultation with State Emergency Operations Center (SEOC), if activated, and Section chiefs, determine an estimate of the projected duration of disaster response activities for purposes of projecting future staff and resource needs. ☐ Designate DPH EOC or an alternate location as the Agency EOC. ☐ Assess the situation and initial DPH Response.	**Lead:** Activating Official **Supporting:** BEPR and other section areas as requested
RESPOND **DPH EOC and/ or SEOC activation.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	
☐ Assemble IMT staff. ☐ Establish communications among DPH EOC staff and with SEOC, RCP, and other participating agencies.	**Lead:** Activating Official **Supporting:** Section Chiefs
☐ The first BEPR staff member to arrive in the DPH EOC becomes the Lead Hand until relieved. ☐ Until relieved, the Lead Hand assigns individuals as they arrive to critical tasks, with due consideration of the priorities and the individuals' routine assignments, if any.	**Lead:** Lead Hand **Supporting:** N/A

IX. Attachments

Attachment 1: Alert and Activation

Attachment 1: Alert and Activation

Calls alerting BEPR to an event may come from the following sources:

- Centers for Disease Control and Prevention (CDC)
- Department of Health and Human Services Assistant Secretary for Preparedness and Response (DHHS ASPR)
- SCEMD
- EA Central Office Duty Officer (CODO)
- DPH Public Health Laboratory (PHL)
- Dam Safety and Storm Water Permitting Division – Duty Officer
- Health Care Facilities Emergency Response – Duty Officer
- Communications
- ADE On-Call
- Medical Facilities
- Healthcare Coalitions
- Local authorities
- State Warning Point
- Regional DPH Offices

The types of events that may trigger an alert include, but are not limited to:

- A CBRNE event affecting the surrounding area of a hospital, nursing home or other licensed facility.
- A fire, explosion or effect from a storm causing a licensed facility to evacuate or which threatens a facility.
- A natural event (flood, tornado, earthquake) that has the potential to affect the health of the population or the status of a medical facility.
- A water contamination issue
- AgWatch detection
- Reportable disease/condition
- Any mass casualty/fatality event
- Active Shooter event
- Mass Transportation incident

Annex D
Incident Action Plans and Reports
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

The Department of Public Health (DPH) responds to incidents and events by activating the Incident Command System (ICS), through which a DPH Incident Management Team (IMT) provides command and control for the response. DPH's ICS deploys numerous reporting mechanisms to ensure appropriate information dissemination, the efficiency of response, and situational awareness. The types of reports generated will vary on the magnitude and type of the incident.

II. Purpose.

This document outlines report functions and templates used during a DPH activation to facilitate service delivery and ensure a coordinated response.

III. Scope & Applicability.

Annex D will focus on the reports generated by the DPH EOC during an activation. For localized or regional events, the local Incident Commander (IC) will determine reporting requirements for their IMT.

IV. Goals and Objectives

- Ensure timely, accurate information is available throughout an emergency response.
- Inform all stakeholders of the key events during a response.
- Provide the information necessary for decision-makers to act by establishing the Essential Elements of Information (EEI) for the event.
- Standardize reports to increase response efficiency.

V. Facts and Assumptions.

Facts and assumptions influencing the content of this Annex are:

- The DPH Emergency Operations Plan (EOP), ICS, and IMT are activated.

- Information to be reported will depend on the specific incident, the needs of the agency Director and the Incident Commander.
- Specifics of an incident may require alterations to the templated reports.
- Incidents may impact a single geographic area or the entire state.

VI. Concept of Operations.

The type and frequency of reports produced vary based on the magnitude of the incident. If the whole agency is activated, the DPH EOC will produce various reports including but not limited to an Incident Action Plan (IAP).

Per the DPH EOP, a Regional Command Post (RCP) can activate independently and be the sole response entity of the agency. In that case, regional response personnel would produce reports as determined by the local IC.

Incident Action Plan

The IAP is a forward-looking planning tool that documents response goals, objectives, and strategies established by incident leadership, including the Incident Commander or the Policy Group. The IAP is a key component of emergency operation at any level of response and is a principal task of the Plans Section. The IAP tracks tasks, personnel, provides a snapshot in time, and outlines the chain of command. The Incident Action Plan is how the IC's goals, tactical objectives, and strategies are defined, codified, centralized, and disseminated to the appropriate stakeholders. Incident leadership identifies these features in meetings like the Command and General Staff Meeting, Operations Briefing, Tactical Briefing, and Planning Meeting. These meetings are part of the planning P, an emergency management tool that notates the IAP development process.

The IAP is comprised of numerous ICS forms informed by the sections involved in the incident activation, which yield a comprehensive view of the IMT response functions. While the specific sections in the IAP may vary, it frequently includes the following:

Incident Briefing (Form 201), Incident Objectives (Form 202), Organization Assignment List (Form 203), Assignment List (Form 204), Communication Plan

(Form 205), Organization Chart (Form 207), Safety Plan (Form 208), and the Operational Planning Worksheet (Form 215).

For a more comprehensive list of ICS Forms and their unit assignments, please see the ICS Forms attachment. When the desired IAP forms are selected, the Planning Section distributes them to the assigned unit, branch, or section leads for completion within the operational period. The Planning Section gathers, vets, and packages the completed forms into the IAP. The Plans Chief approves and disseminates the report.

As all incidents evolve with time, it is necessary to establish a publishing cadence for the IAP. Publishing cadencies often align with the operational period. Early in the response, the cadence of IAP generation can be every 24 hours, while during prolonged and complex responses, the cadence might be every two weeks. This facilitates up-to-date information sharing for those involved in the incident response.

Situation Report

The Situation Report (SitRep) is currently captured as a subcomponent of the IAP under Form 201. The Agency Sitrep documents progress toward the IAP response goals and provides a retrospective view of the current operational period. The SitRep is a key component of any emergency operation at any level of response and is a principal task of the Plans Chief. The SitRep consolidates response information to facilitate information exchange with stakeholders. The Incident Commander or policy group identifies EEIs and report components, the Planning Section requests the necessary information from the appropriate unit, branch, and section leads. The Planning Section receives and reviews the information for quality assurance. The Plans Chief approves and disseminates the report.

VII. Organizational Structure.

The DPH ICS structure is described in the DPH EOP, Annex B.

VIII. Assignment of Responsibilities.

The Plans Section generates the IAP during a DPH IMT response. These products are generated by activated response sections who are responsible for reporting out. DPH does not generate an IAP or similar reports during normal operations.

RESPOND. ICS is Activated	
Report Generation	
Actions:	**Responsibility**
☐ Identify Essential Elements of Information ☐ Specify elements to be included in IAP	**Lead:** Agency Director **Supporting:** Incident Commander
☐ Specify Operational Period ☐ Specify schedule for Reports	**Lead:** Incident Commander
☐ Generate an Incident Action Plan (IAP) • Follow established reporting cadence • Consult with the appropriate ICS section leads to update the section specific IAP form • Verify information is accurate and appropriate • Collect section lead's signature • Capture the updates and disseminate to stakeholders before the next operational period • Identify recipients of the generated report ☐ Generate other ad hoc reports as required ☐ Facilitate Command and General Staff Meeting ☐ Facilitate Planning Meeting ☐ Establish operational rhythm if not established by the Incident Commander	**Lead:** Plans Section **Supporting:** All remaining ICS unit, branch, sections, or designated leads

☐ Facilitate Tactics Meeting ☐ Facilitate Operations Briefing ☐ Submit updates to Planning Section as necessary for report generation	**Lead:** Ops Section **Supporting:** Plans Chief, Logs Chief, and CGS as Required

IX. Data Collection, Analysis, and Dissemination.

The information needed to populate the IAP originates from an ICS unit, branch, or section and requires extensive coordination to validate and gather. As each report has its own requirements and needs, the appropriate ICS section will send the specific information to the Planning Section. Based on the determined cadence, the Plans Chief allocates appropriate time for document codification. The ICS Planning Section, as the lead coordinator of report generation, will take careful consideration to ensure content quality, reporting cadence and that the distribution network is up to date.

X. Tabs.

The below tabs are generated reports and ICS forms used during a response. The following documents are available upon request:

1. Incident Action Plan
2. Operational Planning P
3. ICS Forms List

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. DPH 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 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
Healthcare Quality	- Bureau of Drug Control – After hours Enforcement - Health Care Facilities Emergency Response – Duty Officer
Public Health	- Bureau of Emergency Preparedness and Response– Duty Officer - Bureau of Communicable Disease Prevention & Control: Acute Disease Epidemiology; Tuberculosis Control – On Call

III. Duty Officer Procedures

Specific duty officer procedures for each functional area can be found in the listed documents, maintained separately to ensure currency. Contact the functional area for copies.

1. Communications & Public Affairs
2: Bureau of Drug Control – After hours Enforcement
6: Healthcare Quality Facilities Emergency Response – Duty Officer
7: Bureau of Emergency Preparedness and Response– Duty Officer (contact the Director, BEPR*)
8: Bureau of Communicable Disease Prevention & Control/Acute Disease Epidemiology/Tuberculosis Control – On Call

*The current version of the BEPR Duty Officer SOP is available upon request

I. Introduction.

DPH 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	
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

Federal PHEP and HPP Grant Guidelines	
	- 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

Federal PHEP and HPP Grant Guidelines	
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

Federal PHEP and HPP Grant Guidelines	
	- 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
Critical Infrastructure – Public Health	- Implement Public Health and Healthcare System Critical Infrastructure plan

Federal PHEP and HPP Grant Guidelines	
	- 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

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

South Carolina Emergency Operations Plan and Supporting Plans	
	- 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

South Carolina Emergency Operations Plan and Supporting Plans	

	- 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

South Carolina Emergency Operations Plan and Supporting Plans	
	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

DPH Responsibilities per SC EOP and Supporting Plans	
DPH	**Tasks**
DPH 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 DPH, may order licensed healthcare facilities (e.g. – hospitals, nursing homes, residential care facilities, etc.) to evacuate - The Facility Administrators may submit a request through DPH to the Governor for an exception to the Order for their facility
DPH Agency Wide	- Identify, train, and assign DPH 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

DPH Responsibilities per SC EOP and Supporting Plans	
Bureau of Emergency Preparedness and Response	- 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 DPH - Coordinate and direct the activation and deployment of DPH and volunteer health/medical personnel, and DPH 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 - 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

DPH Responsibilities per SC EOP and Supporting Plans	
	Public Health Emergency Plan Committee
Immunization/ Nursing	- Develop plans for, and coordinate the provision of immunizations, including emergency immunizations
Regional Operations and Community Engagement	- 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
General Counsel	- Advise the Director of the Agency and the Director of the Bureau of Emergency Preparedness and Response 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

DPH Responsibilities per SC EOP and Supporting Plans	
	- Advise and assist appropriate staff regarding implementation of isolation and quarantine procedures, as appropriate
Public Health Reserve Corps	- Under the guidance of DPH 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

DPH Responsibilities per SC EOP and Supporting Plans	
	- 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

DPH Responsibilities per SC EOP and Supporting Plans	
	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

DPH Responsibilities per SC EOP and Supporting Plans	
	- 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

DPH Responsibilities per SC EOP and Supporting Plans	
	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
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)
Preparedness Activities	- 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, DPH, 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 - 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

DPH Responsibilities per SC EOP and Supporting Plans	
	- Participate at least annually in State exercises and/or conduct an exercise to validate this Annex and supporting SOPs
Response Operations	- Coordinate all response-specific efforts with the Incident Command, and provide information to the SEOC for coordination of all other State efforts as appropriate - 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 o Probable direction and time of travel of the materials o Potential impact on human health, welfare and safety o Types, availability, and location of response resources o Technical support, and cleanup services o Priorities for protecting human health and welfare - 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

DPH Responsibilities per SC EOP and Supporting Plans	
	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 - 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-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

DPH Responsibilities per SC EOP and Supporting Plans	
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 DPH in coordinating the opening and closing of MNS to include, if necessary, coordinating regional support

DPH Responsibilities per SC EOP and Supporting Plans	
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 DPH, 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 DPH's Agency Coordination Center, local DPH Preparedness staff, and county emergency management - Local-level coordination will occur between local DPH 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 DPH's Agency Coordination Center (ACC)

Annex G
Inter-Jurisdiction Coordination and Liaison
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

Jurisdictional boundaries do not cleanly define the impacts of disasters. As a result, events may impact people across states, federal entities, and sovereign tribal jurisdictions. Ensuring that affected populations are served often necessitates communication, coordination, and planning between jurisdictions. DPH, like many large governmental organizations, has multiple programmatic areas that use various channels to coordinate across jurisdictions in everyday work. However, when the DPH Incident Management Team (IMT) is activated, streamlined incident-related inter-jurisdiction communications become necessary.

II. Purpose.

This annex describes the jurisdictions that DPH frequently coordinates with, points of entry into the agency for other jurisdictions, mechanisms to facilitate communication, and processes to request support. For more information about how emergency response occurs between partners within the state, please reference the SCEOP.

III. Scope & Applicability.

While coordination with entities identified in this plan occur during normal operations, this plan focuses on coordination during events that trigger the activation of DPH's EOP. This plan focuses on the inter-jurisdictional relationships and processes used to utilize those relationships. DPH has jurisdiction in the State of South Carolina. Coordination between jurisdictions within DPH's jurisdiction (i.e., county to county) or State- Federal coordination has not been included. For more information about Mutual aid, reference Annex O to the DPH EOP. For more information about the relationships for response partners within South Carolina, see the SCEOP.

IV. Goals and Objectives.

- Ensure fluid communication and coordination with response partners who are not within the jurisdiction of South Carolina.
- Collaborate across jurisdictional lines to manage resources efficiently.

V. Facts and Assumptions.

This plan assumes that the SCEOP and DPH EOP are activated.

- SCEMD is the lead coordinating entity for the event. Types of inter-jurisdictional coordination may look different for a federally managed coordination.
- There has not been an inter-jurisdictional task force established to manage the incident.
- DPH or an entity in another jurisdiction has been impacted by an event that requires coordination of information or resources.

VI. Concept of Operations.

DPH uses a variety of methods to coordinate with inter-jurisdictional partners. When the EOP is activated, DPH streamlines this communication through its Incident Management Team (IMT).

Liaison Officers (LNO) may be assigned to work within DPH's EOCs. LNOs often assist with reporting and ensure that communications about resources and situational awareness are clearly and quickly communicated. DPH frequently coordinates with several inter-jurisdictional partners during responses. Those partners are listed below:

Adjacent States

South Carolina is bordered by the States of North Carolina and Georgia. Coordination between DPH and its counterparts occurs regularly during blue sky conditions on an ad hoc basis during interstate meetings of organizations such as the Association of State and Territorial Health Officials, by way of example and not of limitation. These organizations may offer incident-related workgroups to increase communication flow during events. States may also utilize federal LNOs from Health and Human Services (HHS) and the Administration of Strategic Preparedness and Response (ASPR) to gather situational information about neighboring states. The ASPR Region IV Regional Emergency Coordinator (REC) is the federal ESF-8 LNO deployed to South Carolina and other RIV states (see Figure 1, FEMA Region IV States) to facilitate federal resource support and streamline communications between RIV states and the federal government.

As mentioned above, inter-jurisdiction planning and coordination occur during blue skies. The Region IV Unified Planning Coalition (UPC) consists of partners from:

- State of South Carolina
- State of Alabama
- State of Mississippi
- State of Florida
- State of North Carolina
- State of Georgia
- State of Tennessee
- State of Kentucky
- Health and Human Services
    - ASPR

Figure 1, FEMA Region IV States.

Members of RIV UPC exchange lessons learned and express concerns and challenges when planning for public health emergencies. The UPC's strong working relationship carried on into the COVID-19 pandemic. UPC members communicated weekly on COVID-19 conference calls to foster information exchange during medical supply shortages caused by the COVID-19 pandemic.

Military Bases

The Department of Defense (DoD) is responsible for responses within the boundaries of all military installations. DPH may provide additional resources to DoD staff to support emergency response operations as requested. ESF-19 (Military Support) will coordinate support efforts per SCEOP.

The following military bases are located in South Carolina:

- Joint Base Charleston AF
  North Charleston, SC
- Shaw Air Force Base
  Sumter, SC
- Fort Jackson Army Base
  Columbia, SC
- Marine Corps Air Station
  Beaufort, SC
- Marine Corps Recruit Depot
  Parris Island, Port Royal, SC
- Naval Hospital Charleston
  North Charleston, SC
- NWS Charleston Navy Base
  Goose Creek, SC
- McEntire JNGB
  Hopkins, SC

Tribal Entities

According to 2019 population estimates, more than 25,000 Native Americans live in South Carolina, encompassing a number of federally and state-recognized tribes and other non-recognized groups.[1] The Catawba Indian Nation is a federally recognized

[1] U.S. Census Bureau. "Quick Facts – South Carolina." https://www.census.gov/quickfacts/SC. Accessed on May 4, 2021.

tribe in South Carolina,[2] which means that they "have a special, legal relationship with the United States government. This relationship is a government-to-government relationship...wherein no decisions about their lands and people are made without their consent." [3] They are recognized as possessing certain inherent rights of self-government (i.e., tribal sovereignty).[4] Tribal self-determination is the foundation for Native American policy in the U.S. Similar to other nations and sovereign governments, Tribes promote their tribal economies, build governmental infrastructures, provide law and order, manage tribal natural and cultural resources, meet the healthcare and educational needs of their members, and perform other governmental functions.[5] These government-to-government relationships must be honored when planning and implementing public health measures. State recognition of tribes also acknowledges the right of tribes to govern themselves. South Carolina has nine state-recognized tribes:[6]

- Beaver Creek Indians
- Edisto Natchez Kusso Tribe of South Carolina
- Pee Dee Indian Nation of Upper South Carolina
- Pee Dee Indian Tribe of South Carolina
- Piedmont American Indian Association
- Santee Indian Organization
- Sumter Tribe of Cheraw Indians
- The Waccamaw Indian People
- Wassamasaw Tribe of Varnertown Indians

In addition to federally- and state-recognized tribes, there are seven state-recognized groups and special interest organizations in South Carolina:

- American Indian Chamber of Commerce South Carolina
- Chaloklowa Chickasaw Indian People
- Eastern Cherokee, Southern Iroquois and United Tribes of South Carolina
- Little Horse Creek American Indian Cultural Center
- Natchez Tribe of South Carolina
- Pee Dee Indian Nation of Beaver Creek
- Pine Hill Indian Community Development Initiative

[2] South Carolina Commission for Minority Affairs. "South Carolina's Recognized Native American Indian Entities." https://cma.sc.gov/minority-population-initiatives/native-american-affairs/south-carolinas-recognized-native-american-indian-entities. Accessed on May 4, 2021.
[3] South Carolina Information Highway (SCIWAY). "Glossary – Indians, Native Americans." https://www.sciway.net/hist/indians/terms.html. Accessed on May 4, 2021.
[4] Bureau of Indian Affairs. "Frequently Asked Questions." https://www.bia.gov/frequently-asked-questions. Accessed on May 4, 2021.
[5] Geoffrey D. Strommer & Stephen D. Osborne. "The History, Status, and Future of Tribal Self-Governance Under the Indian Self-Determination and Education Assistance Act," 39 Am. Indian L. Rev. 1 (2014), http://digitalcommons.law.ou.edu/ailr/vol39/iss1/1
[6] Bureau of Indian Affairs. "Frequently Asked Questions." https://www.bia.gov/frequently-asked-questions. Accessed on May 4, 2021.

Many Native Americans have difficulty accessing healthcare services in the private sector due to higher uninsured and poverty rates. For Native Americans between 18 and 64 years of age, 32.9% are without health insurance coverage.[7] Many instead use the Indian Health Service (IHS), but due to limitations and underfunding of the IHS, Native Americans face disproportionate barriers to accessing health care.[8] In South Carolina, there is only one IHS location, in Rock Hill, SC which is only available to the Catawba Indian Nation.[9]

The State, through the SC Commission of Minority Affairs (SCCMA), will coordinate with tribal government leaders and the Native American communities they serve to inform them of opportunities to receive services.

The outreach strategy will include diverse information dissemination strategies with tailored messaging to the Native American communities. Key information dissemination methods include, but are not limited to, the following:

- Coordinating with and communicating through established tribal leaders and governments.
- Disseminating educational messages, vaccination site schedules, locations, and details regarding whom to contact for additional information and/or assistance.
- Providing a list of resources to tribal governments.

When tribal governments need additional resources, they can submit resource requests to DPH through Palmetto EOC. Commission for Minority Affairs may also submit the Palmetto request on behalf of the tribal government. Per the SCEOP, the Catawba Indian Nation, by agreement with local officials, will coordinate requests for emergency support, emergency planning assistance, or training through York County Emergency Management (resident county).

[7] Centers for Disease Control and Prevention (CDC). "Health of American Indian or Alaska Native Population." https://www.cdc.gov/nchs/fastats/american-indian-health.htm. Accessed on May 4, 2021.
[8] Kaiser Family Foundation (KFF). "COVID-19 Vaccination among American Indian and Alaska Native People." https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-vaccination-american-indian-alaska-native-people/. Accessed on May 4, 2021.
[9] Indian Health Service. "Find Health Care." https://www.ihs.gov/findhealthcare/. Accessed on May 4, 2021.

VII. Assignment of Responsibilities.

PREPARE **ICS is not activated.**	
BUREAU OF EMERGENCY PREPARDNESS AND RESPONSE	
Actions:	**Responsibility**
☐ Participate in Region IV UPC meetings. ☐ Attend RIV Medical Countermeasures (MCM) and All 62 MCM coordination meetings. ☐ Send representatives to the annual Preparedness Summit per PHEP guidelines. ☐ Pre-assign workstations for federal LNOs (HHS RIV REC).	**Lead:** BEPR **Supporting:** All
RESPOND **ICS and/ or SEOC may be activated.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Maintain situational awareness and disseminate incident-related information. ☐ Communicate potential resource needs to federal LNOs. ☐ Execute mutual aid agreements as needed. ☐ Continue information exchange throughout the response and recovery phases.	**Lead:** DPH IMT **Supporting:**
☐ In coordination with federal LNOs, attend RIV disaster coordination calls. Plans Chief to brief out SC-specific information (unmet needs, EOC ops rhythm, etc.)	**Lead:** DPH IMT – Plans Chief **Supporting:** DPH IMT

Annex H
External Communications and Public Information
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

The South Carolina Department of Public Health (DPH) is responsible for providing information to the public and news media about current services and public health concerns. During an emergency response, there is a significant increase in information that needs to be coordinated with partners and communicated.

II. Purpose.

This Annex describes DPH's Agency-wide communications plan and strategies. The major communications activities during an incident include determining and disseminating key messages and materials, responding to media inquiries, staffing, providing information for partners, assessing media coverage of the event, and communicating with vulnerable populations.

III. Scope.

The focus of this Annex is on the systems, tools, and methods used to communicate with external stakeholders during a disaster. Many of the communication strategies and processes described in this Annex are applicable when the Agency is operating at normal operations (OPCON 3), enhanced operations and level of awareness (OPCON 2), or full alert and response (OPCON 1). For more information on DPH's internal communications systems and processes, please see the Annex M Internal Communications Support.

IV. Goals and Objectives.

The Department of Public Health strives to ensure that every person in a community has and understands the information needed to prepare for, cope with, and recover from public health emergencies and disasters.

V. Facts and Assumptions.

- An event has occurred that requires the activation of DPH's EOP.
- The initial response to an incident could require staff from DPH's Communications and Public Affairs, including Media Relations and Public Outreach, to be available to travel to the scene to coordinate local public information efforts at the State Emergency Operations Center in the event of a more significant response, or both.
- Should the Governor declare a State of Emergency, all public information efforts will be directed through the Emergency Management Division (EMD) through a Joint Information Center (JIC), including representatives of DPH. Local, state,

and federal resources also will be utilized as a part of the response effort through the JIC.

VI. Concept of Operations.

The Office of Media Relations is responsible for communicating with the public during normal operations and when the DPH EOP and the Department of Public Health Emergency Operations Center (DPH EOC) are activated. Communications with the public happen in several ways, including but not limited to the information posted and updated on DPH's website, press releases, media campaigns, social media, and responses to inquiries.

During an emergency when the DPH EOP is activated, communication with the public and specific stakeholders is delivered by the Public Information Officer (PIO) assigned to the incident (see DPH EOP Annex B: Incident Command for more details on the Agency's incident command structure). In large-scale events that require an additional agency, or agencies, outside of DPH to respond, Emergency Support Function 15 (ESF 15) will establish a JIC. DPH acts as a supporting agency for the mission of ESF 15.

In addition to the joint messages published by SCEMD, ESF-15, and the JIC, DPH publishes its own public messages throughout an event. These messages are coordinated through the JIC to ensure accurate, timely, and consistent messaging to the public. During an event, DPH communicates with the public through regular webpage updates, which usually occur on a webpage designated to the event, social media posts, press releases, and through participation in the Governor's Press Conferences.

Major activities in the response stage will include:

- Writing and disseminating materials utilizing key messages to the public and media. This task could be exceptionally challenging and require scaling up the agency's joint information response if the incident results in a breakdown of community resources, including phone service and electricity. In this case, DPH staff will likely participate in the JIC operated through ESF-15 at the State Emergency Operations Center (SEOC).
- Coordination of trained communications staff available to the JIC and other sites, as directed.
- Providing accurate and timely information to staff, partner organizations, healthcare providers, and government leaders.
- Assessment of news media coverage and social media trends to determine the effectiveness of materials and messages.
- Communications with vulnerable populations.

Determination and Dissemination of Key Messages and Materials

Annex H
External Communications and Public Information
to the SC Department of Public Health Emergency Operations Plan

DPH's Communications and Public Affairs staff will strive to provide materials at every opportunity. Media Relations staff will ensure critical messages are used in materials and by spokespersons in Central Office and the regions.

Numerous written materials have been prepared and will be available to the DPH regional preparedness coordinators, county health departments, and other sites around the state to ensure public and news media knowledge about the event and response. These materials should be available to the public and media through the website https://dph.sc.gov/, distribution, training sessions, and community presentations by DPH-trained risk communicators.

Key and Supporting Messages

Key and supporting messages ensure consistency of information to the public. The key and supporting messages could include:

- We understand that this situation can be confusing and alarming.
- We will do everything we can to help you get the information you need to make reasonable decisions to protect yourself and your family.
- Here is what we know/don't know about the situation: (Offer verified, factual information only, including the "who, what, when, where, and why" as available. Provide information as learned; do not wait to have *all* of the information.)
- DPH is assisting local authorities in the response to this incident.
    - Our role is to provide technical assistance to local responders.
    - We have equipment and expertise not readily available to local authorities.
    - Our mission is to protect the public health.
- DPH wants you to know what is happening.
    - Information is available from DPH, CDC and other respected health protection organizations.
    - The more you know, the better you can protect yourself and loved ones.
    - As we learn more about this incident, we will share that information.
- The state's public health system responds in a unified, prompt, and collaborative way.
    - We are working as part of a team to protect the public.
- We will provide services in a caring, supportive, professional manner.
- DPH staff will continue to work to help resolve the situation until the threat no longer exists.

DPH will disseminate news releases, media advisories, and other communications to the media and other entities on the agency distribution list maintained by Media Relations. (Distribution list available upon request directed at Media Relations).

Staffing

The Media Relations staff will coordinate JIC and other site staffing needs within the division, regions, the state Emergency Management Division and Governor's Office.

Additional DPH staff, including regional trained spokespersons and other designated messengers, will provide staffing to the JIC and other sites on an as-needed basis.

To ensure consistency of necessary public health information provided to the media and the public, DPH-trained public information staff shall be available for staffing operations at the JIC (if established) and other locations involved in response to a critical incident situation. To accomplish this, identified Communications and Public Affairs staff will be available on-call to respond to requests for assistance from DPH emergency response and public health preparedness units.

For consistency with other DPH emergency response units, Media Relations on-call staff shall contact the Chief Communications Officer (CCO) immediately upon the report of a potential critical incident situation. The CCO shall then designate the office's initial responder to the incident. In the absence of the CCO, the assignment of staff, including the designation of a DPH rector. However, such decisions will be made in conjunction with the CCO, if available.

DPH's program and regional directors will provide designated spokespersons and other administrative support as needed to assist in the public information effort at the incident site, JIC within the State Emergency Operations Center (SEOC), and at other locations, including clinic sites. Spokespersons will have completed media training provided by DPH's Media Relations staff.

Coordination with the Governor's press office and public information staff for the state Emergency Management Division will be crucial to determining staffing needs on an extended 24-hour basis. Shifts will cover 24-hour news cycles.

Should the incident require the imposition of shifts, DPH public information staff shall work 12-hour shifts from 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m., with the oncoming shift to arrive one-half hour early for a briefing by the off-going shift. Leadership may adjust hours to coincide with other response personnel at the site and other locations.

DPH public information staff will assist in all functions of the JIC and forward locations, along with providing information to the senior staff and DPH's Emergency Operations Center (DPH EOC), if activated.

Information for Partner Audiences

DPH's Media Relations and Public Outreach staff will coordinate the provision of information to other agency units that can be called upon to assist in getting updated information to these partner audiences.

The ability to communicate effectively with agency partners is vital in a response. Staff must remain in close contact with health care providers, hospitals, special needs providers, local governments, clergy, community leaders, local and state legislative leaders, and others to provide timely, updated information to help them understand the agency's response and activities, as well as enlisting their support.

Assessment of Coverage

Agency public information staff will compile the information and report it to the CCO. An evaluation of the use of materials by the public, partners, and news media coverage, as well as social media trends of DPH activities, will be performed to determine the effectiveness of key messages and materials. This assessment, through monitoring of news media coverage and conversations with the public and partners, will help direct actions to provide the most useful information to the public, partners, and news media in a timely manner.

Communications to Vulnerable Populations

Vulnerabilities are the characteristics of a person or group and their situations that influence their capacity to anticipate, cope with, resist, and recover from the impact of an emergency. These groups may also have needs not fully addressed by traditional service providers or feel they cannot comfortably or safely access and use the standard resources offered in public health preparedness or emergency relief and recovery. They include, but are not limited to, those who have a physical (mobility limitations, deaf/hard of hearing, blind/visually impaired), mental/cognitive disability, limited English proficiency (LEP), are isolated (geographically, socially), dependent on medication or electricity, homeless/displaced, frail/elderly, pregnant women, and children.

The Federal Emergency Management Agency (FEMA) produces a National Response Framework (NRF) that redefined "special needs populations" utilizing a function-based approach. This approach allows responders to define at-risk populations using a flexible framework that addresses a broad set of function-based needs rather than focusing on conditions, diagnoses, or labels. The areas of essential access and functional needs and response as defined by the National Response Framework (NRF) are:

- Maintaining health
- Maintaining independence: individuals in need of support that enables them to be independent in daily activities.
- Communication: individuals may have limitations that interfere with the receipt of and response to information.
- Transportation: individuals who cannot drive due to the presence of a disability or who do not have a vehicle.
- Support: individuals who require the support of caregivers, family, or friends or have limited ability to cope in a new environment.

- Services
- Self-Determination

The Centers for Disease Control (CDC) also published the *Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency* as a guide for planners to identify who and where vulnerable populations are in their communities. The document emphasized using the following broad, descriptive categories to group people at risk:

- Economic Disadvantage
- Language and Literacy
- Medical Issues and Disability (physical, mental, cognitive, or sensory)
- Isolation (cultural, geographic, or social)
- Age

Procedure for Communication.

Because of the number and diversity of vulnerable populations, multiple agencies and departments within those agencies share the responsibility of ensuring the prompt delivery of messages to each population. Message sharing to vulnerable populations will follow a phone tree format; DPH will send messages to clients and partners who are members of or serve the identified vulnerable populations. That agency or individual will use the agency's established system of communications to then disseminate that message to their clients and/or community. Message delivery will be targeted and may not pertain to all groups listed in the contact tree. In the event of a disaster, simplified messaging, including important updates from the Governor's briefings, will be delivered from DPH PIOs who operate out of ESF-15 to the Commission for Minority Affairs to translate and disseminate information in Spanish to the Hispanic/Latino population. This information should also be shared with the Commission for the Blind for release on the National Federation for the Blind Newsline.

All messages should be provided in multiple formats to account for any access or functional needs of individuals who are deaf or hard of hearing, have limited English proficiency, are from diverse cultural backgrounds, have cognitive limitations, and/or do not use or have access to traditional media.

Assurance of Delivery of Communications

Although there is no way to guarantee that all members of each designated vulnerable population will receive the distributed messages, DPH will request that the agencies who have agreed to serve on this communication tree acknowledge receipt of the message and forward the message to their clients/service area. Recipients are to copy DPH Public Information Officers on messages further delivered to the agencies' clients or service areas.

System of Communications
In addition to the phone and email methods of communication described in this document, at the onset of a pandemic or other disaster, DPH may request the establishment of the statewide 2-1-1 phone system as a means for individuals to gain necessary emergency information. In a public health emergency, DPH is responsible for providing the appropriate messages to the 2-1-1 operators.

VII. Roles and Responsibilities

PREPARE. ICS and SEOC are not activated	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide information to the Office of the Governor	**Lead:** DPH Director **Supporting:** All Agency
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Maintain the agency distribution list.	**Lead:** Communications **Support:** N/A
☐ Ensure written materials are prepared on a number of potential public health emergencies to include messages on how the public is to obtain medical countermeasures, how to navigate points of dispensing, and readily available to DPH regions, the news media, and the public.	**Lead:** Communications **Support:** All Agency
☐ Secure agreements with DPH regional directors for public information assistance in critical incident situations.	**Lead:** Communications **Support:** Public Heath
☐ Determination of available agency public information staff and regional public information coordinator staff.	**Lead:** Communications **Support:** DPH regions
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Review written communication and messages as required ☐ Provide legal advice and counsel	**Lead:** OGC **Supporting:** Clients

RESPOND. DPH EOP is activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide information to the Office of the Governor	**Lead:** DPH Director **Supporting:** All Agency
☐ Coordinate the provision of information to internal agency units.	**Lead:** Plans Section **Supporting:** Other ICS sections as needed
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Coordinate to ensure written materials are translated and available in other languages if needed.	**Lead:** PIO **Support:** N/A
☐ Supervise preparation and dissemination of incident-specific news releases and other written materials to the public, news media, internet, and social media sites.	**Lead:** PIO **Support:** N/A
☐ Coordinate updated incident-specific information to DPH website. (State TAR 5.4)	**Lead:** PIO **Support:** IT
☐ Ensure key messages are included in all written materials and used in training, presentations, and news media interviews.	**Lead:** PIO **Support:** N/A
☐ Assist in contacting partner organizations and key legislative leaders. These leaders should include partners at social service agencies serving at-risk populations, including Department of Environmental Services, DSS, HHS, Commission for the Blind, Lt. Governor's Office on Aging, DAODAS, Office of Children's Affairs, Dept. of Corrections, Dept. of Juvenile Justice, Dept. of Disabilities and Special Needs, and Dept. of Mental Health.	**Lead:** PIO **Support:** Legislative Affairs
☐ Ensure partner organizations have updated materials.	**Lead:** PIO **Support:** Plans Section
☐ Ensure updated materials and messages are delivered to regional and local offices, DPH staff, news media, internet, and social media sites, statewide 2-1-1 call centers, and appropriate DPH-trained risk communicators and public information spokespersons.	**Lead:** PIO **Support:** Plans Section
☐ Receive feedback reports on materials and message usefulness and consult with senior agency staff on alterations to messages or materials.	**Lead:** PIO **Support:** Other ICS sections as needed

RESPOND. DPH EOP is activated.	
☐ Monitor online news and social media sources to ensure accuracy and consistency.	**Lead:** PIO **Support:** N/A
☐ Speak with the public and key partners about the usefulness of agency information and materials.	**Lead:** PIO **Support:** Other ICS sections as needed
☐ Monitor news media coverage.	**Lead:** PIO **Support:** N/A
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Review written communication and messages as required ☐ Provide legal advice and counsel	**Lead:** Legal Officer **Supporting:** Clients
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Setup stations with equipment, telecommunications, etc., and activate new services (if needed) ☐ Maintain telecommunications and connectivity services for critical functions	**Lead:** IT **Supporting:** N/A
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ Coordinate information releases to the public with the public information officer in ESF-15 (Public Information)	**Lead:** BEPR; ICS Designated Personnel **Supporting:** All Agency

Annex I
Public Health Orders
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

The General Assembly authorizes DPH to issue Public Health Orders (PHO) in Section 44-1-40 of the South Carolina Code of Laws. Specifically, section 44-1-140 gives DPH specific authority to "make separate orders and rules to meet any emergency not provided for by general rules and regulations, to suppress nuisances dangerous to the public health and communicable, contagious and infectious diseases and other danger to the public life and health." A PHO compels compliance of an individual, group, business, or community, threatening the public's health. If a PHO is issued, it wields the full force and effect of the law.

II. Purpose.

This document is Annex I to the DPH Emergency Operations Plan and outlines Public Health Order functions, processes, and authorities used in normal operations and agency emergency operations.

III. Scope & Applicability.

Annex I describes the operations conducted by DPH and its Office of General Counsel (OGC) when the agency issues a Public Health Order.

IV. Facts and Assumptions.

- The general rules and regulations identified in Section 44-1-140 cannot address a threat to the public's health, which justifies the issuance of a PHO.
- There are specific statutes that may impact the actions to be compelled in the PHO, depending on the nature of the emergency.
- Isolation and quarantine PHOs stem from different legal authorities.
- The information needed to populate the PHO will depend on the specific incident, the needs of the bureau/division, and the needs of OGC.
- The PHO may apply to an individual, group, business, organization, or community.
- There may be instances when DPH is unable or unwilling to issue PHOs due to certain circumstances, including, for example, a lack of capacity to issue PHOs for an overwhelming number of infected individuals.
- Before a PHO is issued, the relevant Program area will first communicate extensively with stakeholders to attempt to resolve the situation.
- DPH issues PHOs as a last resort measure.

V. Goals and Objectives.

- Ensure factual, lawful, justifiable, and specific parameters are identified and laid out in a PHO.
- Inform all stakeholders, internal and external, of the issuance of a PHO.
- Provide necessary information for decision-makers to act in an informed and meaningful way.

VI. Concept of Operations.

The PHO process begins when there is an occurrence of an emergency/situation or threat to public health warranting intervention, but current laws or regulations do not provide for the specific action needed. At this stage, the program area contacts OGC, or vice versa, and consultation is requested. During the consultation, the program area/section engages in discussion with OGC to determine if they should pursue PHO. If OGC recommends PHO, they will work with the program area to acquire all the facts and justification for the order, capturing all pertinent details. The program area typically produces the first draft based on a template provided by OGC, and once the draft is complete, OGC reviews it and adds the legal authority. OGC works with the representatives from public health to finalize the PHO.
Once finalized, OGC presents the draft to an authorized DPH representative for signature. This action delegates authority from the DPH Director to specific individuals within public health. Only those individuals with the authority to sign the order can do so. A list of authorized DPH representative signatories is available, subject to request.

The Program representative, with assistance as needed from OGC, will coordinate with local authorities when the PHO is ready to be served on the subject individual, group, or entity. The Program representative to the DPH Office of Media Relations and the Legislative Affairs Team relays communication regarding the issuance of a PHO. The only times this will not take place are for standard PHOs, such as instances of tuberculosis. The PHO is not indefinite and applies for the duration of the threat to the public's health. DPH may enforce the PHO through local law enforcement or the court system, depending on the type of enforcement needed. OGC coordinates with the county sheriff's office when law enforcement action is needed. Typically, OGC will coordinate with local law enforcement to ensure situational awareness. Once the danger to the public's health is over, the issuing authority will rescind the order.

VII. Assignment of Responsibilities.

OFFICE OF GENERAL COUNSEL	
Actions:	**Responsibility**

☐ Consult with bureau/section area requesting PHO. ☐ Review collected information and provided justification. ☐ Ensure legal authorities and procedures exist to implement PHO. ☐ Ensure Delegation of Authority document procedures are followed. ☐ Coordinate with law enforcement entities if required. ☐ Rescind the PHO once it expires.	**Lead:** Public Health Law Team **Supporting:** N/A
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Leads information collection regarding the threat to the public's health. ☐ Supports Public Health Law Team as required. ☐ Communicates PHO issuing to the offices of Legislative Affairs and Communications and Public Affairs if PHO is non-standard.	**Lead:** Requesting Bureau/Section Area **Supporting:** OGC

VIII. Authorities and References.

An Emergency Declarations Crosswalk is in a separate Excel file, detailing DPH's public health authorities under DPH General Operations, a declared State of Emergency, and a declared Public Health Emergency.

Federal Guidance

- The Public Health Service Act, Public Law 78-410
- Section 361 of the Public Health Service Act (42 U.S. Code § 264)
- CDC – RFA-TP17-1701: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements
- CDC – DPH Memorandum of Agreement (to transfer SNS assets from the CDC to DPH for use in responding to public health emergencies)
- The Robert T Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (41 USC 5121, et seq.)
- Homeland Security Presidential Directive/HSPD-21, Public Health and Medical Preparedness
- Response Federal Interagency Operational Plan, Federal Emergency Management Agency, August 2016
- 42 Code of Federal Regulations parts 70 and 71

References

- Public Health Emergencies: A Resource for Bench and Bar, DHEC 2012
- Centers for Disease Control and Prevention. Public Health Emergency Preparedness and Response Capabilities, January 2019

South Carolina Code of Laws

- Title 1, Chapter 3, Article 7; Sections 410 thru 460 (**Maintenance of Peace and Order**)
- Title 25, Chapter 1, Section 420 **(Administration and duties of South Carolina Emergency Management Division of Office of Adjutant General)**
- Title 25, Chapter 1, Section 440 **(Additional powers and duties of Governor during declared emergency)**
- Title 25, Chapter 9, Section 420 **(Emergency Management Assistance Compact)**
- Title 44, Chapter 1, Section 80 (**Department of Health and Environmental Control – Duties and Powers of Board as to Communicable or Epidemic Disease**)
- Title 44, Chapter 1, Section 100 **(Assistance from peace and health officers)**
- Title 44, Chapter 1, Section 110 **(Duties of department in regard to public health, in general)**
- Title 44, Chapter 1, Section 140 **(Department may promulgate and enforce rules and regulations for public health)**
- Title 44, Chapter 4, Article 1; Section 100 thru 570 (**Emergency Health Powers Act)**
- Title 44, Chapter 29, Section 40 **(Department of Health and Environmental Control shall have general supervision of vaccination, screening, and immunization; statewide immunization registry)**
- Title 44, Chapter 29, Section 210 **(Physicians, licensed nurses, and certain authorized public health employees participating in mass immunization projects exempt from liability; exceptions)**
- S.C. Code of Regulations § 58-101 **(State Government Emergency Preparedness Standards)**
- S.C. Code of Regulations § 61-20 **(Communicable Diseases)**
- S.C. Code of Regulations § 61-112 **(Implementation of the Emergency Health Powers Act)**
- Executive Order 2017-11 and successor executive orders of the Governor regarding **emergency functions**

Public Health Authority of DPH

General Authority

"The Department of Health and Environmental Control is invested with all the rights and charged with all the duties pertaining to organizations of like character and is the sole advisor of the State in all questions involving the protection of the public health within its limits."

S.C. Code Ann § 44-1-110.

Prior to a Governor's Declaration of Emergency or Executive Order, DPH has the authority to act to protect public health through its traditional public health authorities. DPH serves as the SC Public Health Authority and the Lead Agency for coordinating State Agency response to an emerging infectious disease in South Carolina. DPH's public health authority refers to the legal authorities granted in SC Code of Laws Emergency Health Powers Act No. 339, also known as the South Carolina Homeland Security Act, and in accordance with all SC Code Sections contained therein, granted to DPH that enable the agency to respond effectively to a disease outbreak which may include:

- Ordering and enforcing quarantine.
- Ordering and enforcing isolation.
- Requiring the release of medical information for epidemiological investigation.
- Issuing other lawful directives in support of the emergency response.

Regulatory Authority

DHEC has the authority to make, adopt, promulgate, and enforce reasonable rules and regulations concerning a variety of specific public health issues, including but not limited to, food service, sanitation, sewage disposal, vector control, and disease control. S.C. Code Ann. § 44-1-140.

Regulation Process – DHEC's promulgation of regulations is subject to the South Carolina Administrative Procedures Act. For more details see S.C. Code Ann. § 1-23-110 to -126.

Emergency Regulations Process - An agency may promulgate an emergency regulation in the event it discovers an imminent peril to public health, safety, or welfare. Under certain circumstances, such a regulation may remain in effect for 180 days without approval of the General Assembly. For more details see S.C. Code Ann. § 1-23-130.

Emergency Authority

"The Department may make separate orders and rules to meet any emergency not provided for by general rules and regulations, for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases and other danger to the public life and health." S.C. Code Ann. § 44-1-140.

South Carolina Judicial Branch (SC Supreme Court and lower courts)

The Supreme Court or SC Court Administration may issue orders regarding access to courts, temporary suspension of some court services, etc., which may affect DPH's ability to obtain or enforce quarantine and isolation orders. See specific sections regarding commitment orders and mandatory review of quarantine orders.

IX. Attachments.

- Emergency Declaration Crosswalk Attachment (available upon request)
- Delegation of Authority Attachment (available upon request)

Annex J
Nonpharmaceutical Interventions
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

Infectious or communicable diseases may require the use of nonpharmaceutical interventions (NPIs) to slow the spread of illness. NPIs are actions, apart from getting vaccinated or taking medicine, that people and communities may take to help slow the spread of a communicable disease. NPIs are among the best ways of controlling infectious diseases and should be based on disease characteristics, including transmissibility and mode of transmission. In South Carolina, the Department of Public Health (DPH) has the authority to enforce reasonable orders to prevent or slow the spread of an illness to protect the health of residents and visitors of the State. During an infectious disease case, public health officials will likely recommend a variety of personal mitigation measures that an individual can opt to take themselves. If a justifying situation arises DPH, in conjunction with other state response agencies, will make recommendations to the Governor's Office on both individual and community NPIs that can be recommended, or mandated, to help slow the spread of the disease. This can include issuing isolation and quarantine orders, closing schools and other facilities, and developing a School and Childcare Exclusion List.

II. Purpose.

This document is Annex J to the DPH Emergency Operations Plan and outlines nonpharmaceutical interventions, processes, and authorities either encouraged or compelled by DPH to address a communicable disease.

III. Scope and Applicability.

Annex J discusses various NPIs, but the focus is primarily on isolation and quarantine. NPIs can be applied during normal operations or during a state of emergency and will depend on the scale and type of disease being addressed.

IV. Facts and Assumptions.

- A communicable disease is detected in a South Carolina resident, or visitor, and the disease warrants a NPI to limit potential spread.
- The NPI is justifiable and specific parameters are identified and laid out in the intervention.
- A NPI can be recommended or compelled.
- If a NPI is compelled instead of recommended, the information needed to populate the ensuing PHO will depend on the specific incident, the needs of the bureau/division, and the needs of OGC.

- The NPI recommendation or order may apply to an individual, group, business, organization, or community.

V. Goals and Objectives.

- Define quarantine and isolation and identify when these measures are needed.
- Ensure factual, lawful, justifiable, and specific parameters are identified and laid out in any NPI and Public Health Order (PHO).
- Provide necessary information for decision makers to act in an informed and meaningful way.
- Interrupt and prevent disease transmission through the use of nonpharmaceutical interventions.

VI. Concept of Operations.

NPIs are regularly encouraged by public health experts, medical professionals, and even mandated by many private sector industries for their employees. An industry example is restaurants requiring all employees handling food to wash their hands, wear gloves, and use a hair net. Isolation, quarantine, and school closures are types of NPIs that may be implemented by DPH to prevent the spread of communicable diseases. Issuing NPIs like quarantine, isolation, or school closures is reserved for more serious threats to public health and are only considered when they are necessary to protect the health of the public. Depending on the circumstance, DPH may recommend voluntary compliance with isolation and quarantine orders and other indicated disease control measures. DPH retains the authority to impose mandatory quarantine and isolation when necessary to protect the public's health. Depending on the size and scope of the event, it may not be feasible to quarantine large groups of people, but performing social distancing measures, such as canceling large events, could be more realistic.

As isolation and quarantine both inhibit the movements and actions of an individual(s), there are laws that must be followed when enacting these public health orders. In South Carolina, DPH has the authority to make recommendations, issue directives, and enforce prescribed orders to issue quarantine and isolation orders (S.C. Code Ann. §44-1-80; Code §44-1-110; S.C. Code Ann. Regs. 61-20, Section 4). There are several stipulations that are laid out in the Code of Laws including that quarantining or isolating an individual must be the least restrictive means necessary to prevent the spread of a disease. If there are other options available, they should be used prior to quarantining or isolating an individual(s). Isolation and quarantine measures are considered police powers and as such allow the State to take coercive

action against individuals for the benefit of society. Under most circumstances, the State of South Carolina is responsible for quarantining and isolating residents and visitors of South Carolina within the boundaries of the state (S.C. Code Ann. §44-1-110).

Quarantine and isolation orders should only be issued when the scientific data supports such measures. Public Health leadership must consider the mode of transmission, the severity of the illness, and the public health risk. As quarantine and isolation must be the least restrictive means available to control an infectious disease, it is unlawful to force individuals into quarantine or isolation when the disease at-hand does not warrant such measures. Additionally, mode of transmission, severity of the illness, and public health risk must all be looked at together when deciding whether a disease warrants quarantine or isolation. For instance, if an individual develops a tick-borne disease, such as Lyme Disease or Tularemia, the disease could cause severe illness. However, because these diseases are transmitted through tick bites and no known human-to-human transmission has occurred, the mode of transmission allows for the public health risk to be relatively low. Therefore, isolating this ill individual would likely not be necessary.

DPH may temporarily isolate or quarantine an individual or group through an emergency order signed by the DPH Agency Director or his or her delegate if delay in imposing the isolation or quarantine would jeopardize DPH's ability to prevent or limit the spread of the disease to others. An emergency order must specify the following:

- The identity of the individual or groups of individuals subject to isolation or quarantine.
- The premises subject to isolation or quarantine.
- The date and time at which isolation or quarantine commences.
- The suspected contagious disease, if known; and
- A statement of compliance with the conditions and principles for isolation or quarantine of Section 44-4-530(B); and
- A statement of the basis upon which isolation or quarantine is justified in compliance with this article."
  S.C. Code Annex 44-4-540(C)(2)
- A copy of Article V* of this act and relevant definitions of this act."
- S.C. Code § 44-4-540(B)(2).

*Referring to S.C. Code § 44-4-500 through S.C. Code § 44-4-570, titled Special Powers During State of Public Health Emergency: Control of Persons

In this instance, a copy of the emergency order must be given to the individual or group(s). If DPH personnel are unable to deliver the order, it must be posted in a conspicuous place in the isolation and quarantine premises. If an emergency order is issued, DPH must file a petition within 10 days for a court order authorizing continued isolation or quarantine of the individual(s). The emergency order may not order isolation or quarantine for more than 30 days. If additional time is needed, DPH can petition through the courts to add additional periods of time not to exceed more than 30 days each. The petition must be accompanied by a sworn affidavit of DPH attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
An additional NPI that DPH implements is the Childcare Exclusion List. South Carolina Law (SC Code Ann §§ 44-1-140, 44-29-200; 63-13-180; SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5) requires that children with certain diseases and conditions stay home from school or childcare while contagious. Each year DPH publishes the School and Childcare Exclusion List, which explains how long ill children and staff should stay out of school and what is needed before the individual can return to school. DPH reserves the right to change the exclusions or increase the length of exclusion periods found in the School and Childcare Exclusion List should an outbreak occur to stop the spread of the disease.

In addition to authorities granted to DPH, the Governor has the authority to declare a Public Health Emergency if there is an imminent risk of a qualifying health condition. A qualifying health condition is defined as any illness or health condition that may be caused by terrorism, epidemic or pandemic disease, or a novel infectious agent or biological or chemical agent and that poses a substantial risk of a significant number of fatalities, widespread illness, or serious economic impact to the agricultural section, including food supply.

When a Public Health Emergency is declared, the Emergency Health Powers Act is enacted, which grants DPH additional powers and authorities. Some of these additional authorities allow for certain social distancing measures to be implemented to interrupt disease transmission and stop the spread of the disease. DPH has the authority to close, evacuate and decontaminate any facility where there is reasonable cause to believe that it may endanger the public health. DPH can close primary or secondary schools. DPH can recommend to law enforcement agencies to place restrictions on and even cancel non-essential public gatherings.

In addition to DPH's authorities during a declared Public Health Emergency, the Governor can order any individual or group to take certain actions or refrain from that actions to minimize danger to life or endanger the peace and good order of the State. The Governor may also order the discontinuance of any transportation or other public

facility. If deemed necessary, the DPH Director may make recommendations to the Governor on additional NPIs that should be taken. NPIs can be placed into individual and community-based subcategories. Examples of these interventions are identified below:

Individual Interventions

- Practice hygiene and respiratory etiquette.
- Avoid touching eyes, nose, and mouth.
- Wash hands frequently or use hand sanitizer when hand washing is unavailable.
- Wear PPE to include specialized clothing or equipment to prevent contact with infectious particles (gowns, gloves, masks, and goggles).
- Limit or avoid gathering with others, especially in-doors in congregated settings.
- Self-monitor for symptoms, self-isolate or self-quarantine from others and get tested if symptomatic.

Community Interventions

- Closure of non-essential businesses and early childhood care facilities.
- Develop systems to maintain remote education for elementary and higher education.
- Reduction of the number of people allowed in congregated settings.
- Cancellation or postponement of social events.
- Implementation of telecommuting options for employees.
- Use of technology to support virtual communications and service delivery.
- Implementation of modified work schedules to reduce the number of employees on-site at one time.
- Implementation of no- or limited-contact strategies for obtaining food, medication, and other goods.
- Implementation of travel restrictions.

VII. Roles and Responsibilities.

OFFICE OF GENERAL COUNSEL (OGC)	
Actions:	**Responsibility**
☐ Consult with bureau/section area requesting PHO. ☐ Review collected information and provided justification. ☐ Ensure legal authorities and procedures exist to implement PHO. ☐ Ensure Delegation of Authority document procedures are followed. ☐ Coordinate with law enforcement entities if required.	**Lead:** Public Health Law Team **Supporting:**

☐ Rescind the PHO once it expires.	N/A
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Leads information collection regarding the threat to the public's health. ☐ Supports Public Health Law Team as required. ☐ Communicates PHO issuing to the offices of Legislative Affairs and Communications and Public Affairs if PHO is non-standard.	**Lead:** Requesting Bureau/Section Area **Supporting:** OGC
Actions:	**Responsibility**
☐ Develop consent order in consultation with OGC. ☐ Contact the individual under the order to reinforce and assess compliance with the order. ☐ Evaluate medical condition of quarantine/isolated individual. ☐ Determine any additional needs due to isolation or quarantine. ☐ Update the School and Childcare Exclusion List as required.	**Lead:** Communicable Disease Prevention and Control **Supporting:** Community Health Services
Actions:	**Responsibility**
☐ Determine if isolation and quarantine measures will be enacted to address the communicable disease.	**Lead:** State Health Officer or designee **Supporting:** Communicable Disease Prevention and Control, OGC, and other program areas as required

VIII. Authorities and References.

Regulatory Authority

- S.C. Code Ann. §44-1-80
- S.C. Code Ann. §44-1-110
- S.C. Code Ann. § 44-1-140.
- S.C. Code Ann. § 44-4-100 – § 44-4-570, Emergency Health Powers Act
- S.C. Code Ann. §44-29-200
- SC Code Regulation 61-20, Communicable Diseases.

- SC Code Ann. Regulation 61-112, Emergency Health Powers Act
- SC Code Ann. Regulation 63-13-180
- 42 Code of Federal Regulations parts 70 and 71.
- Section 361 of the Public Health Service Act (42 U.S. Code § 264).

References

- Centers for Disease Control and Prevention.15 May 2024. *Quarantine and Isolation*. Retrieved on 11 June 2024 from Laws and Regulations Governing the Control of Communicable Diseases | Port Health | CDC
- Public Health Emergencies: A Resource for Bench and Bar

IX. Definitions.

As defined by the South Carolina Code of Regulations 61-20:

Isolation means the physical separation of persons or animals infected with a Communicable or Infectious Disease from others in such places and under such conditions so as to prevent or limit the direct or indirect transmission of the Infectious Agent.

Quarantine means the restriction of activities and movements of well persons or animals who have been exposed to a Communicable Disease for the purpose of preventing disease transmission during the incubation period should infection occur. Quarantine differs from Isolation in that Isolation applies to persons who are known to be infected with a Communicable Disease. Quarantine applies to those who have been exposed to a Communicable Disease, but who are not yet infected.

Communicable Disease means an infectious disease that can be transmitted from person to person, animal to person, or insect to person.

Contagious Disease means a communicable disease capable of spreading easily from one person to another by contact or close proximity. A contagious disease can be transmitted from person to person or from animal to person through many means, including, but not limited to, direct contact, inhalation of airborne droplets, exchange of bodily fluids, animal or insect bites, and needlesticks.

Infectious Agent means an organism, such as a virus or bacteria, capable of producing infection of Infectious Disease.

Infectious Disease means a disease caused by an infectious agent potentially transferable to individuals. An infectious disease may or may not be transmissible from person to person. An example of a noncommunicable, but infectious disease

is a disease caused by toxins from food poisoning or infection caused by toxins in the environment, such as tetanus.

Isolation is for people who are sick with a contagious disease. They are separated from others until they are no longer considered contagious. For example, hospitals isolate some patients, so they do not infect others with their illness. People in isolation may be cared for in their homes, hospitals, or designated facilities.

Quarantine is for people who were exposed to a contagious disease who may be infectious but do not have a confirmed positive test result. They are separated from others as they could become ill and contagious or may be infected but asymptomatic. Individuals may be asked to stay in their homes for a defined period to avoid spreading the disease to others.

Social Distancing is a public health practice designed to limit the spread of infection by ensuring sufficient physical distance between individuals. Social distancing measures are taken to restrict when and where people can gather to stop or slow the spread of an infectious disease. Examples of social distancing include limiting or canceling public events, avoiding shaking hands, scheduling meetings via the phone or web, and taking sick time when you feel ill or working from home during an outbreak.

Home Quarantine or Isolation occurs when a person is to remain at home throughout their infectious period or during the incubation period while they are being monitored.

Hospital Quarantine or Isolation occurs when a person remains in a healthcare facility during their infectious period or during the incubation period while they are being monitored.

Work Quarantine: Working quarantine means a restriction applied to health care workers and other essential personnel who may have been exposed to a contagious disease but who need to keep working with appropriate infection control precautions. The individuals may be quarantined at home or in a designated facility during off-duty hours. When off-duty, contacts between individuals under working quarantine and others should be managed in the same way as persons in home or hospital quarantine.

Annex K
Emergency Medical Service Coordination
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

Coordination of Emergency Medical Services will be necessary during a disaster event and, depending on the scale and scope of an event and identified need, it could be coordinated at different levels of jurisdiction. Coordination of EMS services is a local responsibility: transportation and diversion are handled locally among the hospitals and EMS services in a particular region, and facilities are responsible for providing or contracting for transportation to implement the facility evacuation plans. An incident involving the evacuation of a single or multiple healthcare facilities and activation of medical need shelters may require coordination from the state level.

II. Purpose.

This Annex describes the functions of the EMS coordination team activated as part of the DPH Incident Management Team (IMT). SC EOP Annex 8 contains ESF-8 partners' roles and responsibilities. This document complements the SC Mass Casualty Plan (Appendix 5 to SC EOP).

III. Facts and Assumptions.

- An incident is imminent or has occurred requiring single or multiple healthcare facilities to evacuate and/or a local jurisdiction has declared a mass casualty incident requiring state assistance.
- The Medical Needs Shelter Triage Line has been activated and individuals have or may request transportation to evacuation shelters.
- Activation of ambulance contracts under FEMA disaster response procedures requires several days' notice and the commitment of substantial potentially unrecoverable costs.

IV. Concept of Operations.

EOC Staffing and Resource Assignments.
The Healthcare Quality Division of EMS and Trauma will assign staff to the DPH Incident Management Team to coordinate medical transportation gaps. The Director of EMS and Trauma deploys regional EMS Inspectors to Regional Command Posts (RCP) to expedite and streamline local medical transport needs.

DPH IMT EMS personnel and supporting partners will monitor PalmettoEOC for transportation requests. In some cases, SEOC ESF-8 liaisons and/or DPH Incident Management Team (IMT) EMS Transportation Division and Logistics sections may

receive requests by telephone or email. PalmettoEOC will be used to document all request(s).

When the State's EMS resource pool becomes overburdened, DPH, in coordination with ESF-8 partners, will request the FEMA National Ambulance contract. This decision point is critical and time-sensitive for IMT leadership. IMT Logistic Chief must coordinate the completion of FEMA's Resource Request Form for submission to SCEMD Logistics for action. Staging and deployment of federal and EMAC resources is a coordinated effort between IMT staff at the Regional Coordination Centers and DPH Emergency Operations Center (EOC). Statewide EMS staging areas have been pre-identified by DPH Division of EMS and Trauma for the requested EMS assets. When the requested EMS assets are deployed to an affected region the requestor will provide additional support to the assisting EMS asset like food supplies and housing.

Pre-identified EMS staging locations:
- SC Justice Academy, 5400 Broad River Rd, Columbia, SC 29212
- SC State Museum, 301 Gervais St, Columbia, SC 29201
- SC State Fairgrounds (off-season), 1200 Rosewood Dr, Columbia, SC 29201
  * The BEPR Emergency Resource Directory / ESF-8 SOP lists site contacts. The Columbia metro area is not the exclusive location for EMS staging sites. As identified, additional sites will be included.

Transportation Support for Licensed Healthcare Facilities.

Licensed Healthcare Facilities have a legal responsibility (SC Regulation 61-13, 61-16, 61-17, 61-78, 61-93, and 61-103) to plan for and provide internal transportation capabilities if an evacuation is required. If, in the event of an unforeseen emergency, a facility requires additional resources, EMS Transportation Division will assist with locating additional resources. EMS personnel will coordinate the activation and deployment of State licensed resources (to include private EMS) to fill gaps for facility evacuations and repatriations.

Transportation Support for Medical Needs Shelterees.
DPH RCPs coordinate MNS site placement with eligible shelterees and caregivers. When transportation gaps for MNS clients exist, the EMS Regional Inspector(s) will coordinate medical transportation services. Annex L to the DPH EOP outlines Medical Needs Shelter operations.

Triage and Patient Tracking.
EMS providers and hospital emergency departments throughout South Carolina have standardized triage tags with barcodes for identification purposes. No electronic patient tracking system exists for the State that will monitor patient movement from the prehospital setting to emergency departments as of January 2023. Tracking patient movement between hospitals is monitored by requesting and receiving facilities.

V. Assignment of Responsibilities.

PREPARE. ICS is not activated.	
Actions:	**Responsibility**
☐ Assign staff to DPH IMT positions. ☐ In coordination with BEPR, develop EMAC Mission Ready Packages to support transportation needs.	**Lead:** Director, Division of EMS and Trauma **Supporting:** BEPR
☐ Participate in DPH EOC orientations and other pertinent trainings.	**Lead:** Division of EMS and Trauma staff

RESPOND. ICS is Activated.	
Actions:	**Responsibility**
☐ Notify the Division of EMS and Trauma of DPH IMT activation ☐ Deploy Regional EMS Inspectors to Regional Operations Centers to coordinate local EMS gaps. ☐ Communicate IC information requests to the EMS Coordination team. ☐ Communicate progress reports from the EMS Coordination team to IC. ☐ Document all transportation requests in PalmettoEOC. ☐ **In coordination with DPH IMT Logistics Chief, request FEMA Ambulance Contract and EMAC resources as necessary. (TIME-SENSITIVE)** ☐ Complete ICS 214 (Activity Log) as instructed by DPH Plans Chief.	**Lead:** Director, Division of EMS and Trauma **Supporting:** DPH IMT - EMS Transportation Division

☐ Coordinate local transportation needs as requested. ☐ Escalate complex transportation needs to DPH EOC for additional coordination. ☐ Staff EMS staging areas as needed.	**Lead:** DPH IMT - EMS Transportation Division

RECOVER. ICS and SEOC are deactivated.	
Actions:	**Responsibility**
☐ Document fulfilled transportation requests properly. ☐ Ensure DPH IMT, Recovery Coordinator has access to fulfilled transportation documents. ☐ In consultation with DPH IMT leadership, coordinate the release of federal EMS resources.	**Lead:** Director, Division of EMS and Trauma **Supporting:** DPH IMT, EMS section

VI. Administration, Finance, and Logistics.

The Federal Ambulance Contract will be requested by ESF-8 as needed. DPH, the coordinating agency for ESF-8, will obtain the agency leadership signature on the FEMA Resource Request Form. DPH will cover the co-share; this allows for the payment of additional transportation services required to support facility evacuation during facility activation and to fulfill any unmet needs.

DPH covers MNS transport requests upfront and files for FEMA reimbursement (if federally declared). Licensed healthcare facilities requiring transportation support will be responsible for services rendered. IMT personnel coordinating transportation for licensed healthcare facilities or MNS clients will ensure each ambulance provider has a Palmetto resource request number to cross reference for payment purposes.

VII. Authorities and References.

- SC Code Ann. Regulation 61-7 Emergency Medical Services

I. Introduction.

This annex supersedes all other Agency sheltering planning documents.

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 monitoring, 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, hotel, and friends should be considered first.

- A Medical Needs Shelter is a temporary facility intended to provide a safe environment for those individuals requiring limited medical monitoring/ surveillance due to a pre-existing health problem. Medical Needs Shelters are not to be identified as a skilled nursing facility.

- 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 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 Public Health (DPH) 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 DPH plans, policies, and procedures, and supports Annex 6 (Mass Care) to the South Carolina Emergency Operations Plan, and Annex H (General Population Shelter Management) and Annex I (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.

MNS are not skilled nursing facilities, therefore, an adult caregiver should accompany the Medical Needs Shelteree to the shelter and stay during the event to provide daily care needs. The caregiver should be someone who can actually render the care to the shelteree. The caregiver is also provided for at the MNS location.

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:

Shelters

- 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; DPH 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 DPH.
    - 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 DPH's Emergency Operations Center, local DPH Preparedness staff, and county emergency management.

Exceptions may be made by Central Office Triage staff and Regional Triage staff, as applicable, for individuals who only have a need for electrical support and do not need 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. This should not occur, but it is possible. Staff will accommodate these individuals without delay, and immediately contact either the supporting RCP or the DPH EOC for further instruction. Triage may occur at the shelter site or via phone.

V. Concept of Operations.

As the primary agency for MNS operations, DPH 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/volunteers within each region 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).

In addition to MNS operations, DPH 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.
- DPH is not a viable substitute for nor is it a health care provider. Limited services may be available through DPH staff. DPH 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.

DPH 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, DPH uses the following assessment tools: a) The **American Red Cross Shelter Facility 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 BEPR Planner, Red Cross staff (if it is a co-located facility) and a facility representative. The State MNS Coordinator should also be present if possible. • All components of the ARC Shelter Facility Survey should be assessed, and each shelter should be as ADA-compliant as possible. • DPH uses the above tools, and if available, conducts the shelter assessment with ARC staff, if applicable. • Along with ARC and DSS, DPH uses the "Best Available, Least Risk" concept to identify facilities when made available as potential shelters.	**Lead: Regional BEPR** **Supporting:** BEPR, ARC; Regional Operations and Community Engagement / Nursing

• 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. One example of this is in-accessible bathrooms and stalls.
 	
• DPH also uses the American Red Cross Hurricane Evacuation Shelter Selection Standards for all appropriate counties.
• 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 DPHnet under the
  • 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 DPH has are still required, the location must still be assessed, and a MOA put into place. If the criteria are met, this would be expedited by the DPH EOC 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.	

☐ 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 BEPR Planners to complete any uncompleted sections.
	Lead: BEPR
	
	Supporting:

☐ Each regional BEPR 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. ☐ In collaboration with BEPR, provide region-specific training on MNS operations including logistics, triage and shelter operations on an annual basis. ☐ Regional triage and RCP rosters will be sent to applicable staff quarterly for review. ☐ 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. ☐ In collaboration with BEPR, provide central office and region-specific training on MNS operations including logistics, triage and shelter operations on an annual basis.	**Lead:** Regional BEPR, Regional Office of Nursing **Supporting:** BEPR, Regional Operations and Community Engagement /Nursing
☐ 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.	**Lead:** BEPR, Regional Operations and Community Engagement /Nursing **Supporting:** Region EPR Section Managers; Regional Nursing Director

☐ Maintain and update staffing rosters utilizing the Office of Nursing Staffing Standards. List should be reviewed and updated at least quarterly ("Shelter Roster Healthcare," DPH 1268 or "Shelter Roster Non-Healthcare," DPH 1269). Identify and resolve any issues in conjunction with region leadership. ☐ Inventory shelter bags/carts quarterly utilizing the "Supply/Equipment Inventory" (DPH 2373) and after an exercise or event. Monitor each location utilizing the "MNS Supply/Equipment Inventory Accountability" (DPH 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. ☐ 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. ☐ Coordinate training of volunteer nurses and other volunteers in coordination with Regional BEPR. • Coordinate with Regional BEPR to assure completion of the "Nursing Volunteer Agreement" (DPH 1351) for all nursing volunteers, Confidentiality Agreement (DPH 0321), and the "Volunteer Agreement" (DPH 0884) for non-nursing volunteers. ☐ Update and maintain Nursing Site-Specific Shelter Manual for each shelter location within the region.	**Lead:** Regional Operations and Community Engagement /Nursing; PHRC Program **Supporting:** Regional Offices of Nursing; Regional BEPR,
☐ 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. ☐ Regional Operations and Community Engagement establishes the CareLine ~7 days (E-120), if possible, prior to event with appropriate information and status of DPH efforts. For events with limited or no notice, the CareLine may not be set up.	**Lead:** BEPR; Regional Operations and Community Engagement /Nursing; Regional Health Directors

☐ As an event approaches, work with Regional Nursing Directors and local emergency managers to identify and contact potential facilities that may need to open.	**Lead:** Regional BEPR
Actions:	**Responsibility**
☐ Grant permission to curtail normal operations in order to implement shelter operations per the Office of Public Health Nursing's "Service Delivery Modification Based on Opcon Level" (Refer to Annex A: DPH Continuity of Operations Plan) ☐ EMS coordinates and assigns their staff to the DPH EOC and RCPs to coordinate transportation.	**Lead:** EMS; Regional Operations and Community Engagement Supporting:
☐ Regional Planners, in coordination with Regional Offices of Nursing, will look to pre-stage supplies and equipment or prepare Logistics Team to supply items at the selected shelters that they are anticipating opening. ☐ Contact Red Cross for Comfort Kits for identified MNS sites. ☐ Effected appropriate regional staff puts on standby or activates regional BEPR staff and stands up full or partial RCP (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	**Lead:** Regional BEPR **Supporting:** Regional Offices of Nursing
☐ Notification of MNS site contacts and final site availability confirmation ☐ Proposed shelter opening time confirmed ☐ Provide RCPs 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 DPH EOC if Operational	**Lead:** Regional BEPR **Supporting:** Regional Offices of Nursing; BEPR

☐ Complete any necessary Just--In-Time training prior to moving into the Response Phase ☐ Refer to the appropriate Job Action Sheets in RIMs and/or MNS modules in MySCLearning	**Lead:** BEPR; Regional Operations and Community
☐ 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 in the "Service Delivery Modifications" document in the PPM. ☐ State Director of Public Health Nursing or designee would staff the State Office Triage and maintain a presence for the length of activation.	**Lead:** BEPR; Regional Operations and Community Engagement /Nursing **Supporting:** Regional Offices of Nursing;
☐ The State MNS Coordinator, DPH'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://palmettoeoc.com/webappviewer/ ☐ Accounts with each of these programs should be created prior to an event, if possible.	**Lead:** BEPR **Supporting:**
☐ Depending on the scale and scope of the event or response, the DPH EOC 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 RCP and local partners, requests will be coordinated through BEPR if the DPH EOC is not activated.	**Lead:** BEPR; Regional Operations and Community Engagement /Nursing **Supporting:** Regional BEPR; Regional Health

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 may include, but not limited to the BEPR 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 (in-person or virtually) at the regional level or the state level, depending on scale and scope of the incident. (See Appendix 13) ☐ Provide Just-In-Time training as necessary. ☐ BEPR Logistics will ensure triage room is open and equipment (computers, scanners, etc.) is set up and available for staff (if deemed necessary for in person triage). ☐ Regional BEPR will assure that space is set up for the RCP and/or regional triage. ☐ Triage phone lines will open within 24 hrs of announcement of the SC Mandatory Medical Evacuation (MME) or at OPCON 2. ☐ If the event is a localized, smaller event contained within the region, triage will be done at the regional level. If it is a multiple region or state-level event, primary triage will be conducted by Central Office and secondary triage will be conducted by regional staff. (See Appendix 13) ☐ If a decision to activate the triage line is made, the DPH EOC or RCP in consultation with and the Director of Public Health Nursing or the Regional Nursing Director can access a Red Cross Nursing Liaison to assist the triage in placement of 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. ☐ Requests for activation of MNS come from multiple sources and should be routed to the appropriate regional staff. These could include: • DPH regional staff, • ARC, • County and State Emergency Management, or • Partners. ☐ Update any rosters that have changed since the quarterly review.	**Lead:** BEPR **Supporting:** Regional Operations and Community Engagement /Nursing Regional Offices of Nursing; Regional BEPR,

☐ If the triage line is activated, the following agencies and organizations will need the Careline number and process to pass along to those who may be eligible. (See Appendix 13) • Regional Command Posts • 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 liaison or other managing entity to make them aware of the referral. ☐ 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 RCPs. ☐ Since the RCPs 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, open shelter to that person's location. It may be necessary to travel beyond the closest shelter to be sure that the person gets to the most safe, appropriate facility.	**Lead:** Regional Operations and Community Engagement /Nursing **Supporting:** BEPR; Regional Offices of Nursing; Regional BEPR
OPENING A SHELTER	
Actions:	**Responsibility**
☐ Provide updates, as needed to the SEOC regarding shelter operations, including shelter board updates in appropriate electronic system, Palmetto. • Palmetto (https://pvision-scemd.palmettovision.sc.gov/emcop/)	**Lead:** Regional Operations and Community Engagement /Nursing **Supporting:** BEPR

☐ 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 RCP may contact ARC liaison to provide possible immediate needs casework, as available and as requested, rather than activate an MNS facility. • The standard ratio for nurses to shelterees is 1:12, but DPH 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 or triage. • 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 DPH photo identification. • Notify the shelter manager upon their arrival • Remain at the MNS until all shelterees leave or until relief staff arrive. ☐ Communicate to DPH EOC, if activated, 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 DPH activities and function as liaison to the RCP. ☐ Initiate and update the Census Feeding Spreadsheet.	**Lead:** Regional BEPR **Supporting:** BEPR; Regional Offices of Nursing, Regional BEPR
SHELTER OPERATION/MAINTENANCE	
Actions:	**Responsibility**

☐ The following general tasks should be completed during the maintenance phase of operations: • Communicate shelter census, staffing, and activity to the RCP every 6 hours or more as needed. ☐ Communicate/ Coordinate with the RCP for the following: • Staffing, equipment, and supply needs to the RCP 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 BEPR; BEPR; Regional EPI Program and State DADE; EMS & Trauma
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. ☐ RCP Director /Emergency Response Coordinator will consult and coordinate with RCP staff, DPH EOC/ Regional Operations and Community Engagement, local Emergency Management, and any other appropriate response partners to determine to close and/or consolidate shelters.	**Lead: RCP Director/Emergency Response Coordinator** **Supporting:** Office of Nursing

SHELTER DEMOBILIZATION	
RCP Command staff in coordination with Shelter Manager will approve demobilization of resources from an incident. These resources will be determined based on current sheltering needs. All resource demobilization must be approved via RCP leadership, and transportation of resources released from incident will be coordinated through the RCP.	
Actions:	**Responsibility**

☐ Communicate closures to the SEOC within one hour as indicated via Palmetto and email to ESF-6 and ESF-8 staff in SEOC. ☐ Complete necessary reports utilizing data obtained from state and regions. ☐ Determine when operations will return to normal business operations. ☐ Coordinate debriefing to include DPH state and regional staff, SEOC, ESF-6, and partner agencies, and complete After-Action Report" (AAR)	**Lead:** DPH EOC and RCP ICS Designated Personnel **Supporting:** Regional Offices of Nursing; Regional BEPR
☐ Participate in debriefing. ☐ Coordinate return of any rented or borrowed equipment with appropriate RCP, DPH EOC or SEOC staff or coordinate directly with vendor as necessary and appropriate. ☐ Complete Close-out Report. ☐ 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:** Regional Operations and Community Engagement , Nursing **Supporting:** Regional Offices of Nursing; Regional BEPR;
☐ Confirm shelter closure with shelter manager and DPH EOC. ☐ RCP Emergency Response Section and Planning Section coordinate as needed in the relocation of shelterees prior to shelter closure. ☐ Coordinate demobilization of each shelter with local emergency management, and DPH EOC. ☐ Release personnel so that they can reach their home base prior to 2200 hrs. (10 pm). Anyone released from an incident are to notify either the RCP and/or their supervisor if they anticipate significantly different ETA to their next assignment or home. ☐ Coordinate staffing for resumption of "normal" business operations. ☐ Compile reports and submit to DPH EOC. ☐ Assists MNS site partners with reimbursement activities. ☐ Provide feedback on MNS operations as requested from DPH EOC/BEPR. ☐ Coordinate debriefing session with regional/county staff. ☐ Initiate region after action review and complete AAR for submission to BEPR.	**Lead:** Regional Leadership and BEPR **Supporting:** Regional Offices of Nursing; BEPR

VII. Communications.

At the DPH EOC, communication with the SEOC and the RCPs 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 RCP, communication with the DPH EOC 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, Logistics, and Reimbursement

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 DPH Policy A.905 (Retention Schedules).
- Inventory and track items secured from partner agencies utilizing the "Partner Loan Inventory Checklist" (DPH 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 DPH 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.

- 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 SCDPH's Procurement Procedures Manual.

- If emergency purchases are required, they should be authorized through the DPH EOC or RCP. 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 RCP and the DPH EOC will have resources available for logistical support.
- Agency policies and procedures will be followed.
- The DPH EOC will coordinate with the SEOC as needed for additional support.

Reimbursement

- Sheltering may be supported by licensed healthcare facilities with whom DPH has a MOA, including private facilities.
- All post-event reimbursement will be coordinated by BEPR
- For additional reimbursement information, see the Recovery Annex of this EOP

IX. Plan Development and Maintenance.

BEPR will be responsible for coordinating the review and maintenance of this annex on an annual basis. Review includes consultation with the Public Health Office of Nursing. 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, DPH 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, DPH 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, DPH Administrative Policy Manual, DPH Health Services Policy Manual, DPH Nursing Professional Practice Manual and the DPH 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 Special 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
- DPH Exposure Control Plan
- DPH Respiratory Protection Plan
- DPH Surveillance and Response of Reportable Conditions
- DPH Policy Manual

XI. Appendices

1. MOA – Facility with/without Generator
2. Transportation Arrangements
3. Behavioral Health Referral
4. Feeding and Meal Reimbursement
5. Accessing Pharmaceuticals, Durable Medical Equipment (DME), and Consumable Medical Supplies (CMS)
   a. CVS Overview and Procedures
6. Service Animals, Pets and other Non-Service Animals, Public Health Issues
7. Functional and Access Needs and Persons with Disabilities
8. Shelter Team Roles and Responsibilities
9. Storage and Retention of Shelter Documents
10. Disease Outbreak Investigation in a Shelter
11. Information Sharing
12. Triage Line set-up and Nursing Triage Procedures
13. American Red Cross Nurse Liaison
14. Access to Lactation Consultants and Infant Formula/ Food
15. Environmental Affairs Shelter Response Efforts, Information, and Documents
16. Use of Purchase Card (P-Card) for:
    a. Hotel reservations,
    b. Durable Medical Equipment, Consumable Medical Supplies and Medication for Shelterees/Caregivers
17. Hospice MNS Procedures and Scope of Services

Memorandums of Agreement

Facility with Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

AND

[NAME OF CONTRACTING PARTY]

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

The South Carolina Department of Public Health (DPH) 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 a general population 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 DPH.

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

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

   a. When the DPH Public Health Region, in consultation with the DPH State Bureau of Emergency Preparedness and Response (BEPR), 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, DPH may, in its discretion, decide not to open all MNS sites during an event.

2. Criteria for Admission to a MNS:
   - A DPH Public Health Nurse will make the determination regarding admission to the MNS and the appropriate level of care for each potential Shelteree.
   - The DPH 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:
   DPH 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 DPH need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DPH.

5. Medical and Non-Medical Beds/Cots/Equivalents:
   If necessary, DPH 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 BEPR 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 BEPR Director must attach a memorandum to the agreement reflecting any changes identified. The Regional BEPR Director must send the confirmed or updated information to the Contractor, DPH Contracts Manager and to BEPR 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 DPH staff.

2. Contractor will provide contact information for DPH 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 DPH 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 DPH MNS Nurse Team Leader will immediately contact the DPH Regional Command Post (RCP) at:_____ (phone number).

   C. The DPH RCP 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 DPH 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 DPH staff _____

DPH will provide and set-up:

Total number of medical beds/cots for Shelterees _____

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

Source/location of medical beds/cots provided by DPH:_____

Source/location of non-medical beds/cots provided by DPH: _____

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

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 DPH 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 DPH 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.
DPH 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 DPH's policies and procedures regarding false claims may be obtained from DPH's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DPH 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 DPH programs, this information should be reported in confidence to DPH. A report may be made by writing to the Office of Internal Audits, DPH, 2600 Bull Street, Columbia, SC 29201; or by calling the DPH 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 DPH's policy prohibiting FWA and the procedures for reporting FWA to DPH. 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 DPH:	AS TO THE CONTRACTOR:
BY:_____ (LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR) DATE: _____	BY: _____ (NAME) ITS:_____ (TITLE) DATE:_____ PHONE:_____ EMAIL ADDRESS:_____ MAILING ADDRESS: _____ _____

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

_____

Francine Miller

Contracts Manager

SCDPH

DATE: _____

Facility without a Generator

MEMORANDUM OF AGREEMENT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

AND

[NAME OF CONTRACTING PARTY]

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

The South Carolina Department of Public Health (DPH) 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 a general population 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 DPH.

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

7. Activation: This MOA will be activated in the following circumstances:
   a. When the DPH Public Health Region, in consultation with the DPH State Bureau of Emergency Preparedness and Response (BEPR), 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, DPH may, in its discretion, decide not to open all MNS sites during an event.

8. Criteria for Admission to a MNS:
   - A DPH Public Health Nurse will make the determination regarding admission to the MNS and the appropriate level of care for each potential shelteree.
   - The DPH 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:
   DPH 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 DPH need to utilize any supplies from the Contractor during shelter operations, the facility will be reimbursed by DPH.

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

If necessary, DPH 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:

   DPH 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 BEPR 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 BEPR Director must attach a memorandum to the agreement reflecting any changes identified. The Regional BEPR Director must send the confirmed or updated information to the Contractor, DPH Contracts Manager and to BEPR 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 DPH staff.

13. Contractor will provide contact information for DPH 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 DPH 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 DPH staff _____

DPH will provide and set-up:

Total number of medical beds/cots for shelterees _____

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

Source/location of medical beds/cots provided by DPH: _____

Source/location of non-medical beds/cots provided by DPH: _____

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, DPH 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 DPH'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. DPH 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.

DPH 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 DPH.

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 DPH 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 DPH 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.
DPH 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 DPH's policies and procedures regarding false claims may be obtained from DPH's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DPH 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 DPH programs, this information should be reported in confidence to DPH. A report may be made by writing to the Office of Internal Audits, DPH, 2600 Bull Street, Columbia, SC 29201; or by calling the DPH 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 DPH's policy prohibiting FWA and the procedures for reporting FWA to DPH. 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 DPH:	AS TO THE CONTRACTOR:
BY:_____ (LOW COUNTRY, MIDLANDS, PEE DEE, UPSTATE) REGION PUBLIC HEALTH PREPAREDNESS DIRECTOR DATE: _____	BY: _____ (NAME) ITS:_____ (TITLE) DATE:_____ PHONE:_____ EMAIL ADDRESS:_____ MAILING ADDRESS: _____ _____

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

_____

Francine Miller

Contracts Manager

SCDPH

DATE: _____

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

- Medication refills,
- Hospital,
- 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 RCP or forwarded up to EMS in the DPH EOC 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 DPH EOC 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): **Resource Request #**	

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

- If shelter staff find that a shelteree or caregiver need behavioral or mental health assistance, the following options exist:
  1. DPH staff can be accessed via the following procedure:
     a. Staff should notify the Shelter Manager/Charge Nurse so that he/she can make the determination as to whether or not to contact the RCP.
     b. If the decision is made to contact the RCP, the call should be made to the MNS lead in the RCP and the MNS lead will contact the Behavioral Health Team Leader (DBHTL). The DBHTL is a Regional Social Work Manager or designated back-up.
     c. Initially, the DBHTL will address the situation via phone with the shelter manager or designated staff.
     d. The DBHTL or designated social worker may try to address the situation directly with the shelteree by phone before going to the shelter. If additional support is needed, the DBHTL may go to the shelter to assist.
     e. DBHTL will be in communication with the Social Work Director in the DPH EOC to provide any guidance and assistance.

  2. SC Department of Mental Health (DMH) has the Mobile Crisis line. The Mobile Crisis line is a statewide community crisis telephone line to provide psychiatric screening and assessment. As necessary and based on the screening, follow-up care needed can be coordinated. The Mobile Crisis access Line is 833-364-2274.

- If additional assistance is needed beyond the Mobile Crisis Line, a Resource Request should be entered into Palmetto by ESF-6 and tasked to ESF-8. ESF-8 should be made aware of the request via phone or in-person 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 feeding vendor should have already been notified of activation of the shelter(s) by regional BEPR 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, a PO will need to be in place prior to opening the shelter.
        - In a co-located environment, the managing entity may support the MNS shelterees with specific needs such as food and other services, as requested.
        - 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 RCP, regional BEPR 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 BEPR staff, or the RCP. If it is anyone other than the shelter staff, then any information pertinent to the shelter should be relayed to necessary DPH staff.)
    - 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 "DPH 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.

Appendix 5
(Accessing Pharmaceuticals, Durable Medical Equipment (DME), and Consumable Medical Supplies (CMS)**)**
to the SC Department of Public Health Emergency Operations Plan

This Appendix provides operational guidance to DPH staff (DPH EOC, RCP, and shelter staff) on acquiring medication, durable medical equipment (DME), and/or consumable medical supplies (CMS) for a shelteree/caregiver who presents with a need.

Facts and Assumptions:

- Residents may or may not have access to their own transportation to pick up medication and/or other items.
- People will arrive in shelters who do not have current prescriptions, have insufficient medication for the duration of the shelter visit, and/or leave medical equipment and supplies at home or run out.
- Medications and other items may be necessary to maintain life, assist with activities of daily living, and/or maintain human dignity.
- For many items, the local option is going to be the best option, and borrowing DME, when possible, is preferred since it is free, and it doesn't have to be stored.
- Unless DPH staff or the shelteree and caregiver (POV) can pick up the item(s), alternate transportation will be necessary for the resident(s) to go to the pharmacy.
- The provision and delivery of medication and other items may vary some from region to region based on the nuances of a region's structure, procedures, and any agreements with providers.
- 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.
- A pharmacist can dispense based off a prescription bottle if no scripts are present. Recent bottles are best.

General Guidelines

1. Understand that shelteree's or caregiver's medication, equipment and supplies 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.
2. Ensure that each shelteree/ caregiver always has access to his/her medications and equipment.

Durable Medical Equipment and Consumable Medical Supplies

If a request for DME or CMS is received from a shelteree/caregiver, DPH has some options in place. Purchasing is always a last resort so look into the options below first.

- **Loan Programs.** The State Medical Needs Shelter Coordinator has contacts who have loan programs where equipment and supplies may be accessed. This 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 these items. 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- DPH 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 are: 1) Able SC, 2) local vendors, 3) Local/regional food banks, and finally 4) Elevated to DPH EOC, then SEOC for resolution.
  - Able SC. DPH has a MOA with Able SC for the provision of DME. See Appendix Functional and Access Needs and Persons with Disabilities.

  - Local or regional food banks. Food banks don't just receive 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

- 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. See BEPR Directors or regional Procurement for information regarding any current agreements with possible vendors such as Walgreens and/or CVS.

- We can access some items through ESF-24 - if local/regional options have not proven viable, then the request should be entered into Palmetto as a Resource Request and assigned to DPH EOC Logistics for resolution. If the DPH EOC is unable to resolve the issue, then the Resource Request should be forwarded to EMD Logistics who will assign it as appropriate in the State Emergency Operations Center (SEOC).

Prescription Medication

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

- Simple refill of existing medication under a current prescription (refills still available). The regional shelter staff or RCP 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. DPH 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 regional shelter staff or RCP 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). DPH 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 on Medications:
To locate open pharmacies in an event area, 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 must 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.

Obtaining Medication, Durable Medical Equipment, and Consumable Medical Supplies.

Depending on the given region, agreements with local pharmacies may already exist. As with any resource, local is almost always better. It is easier to coordinate, typically takes less time to arrange, and arrives faster at a given location.

Medication, unlike the other items, will need to be purchased, preferably by the shelteree or caregiver; while DME and CMS may be loaned, donated or purchased.

Depending on the option chosen (loan, donation, or purchase), the scale and scope of an event, and the available resources of any particular group, entity or vendor, the items may be:

- Delivered by the vendor,
- staff may need to go to the vendor's location, or
- staff may need to coordinate to meet the entity at a predetermined location to get the item(s).

However, in some cases, the local pharmacy(s) may be out of commission due to lack of power, flooding, or any number of additional reasons. In this instance, state- or regional-level agreements are in place with Walgreens and CVS. (See XXXX for additional details.)

Again, the goal is to have the shelteree or caregiver take as much of a role in acquiring needed items as possible, use their own insurance, and be responsible for any payment to a provider. DPH should only purchase if there are absolutely no other options. See Appendix 16 for P-Card Use in this instance.

On request by a provider, DPH may assist with the following to facilitate delivery:

- Assist with pick-up and delivery of medication to identified sites,
- Identify and coordinate accessible routes to location(s),
- Coordinate with county emergency managers.

The above actions may occur at the RCP, DPH EOC or SEOC level, depending on the need and situation. The need will likely be first identified at the local level and should be resolved at the most local level prior to moving to the state levels.

Follow the directions for P-Card usage (Appendix 16) as required. If there are further questions, contact Procurement.

CVS Overview and Procedures

NOTES:

- DPH should not purchase unless absolutely necessary. Free options through partners should always be accessed first, and then all options (local emergency managers, personal funding, insurance, Medicaid, Medicare) available to the shelteree/ caregiver should be exhausted.
- This can only be used when there is an activation and P-Cards are in Emergency Status. And only enough to get the shelteree/ caregiver through the period of sheltering.
- Only specified persons may activate this agreement with CVS, and they are identified on the PO.
- To activate this agreement, DPH must send a "MISSION REQUEST" email to EnterpriseCrisisManagement@CVSHealth.com stating the nature of the service requested and the contact information (phone/email) of the person with whom CVS can discuss the operational and logistical details. This email address is monitored 24/7. If there is not a timely response, contact the State Medical Needs Shelter Coordinator.

CVS's Community Disaster Capabilities Program can provide and deliver the following to DPH during a disaster event, and activation of the agreement (PO):

- Telehealth
- Durable Medical Equipment (DME) (wheelchair, shower chair, etc.),
- Consumable Medical Supplies (CMS) (adult diapers, diabetic monitoring strips, etc.),
- Pop-Up/ Courier Service Pharmacy,
- Behavioral Health
- Virtual Primary Care,
- EMAC Mission-Ready Packages
- FEMA and Community Relief Communications
- A CVS representative in the DPH EOC.
- Additional information outlined below.

Overview of Mission-Ready Packages

Pharmacy Teams/ Shelter Support Logistics. A Personnel-only unit that provides and courier service from a nearby CVS Pharmacy location to shelters to refill/ replace shelter occupant's prescriptions.

Behavioral Health Team. Delivers Mental Health Services to those impacted by the incident such as community Supportive services, including psychological first aid, assessment of psychological state, referral of survivors to local resources for ongoing psychiatric or psychological treatment, mediation in the event of disruptive behavior, crisis counseling, Critical Incident Stress Management (CISM), emotional and spiritual care, or other psychological interventions.

Clinical Support Team. Medical supervision and services for the shelterees/ caregivers requiring functional needs support. This can include ensuring prescriptions are filled, administering medication, treating minor wounds, and monitoring glucose levels. This team can also support oxygen oversight and monitoring, evaluate/assess individuals with acute onset of signs and symptoms, and help determine if EMS transportation is necessary.

Medical Support Team for Shelters. This is a personnel-only unit that provides supplemental staff for clinical and functional needs support, which will augment operations at a population shelter. Focus areas for this team may include chronic disease care, diabetes, high-risk prenatal, pediatric, mental/behavioral health, and physical disability.

To access any item the following procedure should occur:

1. The Shelter Manager should contact the RCP regarding any need to see if it can be resourced locally as this is going to be the fastest way to get any provision and meet any need.
2. If it cannot be resourced locally, the RCP should put a Resource Request into Palmetto and task it to the DPH EOC. It should be tasked to ESF-8 in the DPH EOC for situational awareness and so they can coordinate with Logistics as necessary.
3. Once activated and requested, CVS will have a representative in the DPH EOC embedded with Logistics and will coordinate with CVS National for provision support. This person will be the single point of contact for the agency with CVS so that their representative will be aware of conversations coming and going between DPH and CVS. **(Only persons identified on the PO can activate the agreement.)**
4. CVS will have a single point of entry into their system via EnterpriseCrisisManagement@CVSHealth.com. If CVS does not have a representative in the DPH EOC, DPH staff will use the email address above; otherwise, DPH staff will work with the CVS representative in the DPH EOC, and they will move any request forward.

Service Animals.

If a shelteree arrives with a service animal, they are to be accommodated as part of the shelter population. 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 RCP. The RCP should:
    - Determine if local resources are available through county EMs. If not,
    - Submit a Resource Request to the DPH EOC. If the items cannot be procured in the DPH EOC, the DPH EOC would assign to ESF-6 in the SEOC. ESF-6 would coordinate with ESF-24 for needed pet food, bowls, and other supplies.

- If a service animal "misbehaves", contact the RCP and they will contact the appropriate personnel (ESF-17 or Able SC) for the types of misbehavior that could lead to a service animal and resolution suggestions.

Legal Issues Regarding Service Animals

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, 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.

Other Service Animal information.

Although the original definition included miniature horses, service animals are almost always dogs.

Handlers of service animals are not required to carry special identifying paperwork although many will do so. Most service animals will wear an identifying cape or similar gear.

These are the only questions that may be asked to determine if the animal is a service animal:

"Is the animal required because of a disability?"

"What work or task has the animal been trained to perform?"

Persons with disabilities may not be asked to demonstrate tasks that the service animal is trained to do, nor may they be asked to describe their specific disability(s).

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, different rooms in the facility, or a separate facility.

A person with a disability may not be asked to remove the service animal from the shelter unless: (1) the behavior of the service animal is a direct threat to the health or safety of others (such as showing aggression), or out of control (such as jumping on people or barking incessantly) if the handler does not take effective action to control the animal; or (2) the service animal is not housebroken. If either of these occur, and since the handler cannot be separated from the service animal, alternate emergency sheltering arrangements would need to be made to accommodate this person and service animal together. The RCP should determine if there are other shelter options or local resources available to assist. If not, a Resource Request should be submitted to the SEOC which would be routed to ESF-17 to request assistance with determining an alternate shelter option.

MORE INFORMATION: CALL THE ADA INFORMATION LINE: 800-514-0301 (VOICE) OR 800-514-0383 (TTY). CHECK THE ADA WEBSITE: HTTP://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 accessible 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 and ESF-6 will work together to request assistance from predesignated out of state animal emergency response partners that have agreements with SCEMD. Accessible information will be shared about any of these additional sites through ESF-15.

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. We do not want to ever refuse sheltering to someone who is in need, either at the point of the Careline, triage, or at a shelter; nor do we want to put persons back on the road. Pet sheltering is a county responsibility so if someone gets to triage or shows up at a shelter and they have a pet, the RCP can contact the county so they can make arrangements with the owners for the county to accept

these animals. If the county is unable to accommodate the pet, submit a Resource Request to the DPH EOC. If the items cannot be procured in the DPH EOC, the DPH EOC would assign to ESF-6 in the SEOC. ESF-6 would coordinate with ESF-24 for needed pet food, bowls, and other supplies. The following information should be included in the resource request so that the RCP and/or ESF-6 can contact the pet owners to arrange accommodations:

1. Names and Contact information of the pet owners, preferably a mobile number and a backup number if possible.
2. Type and size of pet

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 RCP can submit a Resource Request through the SEOC to ESF-6 to request assistance.

Emotional Support Animals. (See Suggested Procedures if Pets arrive at MNS Shelters above)

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. MNS staff can decide if they wish their shelterees to receive visits from therapy animals and their handlers.

Therapy Animals. (See Suggested Procedures if Pets arrive at MNS Shelters above)

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.

See SC EOP Annex 6

The MNS Service Animal Guidelines on the next two pages should be provided to every person who comes into a MNS who has a service animal so that expectations and responsibilities are clear. This section is intentionally separate and placed here so the MNS Service Animal Guidelines next can be printed and provided to shelterees and caregivers as necessary.

Medical Needs Shelter Service Animal Guidelines

The South Carolina Department of Public Health (DPH) extends equal access to all services, programs, and resources found in a Medical Needs Shelter (MNS) to qualifying persons, which can include individuals requiring service animals. Service animals are defined by the Americans with Disabilities Act (ADA) as a dog (any breed) or miniature horse that is individually trained to do work or perform tasks for people with disabilities. *Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA*. Currently DPH does not allow non-service animals into MNS.

By bringing your service animal into DPH's MNS, you acknowledge and agree to the following:

1. Your service animal will not pose a direct threat to health and safety while on the premises.

2. You must always be in full control of the service animal. The ADA requires that service animals be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

3. Your service animal must be in good health, and up to date on all vaccination requirements, and well-groomed.

4. You are responsible for cleaning up the service animal's waste and fluids and disposing of such in outside trash containers. Waste disposal via plumbing is prohibited. You must have equipment sufficient to clean up and properly dispose of your service animal's waste and fluids. Owners who are not physically able to pick up and dispose of their service animal's waste and fluids are responsible for making all necessary arrangements for assistance. *MNS staff are not responsible for these services.*

5. You are liable for any and all damage caused by your service animal.

6. If your service animal does not abide by the guidelines listed in this document and any others deemed necessary by MNS Staff for the health and safety of person withing the shelter, your service animal may be excluded from all or part(s) of the shelter. The list below is not exhaustive and DPH has the authority to exclude animals, as necessary:

- The service animal displays aggressive or disruptive behavior or noises, and effective action is not taken to control it, unless said noise/behavior(s) are part of the needed disability service to the owner.
- The service animal is not housebroken.
- The service animal poses a direct threat to the health and safety of others.
- The service animal is not in good health, cared for, and well-groomed.
- The service animal infringes inappropriately into other's personal space.
- The owner intentionally uses the service animal to block identified fire/emergency exits.

NOTE: If a service animal needs to be removed, the animal and user will not be separated, but an alternative shelter location will be identified, and every effort made to assure that the individual still has access to MNS programs, services, and resources. The safety of all residents in a shelter supersedes those of any animal.

Public Health Concerns -- Animals in Public Settings and Shelters

Public health concerns related to animals in shelters include the transmission of zoonotic diseases, injuries from bites and scratches, and exposure to animal allergens.

Zoonotic diseases are infectious diseases that can be spread between people and animals. Many diseases are considered to be zoonotic, however, some of these diseases are more likely than others to be spread in shelter settings. These include diarrheal diseases such as *Campylobacter, Salmonella,* and *Giardia* and diseases caused by parasites such as roundworms, hookworms, and tapeworms. Many of these diseases are spread through direct or indirect contact with feces from infected animals. Tapeworms are spread through ingestion of infected fleas. Other zoonotic diseases that could be spread in shelter settings include skin diseases such as ringworm and irritation/infection from certain mites. These diseases are generally spread through direct contact with skin or fur from an infected animal. Anyone can become sick from a zoonotic disease; however, some people may be more at-risk including children younger than 5 years of age, adults older than 65 years of age, and people with weakened immune systems. Precautions should be taken to limit animal contact with these groups.

To reduce the risk of zoonotic disease transmission in shelters, routine hand washing is essential. Additionally, animals brought into shelters should be in good health and up to date on rabies and other vaccinations and preventive treatments such as flea and tick medications. Persons responsible for cleaning animal areas and animal waste should wear gloves to avoid direct contact with feces and urine. Cleaning and disinfection information can be found at: https://www.sheltervet.org/assets/docs/shelter-standards-oct2011-wforward.pdf. Animals housed in shelters should stay with their handlers or in designated animal areas so that contact is limited between people and animals. If an animal in a shelter shows signs of illness, the animal should be evaluated by a veterinarian as soon as possible. If a zoonotic disease is suspected or diagnosed, appropriate prevention measures should be implemented to limit contact with that animal. If a service animal needs to be removed from a MNS due to illness, the handler cannot be separated from the service animal, as mentioned above, and alternate emergency sheltering arrangements would need to be made to accommodate this person and their service animal together. If persons in a shelter shows symptoms of illness consistent with a zoonotic disease, refer to Appendix 11 regarding disease investigations in shelters.

Bites and scratches from animals to people can result in injuries and bacterial infections, but the rabies virus is also transmitted through bite wounds. If an animal bites or scratches a person in a shelter, the person should receive appropriate evaluation and care of the wound. Additionally, bites from animals in shelters should be reported to the regional DPH Environmental Health Services office where the shelter is located. Reporting of animal bites also applies if an animal in a shelter bites another animal. DPH staff will assist in appropriate follow up which can include

observation and quarantine of the biting animal. For more information about reporting animal incidents, please go to the following DPH web page: https://live-sc-DPH.pantheonsite.io/health-professionals/diseases-conditions-clinical-guidance-resources/rabies-treatment/rabies-guide-managing-exposures#contacts.

Allergens from animals can result in asthma and other allergic symptoms in affected people. Sources of these allergens include animal dander, fur, body wastes, and saliva. Mild reactions in people include sneezing and runny nose while more serious reactions include cough, chest tightness, wheezing, and shortness of breath. Keeping animal areas clean, promptly disposing of animal waste, keeping animals in designated areas, and using gloves and other protective clothing can help reduce contact with animal allergens.

If a zoonotic disease or other possible disease outbreak is suspected during sheltering operations, please see Appendix 11 of this Annex.

Introduction.

DPH serves persons with disabilities in its shelters and strives to accommodate anyone with a functional and access need to include those with Limited English Proficiency (LEP). To accommodate these persons, DPH has implemented numerous strategies to improve the sheltering experience and to accommodate as many needs as possible.

Persons with Limited English Proficiency (LEP)

DPH has options for those who have limited English proficiency. For written translation services or interpretation services, see the following link to the DPH Sharepoint site, Language Assistance/ Limited English Proficiency.

https://DPH.sharepoint.com/sites/Intranet-LEP

DPH has an MOA with Able SC.

1. Delivery of requested items/resources. Delivery and prepositioning items may be necessary due to the event conditions. General list of services and resources include:
   a. Provide durable medical equipment (canes, walkers, wheelchairs, shower chairs, accessible cots, hoyer lifts, etc.), items to enhance accessibility (ramps, signage, etc.), or items that were lost or damaged during the emergency. (For a more complete list of items Able SC maintains, see the attachment.)
   b. Upon request, the Contractor will call or dispatch a team of one or two persons, as needed, to help shelterees determine their eligibility for and complete applications for disaster relief and recovery.
   c. Assist shelteree transition back home. Coordination includes:
      i. Identify community resources to provide a safe and clean home if not damaged.
      ii. Safe, clean, and accessible temporary location if home needs repairs/cleaning.
      iii. Determine if electricity has been restored to home.
   d. Upon request, the Contractor will call or dispatch a team of one or two persons, as needed, to:
      i. Provide any additional communication tools and any technical assistance needed to facilitate communication between shelter operations staff and any shelteree with a disability.

ii. Assist any shelteree(s) who is struggling to adjust to the shelter environment by providing the caregiver, shelter staff, and depending on the degree and type of disability, the shelteree with skills, technical assistance, and/or recommendations to facilitate transition into a shelter.

iii. Contractor staff will remain on-site only so long as to determine the level of effectiveness and make any necessary corrections to any course of action.

Initial activation of this MOA will occur through direct telephone contact by the state MNS Coordinator (or his/her designee) with the Contractor primary or secondary points of contact.

Please see this MOA or contact the State Medical Needs Shelter Coordinator for specifics.

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 DPH has available include;
  - *Writing on a pad*
  - *Pictogram Tool* (laminated in English and Spanish) are available to the DPH 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

- DPH has a MOA with the SC School for the Deaf and Blind for sign language translation services for DPH clients, including those in shelters or receiving other emergency services. The authorized requestors are: Director and Deputy Director of Bureau of Public Health Preparedness, Region EPR Section Managers, and the State Director of Nursing, or their designee. The requestor would need to coordinate with the RCP and DPH EOC, 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). See APPENDIX 5 for specifics

- These items are equipment or consumable supplies for a shelteree or even a caregiver who requires these for the maintenance of health or human dignity.

Persons with a Cognitive or Intellectual Disability.

- Depending on level of functioning, they may be able to operate effectively within a MNS. However, should their functioning become impaired within the shelter environment, additional support may be necessary. 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, DPH may have social workers who may be of assistance or a Resource Request for additional support may be made to the ESF-8 in the SEOC SEOC as the SC Department of Mental Health is an ESF-8 partner.

Persons Who Use Service Animals

- Service Animal are absolutely allowed into any shelter. See APPENDIX 6 for additional details

RESPOND. ACTIVATION OF MNS. DPH EOC and/ or RCP are activated.
*** See the link to the Nursing Practice Manual for access to documents mentioned in this section and Shelter Demobilization below.**
SHELTER MANAGER
Actions:
☐ Report to assigned shelter with DPH photo ID badge, upon being notified. ☐ Once the Shelter Team has arrived at the shelter, establish communication with the RCP. ☐ Complete facility walk-through with facility point of contact utilizing the "Pre/Post Occupancy Walk-through Survey" (DPH 1267). ☐ Coordinate with the RCP 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 RCP 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 RCP. Contact RCP for special food needs. ☐ Initiate and maintain shelter sign-in sheet for staff and volunteers utilizing the "Staff/Volunteer Log Sheet" (DPH 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 RCP every six (6) hours or more as needed. ☐ Coordinate with the RCP for transportation needs related to dialysis, discharge, etc. ☐ Coordinate with the RCP 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 RCP. ☐ Document activities utilizing the ICS 214.
CHARGE NURSE
Actions:

- ☐ Report to assigned shelter with DPH 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" (DPH 2346 or 2346S), 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" (DPH 1270) for each operational period and submit to RCP.
- ☐ Document management activities utilizing the ICS 214.

REGISTERED NURSE STAFF

Actions:

- ☐ Report to assigned shelter with DPH photo ID badge, upon being notified.
- ☐ Review and maintain inventory of on-hand medical supplies utilizing the "MNS Supply Inventory" (DPH 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" (DPH 2345 or 2345S).
- ☐ Establish discharge plan with shelteree and caregiver upon arrival. Discharge when appropriate and document on the "MNS Discharge Summary" (DPH 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" (DPH 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.

ADMINISTRATIVE STAFF

Actions:

- ☐ Report to assigned shelter with DPH photo ID badge, upon being notified.
- ☐ Review and maintain inventory of administrative supplies utilizing the "MNS Supply Inventory" (DPH 2373).
- ☐ Complete the "MNS Intake Form" (DPH 1266 or 1266S) and "MNS Shelteree/Caregiver Personal Belongings Inventory" (DPH 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.

SHELTER DEMOBILIZATION.

*** RCP coordinates pickup and return to service all MNS supplies and any equipment on loan from partners .**

SHELTER MANAGER

Actions:

- ☐ Determine any debriefing requirements and release priorities.
- ☐ Facilitate and coordinate shelter status with appropriate RCP staff, shelter staff, shelterees, and caregivers.
- ☐ Review demobilization responsibilities and expectations.
- ☐ Assist shelterees with preparation for relocation.
- ☐ Return shelteree records to the Regional Director of Nursing.
- ☐ Oversee inventory and return of supplies and equipment.
- ☐ Communicate and coordinate with RCP to account for loaned equipment and arrange for pick up/ delivery of items back to loaning partner. See Partner Loan Inventory Checklist (DPH form 3029).
- ☐ Coordinates with Charge Nurse to assure proper disposal of any infectious waste generated during shelter operations per the Agency Exposure Control Plan.
- ☐ Coordinate with RCP for logistical support to demobilize the MNS.
- ☐ Monitor implementation of demobilization.
- ☐ Conduct Post Occupancy Walk-through Survey utilizing the "MNS Pre/Post Occupancy Walk-through Survey" (DPH 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 and coordinating shelter status to 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 (DPH 2373) ☐ Restock any supplies upon return to regional office. ☐ Assist shelterees and caregivers as needed. ☐ Remove shelter signage ☐ Pack up supplies and equipment.

Appendix 9
(Storage and Retention of Shelter Documents)
to the SC Department of Public Health Emergency Operations Plan

DPH 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, and then outlined on an ARM11 for approval prior to destruction. Retention of these documents follows schedule #15615. However, certain circumstances may require longer retention, i.e. Federal disaster reimbursement or pending litigation.

- All Documents below are subject to Retention Schedule

Document	Retention Schedule (Years)
ICS 214-Activity Log	15615 (6)
Partner Loan Inventory Checklist (DPH 3029)	12-307 (1)
Pre/Post Occupancy Walk-through Survey (DPH 1267)	15615 (6)
Shift Report (DPH 1270)	15615 (6)
MNS Inventory Checklist (DPH 3148)	12-307 (1)
Staff/Volunteer Log Sheet (DPH 2642)	15615 (6)
Volunteer Nursing Agreement (DPH 1351)	15615 (6)
Consolidated MNS Census (see Nursing Professional Practice Manual)	15615 (6)
RCP Staffing Roster (see Nursing Professional Practice Manual)	15615 (6)
Supply/Equipment Inventory (DPH 2373)	12-307 (1)
Admission Form (DPH 2345 and 2345S)	15615 (6)
Continuation Notes (DPH 1264)	15615 (6)
Discharge Summary (DPH 1265)	15615 (6)
Intake Form (DPH 1266 and 1266S)	15615 (6)
Phone Triage Tool (DPH 1316)	15615 (6)
Shelter Screening Tool (DPH 2346 and 2346S)	15615 (6)

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 252 Halton Road. Greenville SC 29607

The State Director of Public Health Nursing will store and retain electronically 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, contaminated food or water, and insects. This appendix is designed to identify roles and responsibilities of DPH staff during a possible disease outbreak while sheltering.

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 RCP 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 DPH EOC.	**Lead:** RCP **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, Appendix C of the document below, as guidance Assure that appropriate and timely epidemiologic (Epi) surveillance and response occurs. Refer to CDC Field Epidemiology Manual CDC Field Epidemiology Manual.	**Lead:** Core Outbreak Response Team (ORT) **Supporting:** RCP, DPH EOC, Extended Outbreak Response Team

☐ Test the specimens and samples associated with the shelter. ☐ Communicate the results to the outbreak Area Commander.	**Lead:** Bureau of Laboratories (BOL) **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 DPH EOC and/or RCP 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 and/or designee should call the agency Telecommunications Coordinator and/or designee to activate the line.

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

- When the call is made the following information should be provided:
- Number of staff answering calls.
- A "Hunt group" will be set.
- ? Triage will be virtual unless there is a power outage, in which case an alternative site with generator backup will be utilized.

For in-person triage at the DPH EOC location:

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

Upon arrival to the DPH EOC, contact ESF-8 (Nursing). Security is available to escort staff into the building upon request.

Triage Line staff will utilize the MNS application or DPH 1316 form (if MNS application is down) to determine eligibility of caller into MNS. The DPH 1316 form will be available as a hardcopy in the triage room in the event the MNS application is down.

Once the triage staff are prepared to take calls, contact ESF-8 in the DPH EOC 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 of Triage records 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 Nursing

Once a person is identified via triage, a shelter will be set and the RCP 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 DPH EOC.

Red Cross Nurses in DPH Triage

Red Cross Nurse Roles/Responsibilities

1. DPH EOC/RCP 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 general immediate needs casework, if available.
    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 DPH EOC/RCP MNS Coordinator
    b. Red Cross Disability Integration Specialist
        i. Support of identification of untrained "service animals"
        ii. DME/CMS access resource
3. Coordinate resources between organizations
    a. Mental Behavioral Health issues (DPH Social workers, Red Cross mental health, ESF-8 (SEOC)
    b. Assist with medication access.

Procedure

1. Once the triage line is activated, DPH EOC/RCP would make the State MNS Coordinator (SEOC) aware of the triage activation and provide the information below. Then the MNS Coordinator would provide the Red Cross Senior Disaster Program Manager and/ or SEOC Red Cross Liaison (SEOC) with the following information:

    MNS Coordinator Contact or Triage lead information: Name, phone number

    Location: Address and room number

    Date and time to report to DPH location.

    Provide the **Employee/ Confidentiality Agreement** (DPH 0321) and the **Volunteer Nursing Agreement** (DPH 1351) for each Red Cross nurse working with DPH to sign. The Red Cross Nurses will need to email or fax? signed documents to Director of Public Health Nursing or her designee.

2. Red Cross will provide DPH the name and contact information of Red Cross nurse(s), and confidential email address(es). (Confidential email addresses are necessary to protect Private Health Information.)

3. Red Cross Senior Disaster Program Manager and/ or SEOC Red Cross Liaison would contact Red Cross Operations HQ's. and provide the DPH information above to the Red Cross nurse(s) who would serve with Triage staff. The contacted Red Cross staff would call the **DPH EOC/RCP MNS Coordinator Contact or Triage lead information** to re-verify the information provided, and once validated, report at the designated time and location.
4. Upon arrival, the Red Cross Nurse would contact the DPH EOC/RCP MNS Coordinator. The DPH EOC/RCP 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.
5. They will use their own computer and phone and have access to the Red Cross National Shelter System (NSS).
6. 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 particular need.
7. Any concerns over placement should move up each agency's chain of command for resolution.

Guidance for Providing Breastfeeding Support in General Population and Medical Needs Shelters

Purpose:
The purpose of this document is to provide guidance on breastfeeding in a General Population and/or Medical Needs Shelter (Shelters).

Even in emergencies, breastfeeding is the safest way to feed infants and young children as it provides infants and children with a safe source of water and food as well as protection against infection. Breastfeeding women continue to lactate during times of physical and emotional stress, but support is critical. Breastfeeding women should be encouraged to take time to feed the baby at the breast if possible, as optimal human milk supply is maintained by infant demand and frequent feedings. If a woman has stopped breastfeeding, she may be able to relactate if formula is difficult to obtain. See resource Relactation CR-012786.

SC Code Section 63-5-40 states that a woman may breastfeed her child in any location where the mother and her child are authorized to be, and that breastfeeding in a location where the mother is authorized to be must not be considered indecent exposure.

DPH has lactation consultants (IBCLCs - International Board-Certified Lactation Consultants) available to assist and support breastfeeding women with any breastfeeding issues that may arise during their stay in a DPH emergency shelter.

Guidelines for supporting breastfeeding women in shelters:

1. All shelter staff should be trained on the importance of continued breastfeeding during emergencies. Training information is available in the MNS Shelter Packet/Kit or Red Cross Shelter/Nurse Kit.
2. Staff should be informed of South Carolina law which states that a woman may breastfeed her child in any location where the mother and her child are authorized to be, and it must not be considered indecent exposure. If the mother desires a private place to breastfeed, one should be provided.
3. Ensure that there is a breastfeeding friendly area (aside from a bathroom) and there is a safe, clean, and private space for parents to breastfeed or express milk. A privacy curtain or pop-up privacy tent could be options. Signage should be posted to show breastfeeding safe areas that are “Available” or “In use” CR-011800.
4. Plan for mothers who are exclusively pumping and require electricity for their pumping needs. Some pumps have a lithium battery that will last for several pump sessions if the pump is charged. Ask the parent if she knows how to hand express her milk and if not give her the Breast Milk Expression and Storage handout ML-009107.

5. Have breast milk storage guidelines available for families who arrive with expressed breast milk in a packed cooler. Transfer the stored and labeled breast milk from the cooler to a refrigerator or freezer, if available, upon arrival. See breast milk storage guidelines on CDC's website at https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
6. It is recommended that breastfeeding mothers who are considering weaning their infant or introducing bottles delay until the danger has passed. Breastfeeding families with infants should never be distributed formula. An incorrect message could be relayed that breastfeeding is not enough or is not safe during the disaster.

Procedure

1. Shelter personnel will use the SC IBCLC LACTATION EMERGENCY SHELTER TRIAGE flowsheet to screen all breastfeeding women.

   A. If the need is in a General Population Shelter, then the Nurse Manager at Red Cross Headquarters should through the External Relations AD at HQ's, contact the Red Cross contact in ESF-6 at the SEOC and provide the Nurse Manager contact information. ESF-6 will reach out to ESF-8 in the SEOC and they will subsequently contact the DPH EOC where the call will be directed to the appropriate Regional Command Post (RCP). Each region will maintain a rotation schedule of IBCLCs to be on call each time the shelters are opened. A list of all IBCLCs and their contact information will also be available if needed, as well as other resources.

   B. If the need is in a Medical Needs Shelter and a referral to a lactation consultant is indicated, the IBCLC on the rotation should be contacted. Each region will maintain a rotation schedule of IBCLCs to be on call each time the shelters are opened. A list of all IBCLCs and their contact information will also be available if needed, as well as other resources.

2. Because of logistical challenges during emergencies, breastfeeding consultations will be done virtually whenever feasible via phone or laptop using Microsoft Teams. The lactation consultant on call must have access to one of these resources at all times during their rotation. A hotspot on a cell phone may be used to provide internet access if needed.

3. If lactation support is not readily available, identify other breastfeeding families within the shelter that may be willing to serve as peer-support to a family in need.

Resources:

SC Breastfeeding Coalition (SCBC): https://www.scbreastfeeds.org/parents

SCBC Lactation Map: https://www.scbreastfeeds.org/sc-breastfeedingfriendly-map

Appalachian Support hotline: Call 888-588-3423 or text BFHOTLINE to 839863 to speak with a lactation professional 24/7

Infant Risk Center: https://www.infantrisk.com/category/breastfeeding

Infant Risk Call Center: https://www.infantrisk.com/category/breastfeeding

Call the Infant Risk Center during regular business hours with any questions about medications and breastfeeding.

- 1-806-352-2519
- Monday through Friday, 8AM to 5PM CST

South Carolina La Leche League: https://www.lllofsc.com/

Procedures for Acquiring Baby Formula and Baby Food During a Disaster

I. Purpose.

The purpose of this procedure is to outline the specific response actions taken to acquire baby formula and/or baby food during a disaster, particularly during sheltering response. It will also address the responsible parties for the various actions or needs identified.

II. Procedure.

1. If a need for baby food or formula is identified in a shelter, the request should be entered into Palmetto and tasked to ESF-6 or ESF-11. In addition to the amount, location, possible amount needed, and other genal information, the particular request should include any particulars with regards to the formula (brand, soy-based, protein hydrolysate, anti-reflux, lactose-free or low lactose formulas), food (what stage of food, specialty foods, etc.), or feeding accessories (bottles, warmers, bags, etc.)

2. ESF-6 or 11 would work with its internal partners to identify a source. This could include the Red Cross, The Salvation Army, or other identified partners. Status of this effort should be noted in Palmetto before moving to the next step.
3. If ESF-6 or 11 is unable to resource this request internally, then ESF-18 and food banks will be engaged. If contacts at ESF-18 do not have any inventory (ie. foodbank warehouses), ESF-18 will reach out to the SC Retain Association and large retail. contributors to determine the retailer's capacity to assist or directly resource the request.
4. Finally, if it cannot be acquired through local or state-level sources or the supply insufficient for the disaster period, then FEMA will need to be contacted. FEMA will make available to States a supply of infant formula and food via Infant/Toddler Kits to cover the initial 72 hours immediately following a disaster and during a transition period for survivors in congregate shelters. The initial 72-hour infant and toddler kits would need to be entered as a mission request through Palmetto and tasked to Logistics. It will then be funneled to FEMA.

   If initial resources are needed beyond the 72-hour period, the FNS' Office of Emergency Management (OEM) has the authority to make a special purchase of infant formula and food 96 hours after a Presidentially-declared disaster for Individual Assistance to supplement the Infant/Toddler kits based on a State's request for additional resources. Infant formula and food requests should be a coordinated effort with FEMA ESF #6 (Mass Care) and ESF #11, submitted to FNS OEM from FEMA HQs via a Mission Assignment. FEMA ESF #6, #7, or Federal ESF #11 will use the Infant Formula/Food calculator to coordinate State/FEMA requests for USDA-procured infant formula and food items.

Resources: Commonly Used Shelter Items and Services Listing (CUSI-SL) Catalogue. https://nationalmasscarestrategy.org/wp-content/uploads/2019/09/CUSI-SL-Catalog_September-2019.pdf

Infant and Toddler CUSI For Disaster Feeding Calculator is attached.

Form Updated: July 31, 2014

FNS GUIDANCE FOR ORDERING FROM THE FEMA INFANT & TODDLER (I/T) CUSI LIST

A FEMA request for infant food/formula should be sent to the FNS Office of Emergency Management Director *(Steve Hortin - email: Steve.Hortin@fns.usda.gov / phone: (703.305.4375)* and include the following info:

- Number of infants/toddlers to be served and the anticipated duration of the feeding program
- Types and amounts of food/formula being requested based on FEMA's Commonly Used Shelter Items (CUSI) list (FNS can only provide items I/T-000 -- I/T-007)
- Complete address of the location the food/formula is to be shipped to (NOTE: ensure delivery site can store unopened containers of formula and food items at room temperature)
- Primary and secondary points of contact information/phone numbers who will be at the location the food/formula is being shipped to
- Operating hours of the receiving location/organization
- Verification that personnel will be available to unload the food/formula upon delivery to the site

	Infant and Toddler's (I/T) List	Description	Quantity
	Note 1: Planning estimate for ***one week*** based on 10% of 100-person shelter population being 10 Infants/Toddlers (Infants 12M or less; Toddlers 1-5 YRS) **Note 2:** *ITEMS HIGHLIGHTED IN GREEN BELOW WILL BE PUSHED BY FEMA TO THE FIELD AS PART OF PRE-STAGING ACTIVITIES* **Note 3:** Items on this page may be ordered ala carte by FEMA off the existing BPA at the LMC or JFO to support only what is needed **Note 4:** USDA will assume provision of items #1-7 after 96 hours after an IA declaration, and receipt of a completed FEMA Resource Request Form (RRF) or Mission Assignment, in addition to the required information listed above **Note 5:** All infant formula must be "Ready to Use" or "Ready to Feed" pre-mixed bottles **NOT** powder based formula. **Note 6:** Item I/T-006 & 007 should be dispensed by shelter health services staff		
I/T-001	Baby Food - Stage 2 [Includes veggies, fruit, and meat]	16 oz daily per infant/toddler (for 6 infants/toddlers)	672 ounces per week [Range in container size: 2.5 - 4 oz each]
I/T-002	Baby Cereal [e.g. Gerber rice, barley, or oatmeal]	Dry, single grain	160 ounces needed per week [Boxes should be 16 oz or less]
I/T-003	Formula, **Milk-based**, Ready to Feed (already mixed with water) in bottles or cans [e.g.-Similac Advance or similar product]	32 oz daily per infant (for 4 infants)	896 ounces per week [Range in container size: 2 - 8 oz]
I/T-004	Formula, **Soy-based**, Ready to Feed (already mixed with water) [e.g.- Similac Soy Isomil or similar product/brand]	32 oz daily per infant (for 2 infants)	448 ounces per week [Range in container size: 2 - 8 oz]
I/T-005	Formula, **Hypoallergenic-Hydrolyzed Protein**, Ready to Feed (already mixed with water) [e.g. Similac Expert Care Alimentum Hypoallergenic or similar product/brand]	32 oz daily per infant (for 2 infants)	448 ounces per week [Range in container size: 2 - 8 oz]
I/T-006	Oral Electrolyte Solution, Ready to Use, **Flavored or Unflavored** [e.g. Pedialyte, Enfalyte, or similar product/brand]	32 oz daily per infant (for 2 infants)	448 ounces per week [Range in container size: 2 - 8.25oz]
I/T-007	Nutritional Supplemental Drinks for Children > 12 months of age, Ready to Drink [e.g. Pediasure, Boost Kids Essentials 1.0 Cal, or similar product]	32 oz daily per child (for 2 children)	448 ounces per week [Container size: 8 oz]

INFANT & TODDLER (I/T) CUSI FOR DISASTER FEEDING CALCULATOR

INSTRUCTIONS

(Items on the I/T CUSI for Disaster Feeding Calculator that are not detailed below are self-explanatory.)

*** All Calculator fields highlighted in Yellow are to be completed by the Requestor ***

I. REQUESTING ASSISTANCE	
1	Date of Request
2	Date food is needed (**NOTE**: FNS can fulfill orders within 48 hours from the date of the complete request)
3	Mission Assignment Number or Resourse Request Number
4	Delivery Site Name
5	Enter physical address of the Delivery Site
6	Delivery Site Operating Hours
7	Delivery Site Primary Point-of-Contact's Name
8	Delivery Site Primary Point-of-Contact's Phone Number
9	Delivery Site Secondary/Alternate Point-of-Contact's Name
10	Delivery Site Secondary/Alternate Point-of-Contact's Phone Number
11	Indicate if personnel will be available at the delivery site to receive the order
II. INFANTS/TODDLERS TO BE SERVED	
1	Enter total number of children. Calculations will be based on assumption of 10% of 100-person shelter population being 6 Toddlers and 4 Infants, i.e. toddlers consist of 60% and infants consist of 40% of the total number of children entered.
2	Do not exceed more than 7 days for the calculation of Infant/Toddler Food and Supplies. Any request for more than a 7-day supply must be submitted at a later date, but at least 48 hours prior to the end of the last feeding effort.
III. REQUESTED ITEMS TO BE SHIPPED	
1	Enter an X in each field for the type of **Infant Formula** that is being requested. [**NOTE:** The total ounces requested for **Milk-based** infant formula is based on the assumed number of infants to be served (40% of total number of children entered), the total number of operational days of the feeding program, and a maximum daily intake of 32 oz. per infant. The remaining infant formula types are based on 20% of the total number of children entered. Exact requests cannot be guaranteed.]
2	Enter an X in the field if **Supplemental Drinks** for toddlers are being requested. [**NOTE:** The total ounces requested is based on half of the assumed number of toddlers to be served (60% of total number of children entered, divided by two), the total number of operational days of the feeding program, and a maximum daily intake of 32 oz. per child. Exact requests cannot be guaranteed.]
3	Enter an X in each field for the type of **Baby Food** that is being requested. In addition, enter the percentage requested of each type of baby food (the total percentage must equal 100%). [**NOTE:** The total ounces requested of baby food is based on the assumed number of infants/toddlers to be served (60% of total number of children entered), the total number of operational days of the feeding program, and a maximum intake of 16 oz. per child. Exact requests cannot be guaranteed.]
4	Enter an X in each field for the type of **Baby Cereal** that is being requested. In addtion, enter the percentage requested of each type of baby cereal (the total percentage must equal 100%). [**NOTE:** The total ounces requested is based on the assumed need of 160 oz. per week for 10 children. Exact requests cannot be guaranteed.]
5	Enter an X if **Nipples** will be needed to accompany the nursettes. [**NOTE:** 1 nipple per nursette will be ordered to accommodate the size of the nursette, if this field is checked.]

Form Updated: July 31, 2014

DEPARTMENT OF AGRICULTURE
Food & Nutrition Service

INFANT & TODDLER (I/T) CUSI FOR DISASTER FEEDING CALCULATOR

I. REQUESTING ASSISTANCE			
1. **DATE OF REQUEST:**		3. **MISSION ASSIGNMENT / RESOURCE REQUEST #**	
2. **DATE OF FOOD NEEDS:**			
4. **DELIVERY SITE NAME:**			
5. **DELIVERY SITE ADDRESS:**			
6. **DELIVERY SITE OPERATING HOURS:**			
7. **DELIVERY SITE PRIMARY POC NAME:**		8. **PRIMARY POC PHONE #**	
9. **DELIVERY SITE SECONDARY POC NAME:**		10. **SECONDARY POC PHONE #**	
11. **WILL PERSONNEL BE AVAILABLE AT DELIVERY SITE TO UNLOAD FOOD/FORMULA UPON DELIVERY? (Y/N)**			

II. INFANTS/TODDLERS TO BE SERVED	
1. **Total Number of Children** (Infants 12M or less; Toddlers 1-5 YRS)	
2. **Total Number of Operational Days of Feeding Program**	

III. REQUESTED ITEMS TO BE SHIPPED					
1. **Infant Formula**	**Items Requested** (Enter "X")	**Daily Ounce Intake Per Child**	*Total Ounces Requested*	*Total Ounces Shipped (FSA Only)*	
(I/T-003) Formula, **Milk-based**, Ready to Feed (already mixed with water) in bottles or cans [e.g. Similac Advance or similar product/brand]		32			
(I/T-004) Formula, **Soy-based**, Ready to Feed (already mixed with water) [e.g. Similac Soy Isomil or similar product/brand]		32			
(I/T-005) Formula, **Hypoallergenic** - Hydrolyzed Protein, Ready to Feed (already mixed with water) [e.g. Similac Expert Care Alimentum Hypoallergenic or similar product/brand]		32			
(I/T-006) Oral Electrolyte Solution, Ready to Use, **Flavored** [e.g. Pedialyte, Enfalyte, or similar product/brand]		32			
(I/T-006) Oral Electrolyte Solution, Ready to Use, **Unflavored** [e.g. Pedialyte, Enfalyte, or similar product/brand]		32			
			0	0	
2. **Supplemental Drinks**	**Items Requested** (Enter "X")	**Daily Ounce Intake Per Child**	*Total Ounces Requested*	*Total Ounces Shipped (FSA Only)*	
(I/T-007) Nutritional Supplemental Drinks for Children > 12M, Ready to Drink [e.g. - Pediasure, Boost Kids Essentials 1.0 Cal, or similar product]		32		df	
			0	0	
3. **Baby Food**	**Items Requested** (Enter "X")	**Percentage Requested** (Enter %)	*Total Ounces Requested*	*Total Ounces Shipped (FSA Only)*	
(I/T-001) Stage 2 - Vegetables					
(I/T-001) Stage 2 - Fruit					
(I/T-001) Stage 2 - Meat					
		0.00%	0	0	
4. **Baby Cereal**	**Items Requested** (Enter "X")	**Percentage Requested** (Enter %)	*Total Ounces Requested*	*Total Ounces Shipped (FSA Only)*	
(I/T-002) Rice (dry, single grain)					
(I/T-002) Barley (dry, single grain)					
(I/T-002) Oatmeal (dry, single grain)					
		0.00%	0	0	
5. **Nipples**	**Items Requested** (Enter "X")			*Total Shipped (FSA Only)*	
Nipples *(1 nipple per nurset will need to be purchased to accommodate the size of the nurseite)*					

Environmental Affairs Shelter Response Efforts, Information, and Documents

Environmental Affairs stands up Emergency Support Function (ESF) 10 in the SC State Emergency Operations Center when ESF-10 is activated. During shelter operations, ESF-10 may respond, where regulatory authority exists, to concerns identified at a shelter. These concerns may be, but are not limited to, the following areas:

- Hazardous Materials
- Waste Management

ESF-10 will only respond if these concerns have been identified and staff are available to respond. If staff are not available and the concern persists, then the decision to relocate shelterees and staff to another shelter may be necessary.

Additional information and documents can be found in Palmetto's File Library under SC DPH Environmental Affairs.

- Dam Safety Procedures for Monitoring and Web Application
- Environmental Affairs Basic Hurricane Preparedness Outline and Coordination Centers
- Post hurricane Mosquito Control
- Summaries of Bureaus and Offices Found in Environmental Affairs
- Use of Drones
- Water Emergencies and Safety

Use of Purchase Card for Hotel reservations for Shelterees/Caregivers in lieu of Medical Needs Shelters

Requirements:

1. A Governor-declared emergency must be in place.
2. Purchase Cards (P-Card) must be in "Emergency Status".

"Emergency Status" is an action instituted by the Procurement Manager in the DPH's Bureau of Business Management once the Procurement Manager is notified by the Comptroller General's office that a card can be put into emergency status. The Procurement Manager will send an email to all liaisons asking what cards need to be placed in the status once an emergency has been declared.

3. The shelteree or caregiver **cannot be a DPH employee or volunteer**
4. All reasonable efforts must be made to obtain the lodging at at or below the GSA maximum lodging rate for the location. If a rate at or below GSA rate is not attainable, the cardholder must include in the file a statement documenting in details their efforts to try to obtain GSA rate or better pricing. https://www.gsa.gov/travel/plan-book/per-diem-rates
5. The shelteree/caregiver does not have the financial means to cover the cost of the room.
6. P-Cards should be used only as a last resort. All agency policies and procedures regarding the P-Card must be followed. P-Card information starts in Section 39 of DPH's Procurement Procedures Manual.

Procedure If Using P-Card to Purchase a hotel room:

1. Once the need for a hotel reservation is identified, the cardholder should locate the closest hotel with availability and an acceptable rate (see Requirements above), then call and set up the reservation.
2. The RCP P-Card user will contact the hotel to arrange payment.
3. Once the hotel has indicated that the room is ready, the shelteree can then check-in.. ****At the end of the stay – a folio is required for your Pcard file.****

4. Logistics staff indicate in Palmetto that the Resource Request has been "Completed", and should sign and date to confirm that the shelteree/caregiver has checked-in to the hotel.
5. In the event a RCP is not activated or cannot support the resource request, the request will be forwarded to the Department of Public Health Emergency Operations Center (DPH EOC) Logistics staff, and the same procedure followed.
6. The following forms should be completed: (see attached)
    a. Behavioral Expectations While in a DPH-Sponsored Hotel Shelter
    b. Non-Congregate Sheltering: Daily Wellness Check/Monitoring Form.

Office Mechanics and Filing: Batch filed by event and housed by the Regional Nursing Director for six (6) years then destroy. Retention of this document follows schedule #15615.

For additional information, see Storage and Retention of Document information- See DPH EOP Annex L, Appendix 10

For additional information, see Storage and Retention of Document information- See DPH EOP Annex L, Appendix 10

For additional information, see Storage and Retention of Document information- See DPH EOP Annex L, Appendix 10

[Document title]

During disasters, it is possible that DPH may need to reserve hotel accommodations for Medical Needs Shelterees (MNS) and their caregiver. This could include persons who have a contagious condition but is not limited to this scenario. Some conditions are contagious, ie. COVID-19, and in some cases deadly. In being deemed eligible for a MNS shelter, and/or pose a serious health risk to those around you, that risk could even mean death. To protect yourself and the general public during a disaster, you are being issued a hotel room. There are certain expectations of anyone residing in a DPH-sponsored hotel. Please read these expectations and sign below.

I understand that I am expected to:

1. Under no circumstances, allow anyone other than my caregiver into my room and, if a contagious condition is present, directly interact with anyone other than my caregiver.
2. If a contagious condition is present, remain in my room at all times. The ONLY exception to this is if I am being transported to be admitted to a hospital.
3. If a contagious condition is present, remain in my assigned room for the recommended isolation or quarantine time period(s):
    a. Isolation period (if COVID positive or other contagious condition is present): Equivalent to 10 days from onset of symptoms and at least three consecutive days without fever as well as diminished overall symptoms (as recommended by the CDC).
    b. Quarantine period (if exposed to COVID positive person or suspected to have COVID): Equivalent to 14 days after your last contact with a person with COVID-19. It is possible to shorten quarantine period, and my contact person will let me know.
    c. If the contagious condition is not COVID-19, then I will follow the prescribed directions for isolation and quarantine.

d. After isolation / quarantine, I am free to leave.

4. Always wear the PPE that was assigned to me as I walk to my room, while being transported to a hospital or other location, or when released from quarantine/isolation.
5. Pick up any calls that are made to my hotel room or cell phone. This is how a DPH representative will communicate with me and will receive any wellness checks while I am in the shelter.
6. **NOT** make long distance calls from my hotel room.
7. Demonstrate responsibility for myself and my actions.
8. Treat staff, volunteers, and others respectfully at all times.
9. Abstain from behavior that is disruptive and unacceptable to others. Examples include: verbal, physical, or sexual harassment; threats and/or violent behavior; intentionally being nude in public areas; possessing weapons or drugs; drug dealing; etc.
10. Keep my room clean. I understand that excessive damage to my room will result in my termination from the program.
11. NOT smoke in my hotel room.
12. Inform my assigned volunteer and health department contacts of my room number, and any changes to my room number.
13. Vacate my hotel room once the disaster event has passed, I can safely return home, and/or my quarantine/isolation period has ended. I will be advised when that date will be.

I understand that:

a) Each day, I will be delivered 3 meals (breakfast, lunch, and dinner). Someone will knock on my door and leave the meal outside my door for me to pick up OR I have been provided food for meals at check-in.

b) If I have any needs or concerns that arise, I will communicate them to the individual who is doing wellness checks with me. If a contagious condition is present, I understand that I cannot leave my room during quarantine/isolation for any reason other than being transported to the hospital if needed.

My signature below indicates that I have read, or have had read to me, the Quarantine/Isolation Expectations. I also understand that there may be consequences from not following through on these expectations up to and including police involvement.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Non-Congregate Sheltering: Daily Wellness Check/Monitoring Form

Patient Name, Room #, and ID:

_____

Volunteer Name: _____

Patient Status (Isolation, Quarantine): _____

Date and Description of First COVID symptoms (if applicable):

_____

_____

_____

IS MEDICAL ATTENTION NEEDED?

If the person has **emergency warning signs** for any possible life-threatening condition, including COVID-19, get **medical attention immediately**. Emergency warning signs for COVID-19, but not limited to COVID-19, can include: *

- Worsening in trouble breathing
- Worse or new persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

* NOTE: This list is not all inclusive. Please consult a medical provider for any other symptoms that are severe or concerning.

If medical attention is needed, **call 911** and **tell the dispatcher if** the individual is a confirmed or suspected **case of COVID-19** so that those responding can wear appropriate PPE.

CONTACT REGIONAL EPI OFFICE:

If the person positive or suspected to have COVID-19 or other contagious condition, notify Regional Epi office if the person is being **transported for medical care,** or when the following conditions have been met for **release from isolation**:

- For COVID-19,
    - The person's symptoms began at least 7 days ago **AND**
    - It has been at least 72 hours since the person had a fever (confirm they have not taken Tylenol or ibuprofen during that time) **AND**
    - Their cough or shortness of breath are better.

If needed, contact the Regional EPI office or client case manager by calling the following:

Use of Purchase Card for Purchasing Medication, DME and/or CMS for Shelterees/Caregivers in Medical Needs Shelters

Procedure If Using P-Card to Purchase:

1. Once the Shelter Manager has identified a need for items that have to be purchased, the Shelter Manager, or a designee, should locate the closest open pharmacy near the shelter via Rx Open, or by other means. The provider should then be contacted by the shelteree or caregiver. (A DPH nurse should be present with the shelteree or caregiver while the resident is talking with the pharmacist to be sure that no more than a 30-day supply is requested.) The shelteree, caregiver, or Shelter Manager, should verify that the pharmacy can take a credit card payment via phone.

    a. The shelteree/caregiver should give permission, via their signature on DPH's Medication Signature Checklist (MSC) or DPH Form 4048, authorizing DPH staff to:
        i. Contact the pharmacy on the shelteree/caregiver's behalf,

ii. Verify that the shelteree/caregiver has any necessary active prescription(s), and
iii. To pick up a items on behalf of the shelteree/caregiver.

b. The shelteree/caregiver will also be required to verify, via their signature on the DPH MSC, that the shelteree/caregiver does not have insurance/funds to cover the cost of any payment, and that the shelteree/caregiver gives permission for DPH to share the shelteree/caregiver's information with FEMA for possible reimbursement.

2. A written request for permission to purchase item(s) via email should be made from the Shelter Manager, or a designee, to the Regional Command Post (RCP) MNS Team Supervisor/Shelter lead. (If email is not possible due to lack of technology, then phone call may be substituted.) In the request, the Shelter Manager, or a designee, will provide the RCP MNS Team Supervisor/Shelter lead the name and contact information of the shelteree/caregiver who needs the item(s). The RCP MNS Team Supervisor/ Shelter lead will take the necessary information requested on the P-Card Medication Master Sheet (MMS) or DPH Form 4049, and provide a shelteree number to the Shelter Manager that will correspond to the shelteree's name and phone number on the MMS.

3. For a prescription, the Shelter Manager, or a designee, will complete the Medical Prescription Information Form (MPIF) or DPH Form 4047 . The shelteree's number received from the RCP will go on the MPIF in place of the shelteree's name. The Shelter Manager, or a designee, will email the completed form to the RCP MNS Team Supervisor/Shelter lead who will put the Resource Request into Palmetto and direct the request to the RCP Logistics staff. (Again, if technology is not available, then a hardcopy may be provided to the RCP.)

4. The RCP P-Card user will contact the provider to arrange payment.

5. Once the provider has indicated that the request has been filled, the RCP MNS Team Supervisor/Shelter Lead should contact the Shelter Manager to coordinate pick up of the item(s). ****A receipt of payment for the medication is required.****

6. The non-nursing regional staff that pick up the item(s) should deliver it directly to the resident and retain a receipt to be attached to the MPIF. The P-Card holder should retain the MPIF and the receipts.

7. DPH nursing staff cannot procure or distribute medication purchased by P-Card

8. Once the shelteree/caregiver is in possession of the item(s), the shelteree/caregiver should sign the MSC to verify that they have received the item(s). The Shelter Manager should then email, or provide a hardcopy of the MSC and a copy of the receipt signed by the appropriate staff member to verify that they item was received, to the RCP P-Card User to make them aware that the request has been filled and the shelteree/caregiver are in possession.

9. Logistics staff indicate in Palmetto that the Resource Request has been "Completed" and should sign and date to confirm that the shelteree/caregiver has possession.

10. In the event a RCP is not activated or cannot support the resource request, the request will be forwarded to the Department of Public Health Emergency Operations Center (DPH EOC) Logistics staff, and the same procedure followed.

Office Mechanics and Filing: Batch filed by event and housed by the Regional Nursing Director for six (6) years then destroy. Retention of this document follows schedule #15615.

Appendix 16
(Environmental Affairs Shelter Response Efforts, Information, and Documents) to the SC Department of Public Health Emergency Operations Plan

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Non-Congregate Sheltering: Daily Wellness Check/Monitoring Form

Client Name: _____

Date and Time of Check-In Call	Temp; Date/Time of last fever	Date/Time of last Ibuprofen or Aceta-minophen	Chest pain or pressure (better, worse, same, or none)	Cough (better, worse, same, or none)	Shortness of breath (better, worse, same, or none)	New Confusion or inability to arouse (Yes or no)	Bluish lips or face (Yes or no)	Other symptoms (date of first onset and severity)	Need to call for medical attention (Yes or no)	Questions from Client

MNS Hospice Shelter Procedure For DPH Employees

Applicability

This procedure is for sheltering of persons receiving care from a licensed home health agency[i] or hospice program[ii] at a MNS hospice facility[iii]. Persons receiving care from a licensed in-home care provider[iv] may not shelter at a MNS hospice facility.

This procedure does not relieve any licensed provider or facility from meeting applicable statutes and regulations regarding development and implementation of emergency evacuation and sheltering plans.

Preparation

1. Hospice facilities have two options to receive home health patients during a disaster, but it will be up to each hospice to decide how it wants to handle this. CMS recommends 1) opening a separate boarding business to accommodate home health patients in their facility but does not require this. However, at a minimum, 2) the hospice should keep the patients separated in the inpatient unit. Resources like staffing, volunteers etc. should also be accounted for separately. The census, staff and resources for the boarding side should not be mixed up with the hospice census, staff and resources. The hospice must meet the Conditions of Participation (CoPs) for all hospice patients and the inpatient unit must stay in compliance with the CoPs.

Note: If either of these two options are followed as outlined, and so we can accommodate folks as soon as medically necessary in a disaster, 1135 waiver approval is not necessary. However, a DPH variance form should be submitted and approved so that the DPH is aware that the hospice inpatient facility will be receiving home health patients and additional hospice patients from other providers who do not have inpatient facilities.

2. Healthcare Quality (HQ) will maintain the hospice facility variance request form on the DPH website and ensure hospice facilities, associations, and internal DPH staff know the form's location on the DPH website. HQ will email the link to the hospice facility variance request form to the hospice facilities and associations and provide instructions for filling out the form. HQ will promptly review form submissions and notify the requesting hospice facility via email of HQ's decision whether to approve the request. HQ will set up a process on SharePoint where the hospice facility form

submissions and HQ decisions will be generated on a list shared with all applicable internal DPH staff. HQ's shared list will indicate the hospice facility's bed availability at the time they filled out the form.

3. Prior to an event, the State Medical Needs Shelter Coordinator will reach out (a minimum of 48-72 hrs) to the home health/hospice associations to inform them that DPH may be opening up its triage line and assistance may be needed during the event. They should only be contacted during daylight hours but are available to assist with advice or recommendations or in contacting providers as the need arises.
4. The Regional Command Post (RCP) will:
    a. Contact necessary providers to inform them that DPH may be opening shelters and see if they can be prepared to accept shelterees. (Each region will try to maintain 20 beds and once a 50% utilization is reached, they will reach out to additional providers.)
    b. Any hospice facility that agrees to accept a shelteree, should receive the Confidentially of Information policy statement document and the DPH Contractor Confidentiality Agreement (DPH Form 0321A), and receive these back from the provider. Appropriate contact names and information should be exchanged between the hospice provider and the RCP. Updated information should be provided prior to shift change.
    c. Determine bed census with the identified facilities and current capacity. Are there any other needs, requirements, and/or "asks" that the facility has? Determine if staffing will be available for sheltering response. If the hospice facility is going to go over capacity due to an emergency, DPH will provide any necessary medical beds and cots.
5. Upon request from BEPR, DPH Healthcare Quality (HQ) staff will forward the variance request forms to interested hospice facilities that have signed a completed MOA from BEPR. HQ staff from Bureau of Healthcare Systems and Services will promptly review any variance requests and notify the requesting hospice facility via email of HQ's decision to approve or deny the variance request. HQ staff will set up a process on SharePoint where the hospice facility variance requests and HQ decisions will be generated on a list shared with all applicable internal DPH staff. HQ's shared list will indicate the hospice facility's bed availability at the time they filled out the form.
    a) Events which do not require additional approval by HQ for BEPR to activate the Hospice MNS shelter procedures are:

i. Any event covered by a Governor's State of Emergency
ii. Hurricanes
iii. Wildfires
iv. Hazmat spills and Environmental accidents
v. Localized or non-localized flooding
vi. Dam failure
vii. Structural building damage or failure caused by tornadoes, fires, severe storms, lightning, earthquakes, or other natural disasters which would put the patient at severe risk for harm if they remain at the location

b) Questions about all other event types should be directed to HQ Bureau of Healthcare Systems and Services for approval prior to activating the Hospice MNS procedures and MOA.

6. The RCPs will need to establish a monitoring schedule for all shelterees and make the provider aware of this as well.

Response

1. A call comes into the triage center and triage nurses determine they are eligible and would best be served in a hospice location. State triage needs to ask the caller if they have reached out to their home care provider to activate any individual evacuation and sheltering plan. Every home care provider is expected to have plans for each individual in their care. If they have not, ask them to do so, and if they have and do not have a plan or cannot reach their provider, triage should contact the appropriate RCP of the shelteree using their standard protocol.
2. When the decision is made by regional secondary triage process that the person needs to go to a hospice location, regional staff will need to verbalize to the person that their information will be shared with "X" hospice to allow for the most appropriate placement. ***Note:** Only the shelteree is to receive care. Family cannot receive care in this facility. Only food should be provided to any family or caregiver in the facility.
3. The RCP Medical Needs Shelter lead will contact the provider nearest the incoming shelteree to verify their ability to accept the shelteree, their capacity, determine if a significant other or family is allowed, and provide the following information about the:
    a. Shelteree
        i. Name,
        ii. Home address,
        iii. Contact information,
        iv. Emergency Contact information,

v. Name and contact of primary healthcare provider.
vi. Has the person been receiving hospice care, home health, or is a non-hospice client?
vii. List of primary diagnosis.
viii. If they do receive hospice or home health, who is the provider?
ix. The medical, cognitive, and/or ADL need(s).
x. Any equipment or medication coming with the shelteree.
xi. Other medical needs or concerns, etc. (allergies, dietary,etc.)

b. Caregiver accompanying? If yes:
   i. Name
   ii. Home address
   iii. Contact information
   iv. Emergency Contact information
   v. Anything else that is pertinent.
   vi. Will they also need accommodations at the Hospice MNS?

c. Will the primary provider still provide staff to care for the shelteree?
   i. Who is the licensed primary home care agency and provider?
   ii. Contact name and phone number.
   iii. Will the primary provider need to remain in the MNS hospice facility to provide care to the shelteree?

*Note: The DPH EOC needs to be notified for situational awareness.

4. Once the site is identified and the provider has determined that they can and are willing to accept a shelteree(s), the RCP will:
   a. Tell the shelteree and/or caregiver to make their current home health/hospice provider aware of where they are going to be,
   b. Tell the shelteree/ caregiver to coordinate with their current provider and the hospice house any necessary care for the duration of the disaster,
   c. Provide the shelteree/caregiver with necessary contact information for the shelter facility for them to drive themselves (if possible), to include;
      i. Name of facility.
      ii. Address.
      iii. Name, phone number, and/or email of facility's primary Point of Contact (POC).

5. HQ (DPH EOC-HealthReg@DPH.sc.gov (if DPH EOC is activated), Bureau of Healthcare Systems and Services management) must be notified immediately by email of the following:
    a. Name of sheltering facility
    b. Name of evacuating facility or provider
    c. Number of evacuees including patients, caregivers, etc.
    d. Whether the sheltering facility will be over licensed capacity
    e. Expected length of stay if known
6. If shelteree or caregiver cannot transport themselves, the RCP will work with Healthcare Quality's (HQ) Bureau of Healthcare Professionals to arrange transportation to designated hospice location. If the need cannot be filled at the RCP level, it should be forwarded to the DPH EOC.
7. HQ's Bureau of Healthcare Professionals in the RCP or DPH EOC, depending on the action level, will contact the shelteree and provider to coordinate transportation.

If the shelteree has been receiving care in their home, then there are two options:

1. **The hospice house provider can allow the provider who has been providing care in the client's home to render care to the shelteree in the hospice facility (DPH would simply be paying for the space), or**
2. **The hospice provider and the home health care provider will need to coordinate release from the home healthcare provider and admission into the hospice facility. (DPH would be paying for the space and services, but the price remains the same for option 1 or option 2 as stipulated in the MOA.)**
3. **Once the disaster is over and the person can return home, option 2 would require the release of the shelteree from the hospice provider and re-admission to the care of home health provider.**

If the shelteree has not been receiving licensed home care, but nursing triage has determined they may qualify medically for home care, and a MNS hospice facility may be the best location to meet their medical needs during a disaster, then the following should occur:

1. The RCP will contact the hospice facility and make them aware that they have someone who may qualify for in-home licensed care. Discuss the criteria that may make this person eligible with the facility.

2. If the facility agrees that this person may qualify for licensed in-home care, then transportation should be arranged, Shelteree's POV, EMS or other.
3. Upon arrival, the hospice facility will have the shelteree/caregiver sign any necessary documentation as required.
4. The hospice facility will then follow its standard protocol for assessment and contact a physician or physician partner, such as SC House Calls for final determination of medical need for licensed health care.
    a. If they do qualify, then they can become a MNS shelteree within the MNS hospice facility.
    b. If they do not qualify, then DPH is responsible for arranging transportation to the appropriate location. This could be a hospital or another MNS.

Note: Just because they receive physician permission to receive licensed in-home healthcare does not mean that it is mandatory that they receive this once they are discharged.

Recovery

As the event and response scale down, people will be able to return home. Prior to them returning home several things may need to occur. This can be coordinated at the RCP, DPH EOC or SEOC as needed. These include:

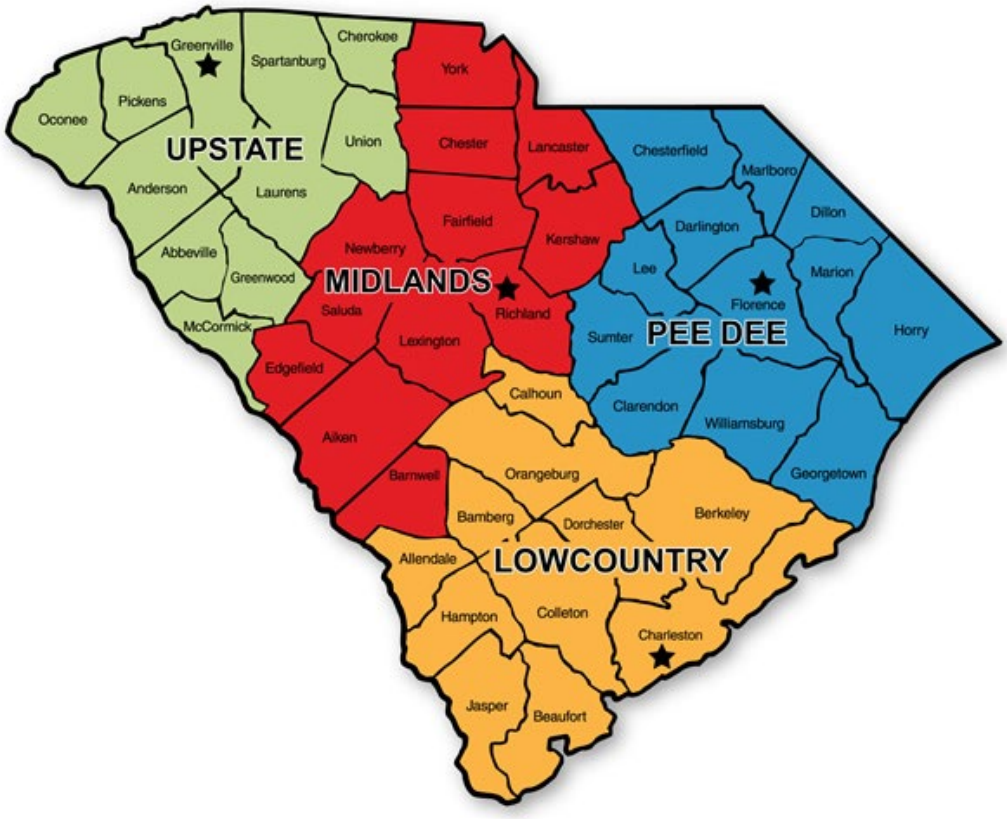
- Has electricity been restored to their home?
- What condition is the home in? Was there water damage? Structural damage? Etc.
- Is the patient in a stable condition to transfer back to a home setting?

1. If the shelteree/caregiver can return home and the shelteree/caregiver requires transportation, the RCP should make the necessary arrangements for transportation via HQ's Bureau of Healthcare Professionals. If they cannot fill the request, then it should be tasked to the DPH EOC.
2. Once transportation has been arranged, RCP should contact shelter facility to give them an ETA for picking up the shelteree/caregiver from the shelter facility to transport back home or appropriate location.
3. If the shelteree is unable to return home (ex: structural damage to home, change in level of care needed), then alternative arrangements would need to be made to provide care in another environment with the primary provider rendering said care.

Documentation

1. The hospice facility is responsible for documentation completed while in MNS hospice facility and to retain documentation after the event in accordance with MNS hospice facility guidelines. Coordination between the primary provider and the hospice sheltering facility regarding documentation will occur between the respective providers.
2. Person would have to sign a release for DPH Form 1623 to be given hospice documentation (if DPH needed it in future for some reason)
3. If the person is sent from an MNS shelter to hospice facility (i.e., care is determined to be beyond DPH's ability to render), then DPH would keep documentation that was done on that client while in DPH shelter and hospice would keep 1626documentation that was done while in hospice facility.
4. **No person who is not receiving licensed home health or hospice care should enter a MNS hospice location for care. This includes in-home care providers, who are not licensed as home health or hospice.**

DPH Region Map



[i] "Home health agency" shall mean public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services. S.C. Code § 44-69-20(4). "Home health services" shall mean those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency,

on a visiting basis, and except for subsection "e" below, in a place of temporary or permanent residence used as the individual's home as follows:

(a) Part-time or intermittent skilled nursing care as ordered by a physician and provided by or under the supervision of a registered nurse and at least one other service listed below;

(b) Physical, occupational or speech therapy;

(c) Medical social services, home health aide services and other therapeutic services;

(d) Medical supplies and the use of medical appliances;

(e) Any of the foregoing items and services which are provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing care facility, or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot be readily made available to the individual in his home, or which are furnished at such facility while the patient is there to receive such items or service, but not including transportation of the individual in connection with any such items or services.

Id. § 44-69-20(5).

[ii] "Hospice" means a centrally administered, interdisciplinary health care program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family including, but not limited to, outpatient and inpatient services provided directly or through written agreement. Inpatient services include, but are not limited to, services provided by a hospice in a licensed hospice facility.

Admission to a hospice program of care is based on the voluntary request of the hospice patient alone or in conjunction with designated family members. *Id.* § 44-71-20(3).

[iii] "Hospice facility" means an institution, place, or building in which a licensed hospice provides room, board, and appropriate hospice services on a twenty-four hour basis to individuals requiring hospice care pursuant to the orders of a physician. *Id.* § 44-71-20(4).

[iv] "In-home care provider" means a business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. *Id.* § 44-70-20(3). "In-home care" means care:

(a) primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or specific therapy for an illness or injury;

(b) given to assist an individual in an activity of daily living, such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, and supervising self-administered medication; and

(c) personal in nature but not mandating continuing attention or supervision from trained and licensed medical personnel.

Id. § 44-70-20(2).

Annex M
Internal Communications Support Annex
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

Communication is an ongoing process that starts before an incident occurs and continues after an event ends. Systems must be in place to communicate with the public, the media, response partners, and Department of Public Health (DPH) Staff. This Annex will review DPH incident-related communications systems. The information in this Annex applies to all-hazard events as laid out in the Emergency Operations Plan (EOP).

II. Purpose.

This Annex defines communication systems and processes used to prepare for, respond to, and recover from incidents for which DPH activates the EOP. Please see Annex H External Communications and Public Information for more information on DPH's Agency-wide communications plan, media engagement, and public outreach strategies.

III. Scope.

This Annex details the systems used for internal communication with DPH staff, and external communication with DPH's stakeholders, partners, and the public. Many of the communication systems and processes described in this Annex are applicable when the Agency is operating at normal operations (OPCON 3), enhanced operations and level of awareness (OPCON 2), or full alert and response (OPCON 1). This Annex focuses on communications systems, tools, and methods applicable during OPCON 2 and OPCON 1.

IV. Situation.

An event requires activation of DPH's EOP and Incident Command in whole or part. This annex supports the EOP and applicable supporting plans, annexes, and SOPs.

V. Goals and Objectives.

- Notify DPH staff, stakeholders, partners, and the public with accurate, timely, coordinated messages.
- Notify DPH staff, stakeholders, partners, and the public of incidents of special concern, especially when action is required.
- Direct and control DPH staff, contractors, and partners, as required.
- Provide information regarding the incident and DPH's actions to the Governor, State, and local officials, and the State Emergency Response Team (SERT).

- Communicate informational and life-saving messages to the citizens and visitors of South Carolina to protect the public health and safety of those in the State.

VI. Facts and Assumptions.

- Activations may require staff to use several communication methods and platforms.
- Certain communication systems may not be available depending on the type of event and the infrastructure affected.
- Incidents may affect DPH facilities and could affect each facility's communications systems differently.
- Emergency response is an additional duty for most DPH staff; finalization of contact lists for specific incidents will occur as the need for activation arises.

VII. Concept of Operations.

During incidents, DPH communicates with staff, external partners, stakeholders, and the public. The following section discusses the different communication resources and mechanisms available for each type of communication.

External Communications

CareLine

The CareLine is a toll-free answering service that receives calls, schedules appointments at health departments, and answers DPH-specific inquiries from the public. When an event triggers activation of the DPH EOP, the CareLine may extend its hours to 24-hour operations. The CareLine will use incident-specific scripts and serve as a point of entry into the agency for those requiring access to a Medical Needs Shelter (MNS).

Triage Line

DPH staff triage clients referred by the CareLine. The Triage Line is staffed with medical professionals to allow for appropriate triage, but who do not offer medical advice to individuals. However, Triage Line personnel can answer general medical questions from the public within a predefined scope. The Triage Line determines if an individual is eligible for placement in a DPH MNS during events that necessitate sheltering. It is available 24 hours during an activation.

PalmettoEOC

PalmettoEOC is South Carolina's web-based common operating picture. PalmettoEOC allows incident response staff to track incident-related activities, documents, resource requests, shelter operations, dams, water treatment centers, and

more statewide. Palmetto uses an affiliation-biased permission system to provide communication to certain members of an organization, all members of an organization, or all users in the state. These permissions allow PalmettoEOC to be used heavily for internal as well as external communications.

Health Alert Network

DPH's of Acute Disease Epidemiology (ADE) acts as the DPH Central and Regional Office point of contact for coordinating and distributing health information through the Health Alert Network (HAN). Information distributed may include communications with other divisions and offices of DPH, pharmacies, hospitals, healthcare entities, healthcare workers, other government agencies, non-governmental organizations, and DPH's emergency planning partners. Health notification topics include information on disease prevention, assessment, and control, known or suspected disease outbreaks, rare or unusual disease occurrence of public health significance, and threats or acts of nuclear, biological, or chemical terrorism that may require a public health response.

For more information on the HAN, please see the ADE HAN Standard Operating Procedure (available upon request).

HAM Radios / Palmetto 800

In the event of a communication systems failure, the Bureau of Emergency Preparedness and Response (BEPR) maintains the capacity to utilize radios in the Agency EOCs. Partners with radio capacity include but are not limited to the State Emergency Operations Center (SEOC), hospitals, and emergency management partners. For more information about radios, please see Annex T-Logistics.

Communications between DPH and SERT

Agency staff assigned to the State Emergency Response Team (SERT), including but not limited to ESF-6, ESF-8, and ESF-15, will facilitate communications to and from the SERT and supporting agencies. SERT staff will communicate with the DPH Emergency Operating Center (EOC) and Regional Command Posts (RCPs) as required. Staff will be familiar with available methods of communication, including but not limited to telephone (VOIP, landline, cellular, and satellite); shared email accounts; PalmettoEOC; the DPH EOC SharePoint site; and amateur radio. Email, Palmetto, and SharePoint are self-documenting; phone calls and other verbal communications are in accordance with DPH EOC SOPs.

Through ESF-15, DPH provides information, and volunteers, to support Emergency Management Division's (EMD) Public Information Phone System (PIPS), a call-in system that the public can use to gather information about the current incident.

Communications with additional external partners

During an incident, DPH staff communicate with external partners and stakeholders in various ways. In addition to continuously communicating with the SERT partners, dam owners, and healthcare providers, DPH staff communicate with other governmental organizations, associations, and non-governmental organizations. See the Emergency Resource Directory, Sections IX, X, and XI, for a representative list.

A copy of the Emergency Resource Directory, redacted to protect personal phone numbers, is available upon request. BEPR maintains the current Directory. Communication is often through phone calls and emails. External partners may have access to PalmettoEOC or physically come to the DPH EOC during an incident.

Internal Communications

Staff Notification

The Office of Media Relations is responsible for engaging all employees through communication tools to increase employee morale through enhanced employee engagement, improve internal and external customer interactions, and promote cultural change by enhancing education about DPH's core values and strategies.

ReadyOp

ReadyOp is DPHs internal notification and alert system that can alert staff within seconds of a released notification. ReadyOp can be used to notify staff of any hazard via email, phone call, or text message. The system also tracks which staff have received the message.

The system is interactive and allows staff to respond to messages, which enables the administrator to send the message to receive feedback on an individual's status. For instance, if ReadyOp is used to notify staff of an active shooter, the administrator may instruct staff to respond with a "1" if they are safe and a "2" if they are hurt.

The Agency ReadyOp Administrator manages the ReadyOp system. Additionally, in each of the four public health regions, the Safety Director, an IT staff member, and a PHL staff member have administrative rights to ReadyOp. This allows any of these administrators to log into the system and send emergency notifications to select staff as needed. DPH is continuing to expand this network of administrators.

The Agency ReadyOp Administrator is responsible for updating and maintaining the contact information for all staff. Quarterly, all DPH personnel are required to update their information in the agency's Active Directory, and these updates are imported into ReadyOp by the Administrator. The Office of Human Resources and the Administrator will work collaboratively to ensure that employees who have left

the Agency are removed from the system. Every week, the Administrator exports a spreadsheet from ReadyOp to maintain as a backup copy in the event the ReadyOp system fails.

During incidents that require staff to report to the DPH EOC, staff will receive a ReadyOp notification, as outlined below. *Select staff are expected to arrive at the DPH EOC within sixty minutes of receiving the ReadyOp notification*.

Several areas within DPH maintain notification rosters. Staff within the area are required to review and validate contact information periodically, and revised rosters are published. BEPR assigns staff members to serve as the Duty Officers to provide a designated point of contact around the clock. The same is true for the Acute Disease Epidemiology (ADE), the Public Health Regions, and Healthcare Quality.

While ReadyOp is DPH's internal communication system, it can also notify external partners and stakeholders. The database allows for grouping individuals based on various categories, such as department, building, or organization. Partners outside of DPH, such as ESF 8 partners, federal partners, Region IV states, first responders, and others, can each have their own group within ReadyOp. This allows BEPR staff to notify its partners quickly based on the type of incident and the partners that need the notification.

Staff Communications

DPH staff are expected to communicate using various tools in an incident, including telephone (both landline and cellphone), PalmettoEOC for both DPH and SCEMD, and personal email accounts and shared email accounts. If needed, satellite phones, 800 MHz radios, and Ham radios are also available for staff.

Incident communications are coordinated through the established ICS structure using available infrastructure and equipment. Life-safety, urgent, or sensitive communication should use voice communication. Email serves as a voice supplemental method for disseminating other incident information or for routine communication.

When DPH activates its EOP, the DPH EOC and RCPs might all be activated. In some instances, only the affected Region has an activated RCP, but in large-scale, Agency-wide events, all four RCPs may activate. Coordinating an Agency-wide response requires regular communication between the DPH EOC and RCPs.

There are no distinct communication systems for RCPs to use to communicate with the DPH EOC. The RCPs all use PalmettoEOC, phones, radios, and shared email accounts.

VIII. Assignment of Responsibilities.

PREPARE. **ICS and SEOC are not activated.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ When possible, conduct pre-event briefings with incident-related staff.	**Lead:** DPH Director **Supporting:** All Agency
☐ Lead PalmettoEOC Work Group to develop and improve applications within the State's Common Operating Picture. ☐ Conduct trainings on PalmettoEOC. ☐ Maintain communications systems such as VOIP phones, landlines, satellite phones, DPH EOC shared email accounts, video wall, etc. ☐ Maintain updated contact information for all employees in ReadyOp. ☐ Maintain updated ICS Forms 205a and 207. ☐ Update and maintain Emergency Resource Directory. Note: The Emergency Resource Directory is part of this Plan but is updated as needed and maintained separately for currency.	**Lead:** Bureau of Emergency Preparedness and Response (BEPR) **Supporting:** All state level bureaus/ divisions
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Staff ESF-15. ☐ Manage and implement Playbooks.	**Lead:** Communications **Supporting:** N/A
☐ Communicate with legislative committees and members about agency plans and preparation.	**Lead:** Legislative Affairs **Supporting:** Agency SMEs
☐ Coordinate messaging with regional and local health officials.	**Lead:** Community Health Services **Supporting:** N/A
☐ Coordinate messaging with state and local emergency management or designated points of contact. ☐ Upload documentation to the BEPR SharePoint	**Lead:** BEPR **Supporting:** N/A
GENERAL COUNSEL	

PREPARE. **ICS and SEOC are not activated.**	
Actions:	**Responsibility**
☐ Review, revise or draft any documents or written communication ☐ Provide legal advice and counsel	**Lead:** OGC **Supporting:** Clients
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Maintain liaison with DPH areas to subscribe and unsubscribe individuals and groups within the SC HAN distribution system. ☐ Identify a HAN Coordinator on-duty. ☐ Ensure and maintain the proficiency of those who serve as Primary Authors and HAN Coordinators on-duty. ☐ Conduct regularly scheduled drills for all staff who are tasked with HAN Coordinator on-duty roles. ☐ Maintain HAN template and review HAN SOP and appendices. ☐ Initiate the distribution of an approved HAN notification. ☐ Monitor the receipt of CDC HAN notifications and contact the appropriate DPH Program regarding the release. ☐ Coordinate with the appropriate DPH Program area to determine turnaround schedule for HAN distribution. ☐ Refer to the SC HAN SOP for more details.	**Lead:** communicable Disease Prevention and Control (CDPC) **Supporting:** N/A
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Director of Public Health **Supporting:** Chief of Staff, Public Health
HEALTHCARE QUALITY	
Actions:	**Responsibility**
☐ Coordinate and participate in conference calls for licensed care facilities and associations. ☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Bureau of Health Facilities Licensing **Supporting:** Facility /Infrastructure Analysis, Bureau of Healthcare Planning and Construction
FINANCE/ ADMINISTRATION	

PREPARE. **ICS and SEOC are not activated.**	
Actions:	**Responsibility**
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Financial Chief of Staff **Supporting:** Bureau and Office Directors
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Maintain internal notification and recall rosters and communication systems.	**Lead:** Chief Officer **Supporting:** N/A
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Check IT personnel access to communications systems/applications. ☐ Check the availability of hardware and hardware functionality. ☐ Maintain contact lists for external vendors. ☐ Coordinate with bureaus for layers needed in PalmettoEOC. ☐ Maintain internal notification and recall rosters and communications systems.	**Lead:** Office of Information Technology (OIT) **Supporting:** N/A
HEALTH PROMOTION AND SERVICES REGIONAL ACTIVITIES	
Actions:	**Responsibility**
☐ Maintain contact lists and lines of communication with county, municipal and local organizations.	**Lead:** Regional Director **Supporting:** Regional Staff
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ Review healthcare facility emergency plans	**Lead:** Healthcare Quality **Supporting:** N/A
☐ Receive and review notifications of Reportable Conditions	**Lead:** Communicable Disease Prevention & Control (CDPC) **Supporting:** N/A

DPH EOP is activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Provide information to the Office of the Governor.	**Lead:** DPH Director **Supporting:** All Agency
☐ Staff the DPH EOC Situation Unit and ensure information is disseminated to response personnel during an event.	**Lead:** BEPR **Supporting:**
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Receive and respond to legislative inquiries. ☐ Distribute information regarding the incident to legislative members and committees.	**Lead:** Legislative Affairs **Support:** N/A
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Review, revise or draft any legal documents ☐ Review written communication and messages as required. ☐ Provide legal advice and counsel.	**Lead:** Legal Officer **Supporting:** Clients
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Activate CareLine through DPH vendor and establish event-related scripts. ☐ Report CareLine call trends to the ICS. ☐ Activate MNS triage line.	**Lead:** Regional Operations and Community Engagement (ROCE) **Supporting:** Office of Nursing

DPH EOP is activated.	
☐ Initiate the distribution of an approved HAN notification. ☐ Monitor the receipt of CDC HAN notifications and contact the appropriate DPH Program regarding the release. ☐ Coordinate with the appropriate DPH Program area to determine the turnaround schedule for HAN distribution. (Refer to the SCHAN SOP for more details (available upon request))	**Lead:** CDPC **Supporting:** N/A
HEALTHCARE QUALITY	
Actions:	**Responsibility**
☐ The Bureau of Emergency Medical Services will communicate with all in-state EMS resources to verify availability and deploy ability status and compile a list of ready resources to respond to the target area.	**Lead:** Division Director of Healthcare Quality **Supporting:** All Healthcare Quality Bureaus
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Disseminate guidance regarding procedures, expenditures, and budgeting.	**Lead:** Chief Financial Officer **Supporting:** N/A
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ See Annex N Personnel Operations During Disaster Response	**Lead:** Human Resources **Supporting:** N/A
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Support the DPH EOC's, RCPs', and agency IT requirements. ☐ Mobilize IT staff at various support stations. ☐ Setup stations with equipment, telecommunications, etc. and activate new services (if needed). ☐ Maintain telecommunications and connectivity services for critical functions.	**Lead:** OIT **Supporting:** N/A
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**

DPH EOP is activated.	
☐ Coordinate information releases to the public with the public information officer in ESF-15 (Public Information).	**Lead:** BEPR; ICS Designated Personnel **Supporting:** All
ESF-6 MASS CARE	
Actions:	**Responsibility**
☐ Maintain MNS shelter boards in PalmettoEOC.	**Lead:** Regional EPR **Supporting:** N/A

RECOVER. **ICS and SEOC are deactivated.**	
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Review, revise or draft any legal documents. ☐ Review written communication and messages as required. ☐ Provide legal advice and counsel.	**Lead:** OGC **Supporting:** Clients
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Initiate the distribution of an approved HAN notification. ☐ Monitor the receipt of CDC HAN notifications and contact the appropriate DPH Program regarding the release. ☐ Coordinate with the appropriate DPH Program area to determine the turnaround schedule for HAN distribution. (Refer to the SCHAN SOP for more details.)	**Lead:** CDPC **Supporting:** N/A
☐ Deactivate the MNS triage line and return to normal CareLine activities.	**Lead:** ROCE **Supporting:** N/A
FINANCE/ ADMINISTRATION	
Actions:	**Responsibility**
☐ Communicate with DPH staff on proper PCAS codes and provide instructions on entering time into SCEIS and/or PCAS.	**Lead:** Chief Financial Officer **Supporting:** N/A
PERSONNEL/ HUMAN RESOURCES	

RECOVER. **ICS and SEOC are deactivated.**	
Actions:	**Responsibility**
☐ Communicate with staff about any government closings and the corresponding policies	**Lead:** Human Resources **Supporting:** N/A
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ Coordinate with the county coroners regarding reports of deaths related to the incident.	**Lead:** BEPR **Supporting:** All

IX. Information Collection, Analysis and Dissemination.

DPH EOC Communications

When activated, the DPH EOC is DPH's internal reporting conduit. The DPH EOC is responsible for collecting and disseminating incident information within DPH and to SERT representatives. For more information about the types of information the DPH EOC collects, analyzes, and reports, please see Annex D- IAP/Reports.

X. Continuity.

For communication failures during an incident, BEPR 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.

During event activation, staff must periodically verify whether the following communications capabilities are operating:

- Landline telephone (Avaya (VOIP), AT&T (POTS – analog), and Verizon (wi-fi)
- Cell phone
- Satellite phone (stored in 8500 Farrow Road, Building 20)
- DPH Palmetto
- SCEMD Palmetto
- Email; use shared accounts during event activation
- 800 MHz radio
- Ham radio (if deployed)

For each shift, publish an ICS 205a telephone list including email addresses and an ICS 205 with Pal800 channel assignments for SERT representatives at the SEOC; Regional staff within their respective regions; DPH EOC to communicate with regional staff**; and interregional mutual aid. If necessary, request the assignment of one of the State Mutual Aid channels from SCEMD (803-737-8500).

** The preferred procedure is for interregional communications to be initiated on DPH Common (aka DHCMNN) and then moved to one of the available mutual aid channels. Example: initiate contact on DHCMNN ("Pee Dee RCP, this is Plans Chief"), then switch the conversation to another channel ("Meet me on DHECReg2").

Identify and publish what alternative capability will be used if any of the communications capabilities listed above are unavailable.

XI. Plan Development and Maintenance.

The Bureau of Emergency Preparedness and Response maintains and publishes this Annex. Its distribution is the responsibility of BEPR, the Office and Media Relations, and all other bureaus that produce disaster-related messages.

This Annex will be reviewed annually in line with the DPH EOP.
Following updates to the DPH EOP and its annexes, an updated copy will be made available electronically on DPH's website.

Annex N
Personnel Operations During Disaster
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

An incident, including but not limited to hazardous weather, may require employees to work despite closure of their normal workplace or to work in conditions requiring extra precautions. Disaster operations are potentially stressful: an individual's home or family may be threatened, an individual may have to evacuate, an individual may have other vital interests affected by the incident, an individual may be required to work long hours for extended periods of time to the detriment of personal life; or an individual may experience vicarious trauma (a process of change resulting from empathetic engagement with trauma survivors) resulting from emergency response operations.

II. Purpose.

This annex summarizes personnel procedures, policies, and requirements which may be different from normal blue-sky procedures. It may be superseded by the Governor's Executive Orders or other directives during an incident response.

III. Situation Overview.

An incident has occurred or is imminent which may require closure of DPH facilities, complete or partial suspension of DPH services, requirement of DPH staff to perform additional duties and to operate outside normal work hours and beyond normal schedules.

IV. Roles and Responsibilities.

PREPARE. ICS is not activated.	
Actions:	**Responsibility**
☐ Assign HR staff to DPH Incident Management Team (IMT) positions. ☐ Ensure HR staff with IMT positions participate in DPH EOC orientations and other pertinent trainings.	**Lead:** HR Dir/Deputy Dir **Supporting:** BEPR

RESPOND. ICS is Activated.	
Actions:	**Responsibility**
☐ Provide safety briefings to response field teams. ☐ Conducts full hazard/risk assessments ☐ Creates safety objective(s) ☐ Completes ICS 215a ☐ Complete safety plan/message ☐ Add safety message to ICS 202, 204, and 208 ☐ Review the medical and communications plans ☐ Provide safety briefings to the Incident Command Staff	**Lead:** Safety Officer **Supporting:** HR IMT section Employee Health Lab Safety
☐ Provide guidance to DPH personnel regarding hazardous weather leave and county government closures.	**Lead:** HR Director or designee **Supporting:** HR IMT section
☐ In coordination with IMT Finance and Administration, provide time submission guidance to response personnel. ☐ Reinforce telecommuting policy to non-response personnel. ☐ Coordinate staff debriefings during or following an incident.	**Lead:** HR IMT section **Supporting:** Finance & Admin IMT section

RECOVER. ICS and SEOC are deactivated.	
Actions:	**Responsibility**
☐ Continue to coordinate staff debriefings and behavioral health resources for response personnel.	**Lead:** HR IMT section
☐ Share Executive Order authorizing Hazardous Weather Leave, if appropriate.	**Lead:** HR Director or designee **Supporting:**

V. Behavioral Health Support.

Employees who are feeling stressed or having mental health challenges can contact employee relations directly to discuss resources available and to explore accommodations they may need, if applicable. All resources related to wellness are located on the Sharepoint site: Mental Health Resources for Employees

Following the Covid-19 response, the South Carolina Department of Mental Health (DMH) facilitated well-being debriefings for DPH staff who experienced strain due to the challenging nature of the incident response. Well-being debriefings create supportive peer connections, promote resiliency, and diminish the consequences of stress.

VI. Employee Health and Safety.

General.

All DPH employees are required to read all agency policies, including the following:

- Occupational and Safety and Health Act
- Workers' Compensation A.522
- Required Training A.1000

All new DPH employees are assigned required safety training listed in the agency training policy.

Employee Safety During Incident Response.

All employees participating in incident response activities should continue to comply with agency safety policies, plans, and SOP's. In addition, incident personnel should also follow additional requirements given by the Incident Command Safety Officer or Incident Commander.

Agency safety plans and resources can be located at the Safety Committee's SharePoint page along with links to other resources such as Employee Health. There are plans for Hazard Communication Program, COVID safety plan for health departments, Exposure Control Plan, and emergency operations plans. A non-exhaustive list of plans, SOPs, and policies are found below:

General
-Employee Safety Policy – orientation and safety education
-DPH Policy Employee Health – screening and monitoring for specific hazards

-Policy A.522 – duty to report injury or occurrence

Employee Safety During Incident Response
-Respiratory Protection Plan
-Reporting exposure or injury
-Severe Weather
=Safety Officer pre-landfall briefings to field teams
=Use of PPE
=Thunderstorm and Tornadoes
-Screening and Monitoring

VII. Administration, Finance, and Logistics.

Office Closures and Hazardous Weather Leave.
When an emergency (weather event) necessitates county government closings, early dismissals and/or delayed openings, information regarding closings will be made available by the following sources:

- SCETV and SC Public Radio will broadcast state office closings and delays. SCETV will broadcast a "crawl" showing the information and will announce it on SCETV radio.
- The information regarding closings and delayed openings will be posted to the SCEMD website as quickly as it is received. View SCEMD's State Government Closings page. Changes in the opening status of state offices will be posted on the South Carolina Emergency Management Division website as soon as the altered schedule is confirmed.
- The South Carolina Emergency Manager Mobile App. The S.C. Emergency Manager app is your personal emergency management tool that displays a complete list of all state and county government closings.
- Commercial broadcast stations will also broadcast state office closings, but due to the volume of stations, there will be a delay in publishing information via those stations.

DPH personnel who telecommute are expected to work remotely when an office is closed due to weather, even if they were scheduled to be in the office during the times of the office closures. DPH emergency response personnel are expected to be able to respond in person. These designated employees will receive IMT assignments as needed.

In the event of an occurrence that may require office closure not related to hazardous weather, DPH personnel will follow the guidelines established by the Governor's

Office and will abide by the recommendations shared from the Department of Administration's Division of State Human Resources (i.e. office closure related to pandemic). This information will be shared by DPH's Office of Human Resources to all DPH staff as soon as information is available to share.

The Governor has the authority to grant hazardous weather leave for state employees who are absent from work due to hazardous weather conditions. DPH HR Director will provide additional information regarding hazardous weather leave, if appropriate, following the event as expeditiously as possible.

Telecommuting.
Employees who telecommute are expected to work remotely when an office is closed due to weather, even if they were scheduled to be in the office during the times of the office closures. See DHEC Policy A.556.

Time Reporting.
For Non-Exempt who enter PCAS, including temporary hourly positions, you will need to enter your time three different ways:
1. Entering your time as normal in SCEIS (code 1000),
2. Then enter your telecommuting time (code 1090) into SCEIS, and
3. Continuing to enter PCAS. As a result of entering your time in PCAS, you will see a double entry in SCEIS.

The telecommuting code for SCEIS is only for record keeping purposes. This code does not affect your pay. You must enter working time (code 1000) to be paid correctly and avoid missing time messages. When you do not enter time correctly, this can create an issue with pay and leave accruals. Please review the attached telecommuting policy and how to enter telecommuting time into PCAS.

For Exempt Positions who enter PCAS, you will need to enter your time two different ways:
1. You will need to enter your telecommuting time (code 1090) in SCEIS, and
2. Continue to enter PCAS.

VIII. Authorities and References.

- S.C. Code Ann. 8-11-57
- S.C. HR Regulation 19-712.01

IX. Appendices.

1. Safety
2. DMH Well-Being Debriefings / Resource Page

Annex O
Mutual Aid
to the SC Department of Public Health Emergency Operations Plan

I. Introduction and Purpose.

This annex describes when and how DPH will request mutual aid through the State Emergency Response Team during an emergency response.

II. Applicability and Scope.

This annex applies whenever agency resources have been exhausted or are projected to be insufficient to the needs of the response.

III. Assumptions.

- The Governor has declared a State of Emergency.
- The SEOC Logistics function is operational.
- DPH's organic resources of staff, equipment, or supplies is or will be exhausted or reduced to levels insufficient to maintain critical functions.

IV. Mutual Aid Agreements.

- Emergency Management Assistance Compact (EMAC)
  - SC Code Ann. Sections 25-9-410 through 25-9-420
  - PL 104-321
- SC Code Ann. Section 25-1-450; Section 6-11-1810
- Southern Mutual Radiological Assistance Plan
- SC Emergency Operations Plan, Attachment D: MOUs, MOAs and Other Agreements

V. Concept of Operations.

When the Incident Command determines that additional support will be required, DPH EOC Logistics and Plans Section will prepare and submit a resource request to the SEOC in accordance with the SCEOP, Attachment A-Logistics, Section VI and any SOPs or directives applicable thereto.
Note: Mutual aid among the DPH Regions will be coordinated internally through the Incident Command. No additional authorities are needed.

VI. References and Authorities.

- Emergency Management Assistance Compact; SC Code Ann. Sections 25-9-410 through 25-9-420; PL 104-321
- SC Code Ann. Section 25-1-450
- Section 6-11-1810

- Southern Mutual Radiological Assistance Plan
- SC Emergency Operations Plan
    - Annex A South Carolina Logistics Plan
    - Attachment D MOUs, MOAs and Other Agreements

Annex P
Disaster Recovery
to the SC Department of Public Health Emergency Operations Plan

I. Introduction

Annex P summarizes DPH responsibilities for recovering and restoring agency resources and capabilities after an incident and for assisting State, local and community entities to do likewise. The multiphase recovery process begins during the incident response and includes short-, intermediate-, and long-term activities, all of which vary depending on the type of incident to which the agency is responding. Recovery within the agency begins at the local organizational level and is escalated outward and upward as needs exceed resources (e.g., Office to Bureau to Agency to State to Federal).

Coordination and cooperation between the agency's departments and divisions are imperative to work towards a comprehensive and efficient recovery. This activity influences hazard mitigation and resilience in order to improve response and recovery in future incidents.

II. Purpose

Recovery responsibilities are addressed or assigned in various State and DPH documents. This Annex collects the various assignments and supplements them with instructions where necessary as influenced by State and Federal guidelines. Additionally, it provides Standard Operating Procedures for Cost Recovery through the Federal Emergency Management Agency's (FEMA) Public Assistance (PA) program and provides references to program materials to aid in the PA process.

III. Applicability and Scope

This Annex applies to all staff assigned response and recovery duties and to all activities undertaken pursuant to State and Agency emergency plans. It addresses activities both to restore DPH resources and capabilities and to assist State, local, and private entities to recover.

IV. Facts and Assumptions

See assumptions set forth in the SC Emergency Operations Plan (SCEOP), the SC Recovery Plan (SCRP), and the DPH Emergency Operations Plan (EOP).

- This Annex further assumes that recovery operations are being planned or currently being executed.
- Recovery operations include the procedures listed in Annex A to DPH's EOP. These procedures ensure essential Agency functions are restored or maintained during or immediately following an incident or event.

- The degree to which DPH's various Bureaus and Offices are involved in state and agency recovery efforts will depend on the type and/or magnitude of incident.
- The ICS response is scalable and will vary in complexity, so will recovery efforts.
- Significant hazards identified as being risks to South Carolina are found in Attachment F to South Carolina Emergency Management Division's (SCEMD) SCEOP.
- The State Emergency Operations Center (SEOC) and the DPH Incident Management Team may have been deactivated or are planning for deactivation, but recovery efforts should be considered during the incident response phase through damage assessments and cost estimates.
- Some recovery activities may be completed quickly; while other activities may last for weeks or months, even years.

V. Concept of Operations

Recovery and restoration of DPH Assets, Resources and Capabilities

See DPH EOP, Annex A Continuity of Operations, for:

- Orders of succession and delegation of authority
- Maintenance of essential functions during and after an event
- Priorities for restoring capabilities; a SharePoint site (Continuity of Operations) is available as a tracking tool
- Personnel Accountability
- Facility Evacuation, Closures, and Restoration

See DPH EOP, Annex N Personnel Operations During Disaster, for:

- Roles and responsibilities of staff
- Behavioral health support
- Staff safety
- Office closures, telecommuting, time reporting

Cost Recovery

In the context of DPH's disaster recovery efforts, "cost recovery" refers to the pursuit of financial assistance from the federal government through FEMA's Public Assistance (PA) Grant Program. Conditions of this program and the application process are detailed in the Cost Recovery Standard Operating Procedures (SOP) and FEMA guidelines.

Cost recovery begins with the first response-dedicated expenditures and deployments. The process ends when the allowable cost recovery period ends, and all documentation is submitted or when the determination has been made that there will be no cost recovery. Instances of no cost recovery occur due to an absence of a

Presidential emergency declaration or an insubstantial amount of expenses eligible for cost recovery, either by threshold or elective decision. This latter determination is made through collaboration between the agency's Chief Financial Officer and IMT Finance and Administration Section Chief, with guidance from the Recovery Coordinator.

Until advised otherwise, documentation of all response-related costs must be retained according to the guidelines found in the Cost Recovery SOP. See Procurement and Purchasing During an Emergency (internal standalone document available upon request) for documentation to include for incident-related expenses.

For specific instructions, follow Public Assistance guidance from FEMA and from the SCEMD Cost Recovery Manager. Guidelines for eligibility of work and costs can be found in FEMA's Public Assistance Program and Policy Guide (PAPPG). See also the SOP authored by FEMA for submitting Public Assistance (PA) applications.

Agency Resiliency

Beyond restoring normal operations, a goal of recovery is to promote resiliency, the capability to recover more quickly and efficiently. By conducting After-Action Reviews (AARs), the Bureau of Emergency Preparedness and Response (BEPR) will gather feedback from all staff involved in response activities to identify strengths and shortcomings in the agency's efforts. These findings contribute to Improvement Plans designed to better mitigation and response efforts for future disasters, thereby affecting recovery.

Community Recovery

Overview

DPH has many responsibilities to the regulated community (health care facilities and other permitted facilities) and to the public which include but are not limited to:

- Demobilizing medical needs shelters and discharging of shelterees to their homes or other suitable accommodation (See DPH EOP Annex L for shelter demobilization procedures);
- Close out and document epidemiological and vital record statistics;
- Monitor and advise residential health care facilities planning to reopen or relocate;
- Participation in delivery of behavioral health services as directed by the Department of Mental Health as lead agency;
- Provision of public health information via press releases, social media, and other channels; see the DPH EOP Annex H External Communications
- Providing a technical resource to State, county and local agencies on post-event public health issues;

- For radiological releases, provision and coordination of monitoring, technical assistance and advice regarding reentry and re-occupancy of affected properties.

SC Recovery Plan

The SC Emergency Management Division is the lead State agency for implementing the Recovery Plan and in consultation with the Federal Coordinating Officer, determines the phases of recovery and the transition from one to the next. DPH has several roles and responsibilities in SCEMD's Recovery Plan and its Recovery Support Functions (RSFs), including:

- DPH is an organizational member of the Recovery Task Force and serves as a primary agency for the Infrastructure Systems RSF and Natural and Cultural Resources RSF and is a supporting agency for the Health and Social Services RSF.
- Supports the restoration of public and private healthcare systems to include nursing homes, hospitals, and other regulated medical facilities.
- Advises regarding community health needs and possible prioritization of those needs.
- Restores public health services provided by DPH and monitors restoration of those services by others.
- Supports enhanced resiliency, sustainability and availability of health care systems with specific regard to accessibility for communities with functional needs.
- Supports the public information functions of the State Emergency Response Team and subsequently the Recovery Task Force or Joint Field Office.

South Carolina Health Care Coalitions

See DPH EOP Annex F for roles and responsibilities of divisions of DPH as they relate to HPP Grant requirements.

There are four Health Care Coalitions as defined by the Hospital Preparedness Program (HPP) Cooperative Agreement for South Carolina; DPH is the grant recipient and participates in Coalition activities. Regarding recovery, these include, but are not limited to:

- Performing and updating Hazard Vulnerability Assessments;
- Ensuring that facilities have all-hazards emergency preparedness plans, continuity of operations plans, health care system recovery plans, and medical surge plans;
- Participating in survivor mental and behavioral health services;
- Identifying resources which can be shared among coalition members;
- Involving community leaders in preparedness and sustainability planning;
- Participating in periodic emergency response exercises;
- Coordinating public information delivery.

Documentation

See DPH EOP Annex D (Incident Action Plans and Reports) for:

- Defines reporting requirements until deactivation of the ICS

During activation of the Incident Command System and the following deactivation and demobilization, all documentation related to the event response must be retained according to the agency's document retention schedule, unless otherwise directed. This documentation may be used for multiple purposes including After-Action Review analysis, constituent inquiries, and Cost Recovery.

- Copies of procurement documentation, processed invoices, and packing slips for response-related purchases shall be sent to the IMT Documentation Unit and originals retained by their respective procurement officers and requesting program areas.
- Medical needs sheltering documentation shall be retained by its respective regional Community Health Services/Nursing directors or appointed officers.
- Response activity-related documentation (e.g., staff activity logs, sign-in sheets) shall be collected by the Documentation Unit and compiled in DPH EOC records (i.e., SharePoint).
- IMT-related documentation (e.g., situation reports, communications lists, etc.) shall be retained by the Plans Unit in DPH EOC records.
- Inventory and use logs of stock materials and DPH-owned assets shall be thoroughly documented by the IMT Logistics branch as these may be eligible for cost recovery.
- Response-specific donated materials as well as volunteer time and activities shall be thoroughly documented as their values may be applied to offset DPH's portion of state costs if pursuing PA.
- Resources acquired through mutual aid shall be thoroughly documented as the requesting entity may be eligible for cost recovery.

Not all response-related expenses may be eligible or will be submitted for PA. Consequently, the Recovery Coordinator will request all appropriate and applicable documentation for the expenses being claimed for reimbursement.
If pursuing cost recovery through FEMA's PA program, all documentation gathered and submitted by the Recovery Coordinator in support of costs must be retained at least 3 years after the date of transmission of the final expenditure report for project completion to FEMA as certified by the Recipient (i.e., SCEMD) (see Cost Recovery SOP for definitions).

VI. Assignment of Responsibilities

RECOVER.

COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Advise the Governor and Recovery Task Force regarding re-entry issues (contamination surveys and limits).	**Lead:** DPH Director, Public Health Director **Supporting:** All Agency
☐ Demobilize and Deactivate DPH EOC and any activated Regional Command Posts. ☐ Schedule/facilitate After Action Reviews and Improvement Plans.	**Lead:** Bureau of Emergency Preparedness and Response (BEPR) **Supporting:** Regional EPR; all IMT personnel
COMMUNICATIONS/ OUTREACH	
Actions:	**Responsibility**
☐ Include post-event summaries (health impacts and re-entry guidance) in traditional and social media campaigns.	**Lead:** Communications and Public Affairs **Supporting:** N/A
☐ Respond to constituent inquiries and FOIA requests.	**Lead:** Communications and Public Affairs **Supporting:** Offices/Bureaus/Regions as needed
GENERAL COUNSEL	
Actions:	**Responsibility**
☐ Provide legal support and guidance on issues that arise after an emergency. ☐ Review or draft any documents or correspondence as required.	**Lead:** OGC **Supporting:** DPH IMT Personnel
HEALTHCARE QUALITY	
Actions:	**Responsibility**

☐ Track and determine status of public health and healthcare support systems. ☐ Coordinate support for emergency medical services and medical care infrastructure until local system is self-supporting. ☐ Monitor the transfer of emergency pharmacy and laboratory services to traditional providers. ☐ Monitor restoration of permanent healthcare, residential care, and pharmacy facilities to operational status ☐ Monitor reentry and repatriation efforts for healthcare and residential care facilities. ☐ Coordinate final data collection efforts for event. ☐ Participate in Health Quality and Agency After Action Reviews.	**Lead:** Division of Healthcare Planning and Construction; Division of Health Facilities Licensing; **Supporting:** Division of EMS; IMT Personnel
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. ☐ Compile and maintain records of expenditures and resources used for possible later reimbursement.	**Lead:** Chief Financial Officer **Supporting:** BEPR; Financial Management; Recovery Coordinator
☐ Document volunteers' time and services	**Lead:** Regional volunteer coordinators **Supporting:** BEPR ESF-18 liaison
☐ Document use of stock materials and DPH-owned assets. ☐ Document donated goods and their use.	**Lead:** BEPR Logistics **Supporting:** N/A
☐ Monitor emergency Purchase Orders and order fulfillments.	**Lead:** Program Areas; Procurement Services **Supporting: N/A**

☐ Provide list of open Purchase Orders to Program Areas for monitoring. ☐ Close out emergency Purchase Orders.	**Lead:** Procurement Services **Supporting:** Program Area(s)
☐ Transmit copies of all response-related procurement documentation, processed invoices, and packing slips to Documentation Unit. ☐ In the case of a presidential disaster declaration, transmit any additional or omitted procurement documentation to Recovery Coordinator upon request	**Lead:** Purchasing Staff **Supporting:** Recovery Coordinator
☐ Provide PCAS documentation, employment status, and salary information to Recovery Coordinator as requested for cost recovery.	**Lead:** Financial Management; Human Resources **Supporting:** N/A
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Determine if any temporary positions created in response to the emergency need to be converted to permanent. ☐ Demobilize rapid hires in obsolete positions via form letter in process outlined in Annex N to DPH EOP.	**Lead:** Human Resources **Supporting:** Applicable Program Area(s)
☐ Documentation of volunteer resources through time and activity tracking ☐ Transmit volunteer records to Recovery Coordinator upon request	**Lead:** Regional EPR Directors and volunteer supervisors **Supporting:** BEPR Volunteer Coordinator
☐ Close out overtime/compensatory time reports. ☐ Approve or deny hazardous weather leave as determined by Governor's emergency declaration, county closures, and employee telecommuting/AWS plans and policies	**Lead:** Financial Management; Human Resources **Supporting:** Supervising Managers of Response Staff

☐ Provide Safety inputs to After Action Reports and Improvement Plans	**Lead:** Safety **Supporting:** N/A
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
☐ Support Communications/Outreach and ADE by providing GIS services as requested	**Lead:** OIT **Supporting:** N/A
☐ Return equipment to original state and deactivate unneeded services ☐ Retain asset use logs for IT equipment purchased and deployed explicitly for response activities	**Lead:** OIT **Supporting:** End users
HEALTH PROMOTION AND SERVICES ACTIVITIES	
Actions:	**Responsibility**
☐ For events involving exposure to disease outbreaks, collect, analyze, summarize, and report in accordance with accepted epidemiological practices.	**Lead:** ADE **Supporting:** IT/GIS
☐ Deactivate MNS triage line and return to normal CareLine Activities.	**Lead:** Community Health Services **Supporting:** N/A
☐ 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 EPR Director; Community Health Services
☐ Complete relevant portions of the AAR.	**Lead:** Region EPR Director **Supporting:** Director of Community Health Services

☐ Collect and organize all response-related procurement and IMT activity documentation (electronic preferred over hard copy). ☐ Provide documentation to Recovery Coordinator for any expenses that may be reimbursable (upon request).	**Lead:** Documentation Unit **Supporting:** IMT Personnel; Procurement Staff
☐ Complete all response-related shelter documentation and retain according to agency schedule. ☐ Coordinate transmission of shelter documentation (including staffing, opening/closing/inventory records, excluding client medical records) to Recovery Coordinator to support cost recovery if applicable.	**Lead:** Regional Nursing Directors **Supporting:** Regional Nursing Staff
☐ Continue to support the operations necessary for the identification, registration, certification, and disposition of the deceased and their personal effects. ☐ Reconcile final incident fatality report.	**Lead:** BEPR; Vital Statistics **Supporting:** N/A
ESF-8 HEALTH AND MEDICAL	
Actions:	**Responsibility**
☐ 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 at SCEMD/SEOC. ☐ Support long-term recovery priorities as identified by the Long-Term Recovery Committee and the Recovery Task Force.	**Lead:** BEPR **Supporting:** All
☐ Demobilizing and evaluating public health emergency response operations and healthcare operations. ☐ Supporting demobilization of medical surge operations. ☐ Monitor restoration of normal healthcare facility operations. ☐ Coordinating demobilization of volunteers (Medical Reserve Corps).	**Lead:** Healthcare Quality **Supporting:** BEPR
ESF-6 MASS CARE	
Actions:	**Responsibility**

☐ Maintain and ensure confidentiality of medical records. ☐ Deactivate the triage line. ☐ Close/consolidate shelters as necessary. ☐ Support statewide Mass Care Recovery activities (e.g., feeding, water distribution)	**Lead:** Regional Operations and Community Engagement/Nursing **Supporting:** Regional EPR

VII. Authorities

Statutory Authority

- Robert T. Stafford Disaster Relief and Emergency Assistance Act
- 42 U.S.C. 5121 through 5207
- Code of Federal Regulations
- Title 44, Chapter I, Subchapter D, Part 206 – Federal Disaster Assistance
- South Carolina Code of Laws
- South Carolina Consolidated Procurement Code Title 11, Chapter 35

Supported and Supporting Plans

- SC Emergency Operations Plan
  - Attachment F – Vulnerabilities and Hazards
  - ESF8 Annex and SOP – Health and Medical (references throughout)
  - ESF-14 Annex – Initial Recovery and Mitigation
- SC Recovery Plan
  - Attachment B Recovery Task Force
  - Attachment D State Agency Roles in Initial Recovery
- SC Operational Radiological Emergency Response Plan
- DPH Emergency Operations Plan
  - Annex F – Federal and State Disaster Preparedness and Response Requirements
  - Annex H – External Communications
  - Annex L – Shelter Operations
    - Appendix 9 – Shelter Team Roles and Responsibilities – Shelter Demobilization
    - Appendix 10 – Storage and Retention of Shelter Documents
  - Annex N – Personnel Operations During Disaster
- DPH Internal Plans and Manuals
- Records and Forms Management Procedures Manual

Annex Q
Preparedness, Training, and Exercise
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

Under the SC EOP, and South Carolina Regulation 58-101, the State is required to prepare for, respond to, and recover from emergencies and disasters. DPH is charged, in the SC EOP, with primary and support responsibilities for a number of response activities. Agency leadership and staff from all program and administrative areas are mobilized to staff the State and County Emergency Operations Centers and participate in the emergency operations under the state plan. Many people participate in emergency operations and work in capacities that may have little to do with their regular duties in protecting public health. This preparedness training plan will provide a framework for training and education efforts and requirements that will allow DPH staff to maintain a state of readiness to save lives, prevent or minimize property damage, protect public health, and aid all who are threatened by an emergency or become victims of a disaster or public health threat.

II. Purpose.

The Preparedness Training and Exercise Plan aims to establish standards and procedures for identifying and prioritizing emergency preparedness training needs and providing training and exercise opportunities that will aid in developing, refining, and maintaining response capabilities. The training plan involves a broad approach to integrating regulatory requirements and other training. This plan also provides a roadmap for DPH to follow in accomplishing preparedness priorities and fulfilling grant requirements.

III. Scope & Applicability.

This plan outlines DPH's steady-state and activated training models. This plan contains steps and procedures that stakeholders will follow for training and response to all-hazards events. This plan focuses on IMT and Position Specific Emergency Response Training for DPH staff. For information about training for DPH volunteers, please see Annex U - Volunteer Management.

Workforce development training outside of preparedness activities is not within this plan's scope. The Office of Staff Training and Development offers and/or coordinates all other agency-required training.

IV. Goals and Objectives.

- Deliver a structure for providing educational opportunities to DPH employees to support and enhance their readiness to prepare for, respond to, and mitigate an emergency or disaster.

- Provide all agency/department employees appropriate training to ensure awareness of the hazardous threats common to South Carolina and the overall State Emergency Management program.
- Identify and use agency training needs (annually) to inform training and exercise plans.
- Provide training to personnel assigned to emergency functions in EOP.
- Exercise plans to ensure operational readiness in times of emergency.
- Enhance the professional competency of participants and promote responsible and safe practices throughout the state's public health preparedness and response community.

V. Facts and Assumptions.

- A well-trained workforce will enable DPH to respond more readily and effectively to emergencies.
- Based on risks identified in particular areas of South Carolina, some regions may need more advanced training in specific topic areas.
- Agency staff should be trained and prepared to respond to multiple hazards or threats.
- Agency training and exercises follow the HSEEP model. Therefore, training and exercises increase their preparedness through different and progressively difficult training courses and exercise activities.
- Capabilities-based training and robust, relevant training and exercise are integral components for sustained improvement of DPH's capacity to respond to emergencies and disasters.

VI. Concept of Operations.

This plan is based on public health emergency preparedness core competencies and public health emergency preparedness and response capabilities. This plan is developed and maintained by the BEPR and is reviewed biennially. The Preparedness Training and Exercise Plan is published on the DPH website as Annex Q to the DPH EOP. Additional details on the plan's development, maintenance, and implementation follow:

All employees are required to take specific training courses to respond effectively in an emergency. DPH personnel with particular roles and responsibilities must complete the prescribed training associated with their role as indicated in the agency-wide training policy. As such, each program area is required to maintain its own program-specific training and exercise plan based on the needs and priorities of the program. Regarding preparedness training and exercise, each program must identify staff and train them on ICS content.

DPH Bureau of Emergency Preparedness and Response (BEPR) is responsible for overseeing, training, and developing all IMT emergency response training courses and related exercises at DPH. BEPR coordinates and/ or develops DPH-specific emergency response training. Programmatic areas may also develop their own emergency response training when appropriate.

Training opportunities are also offered through the National Training and Education Division (NTED). NTED training is the gold standard in national emergency management training. NTED strives to ensure that responders nationwide utilize best practices and common language. This training is essential in guaranteeing inoperability between organizations and jurisdictions. All NTED training is federally funded and offered free to the recipient. However, the state training officer, currently at EMD, must approve each NTED training offered in the state. BEPR's training officer is responsible for requesting NTED training for DPH staff. DPH may request to send students to NTED classes offsite or may request a class be offered at DPH.

NIMS Framework

DPH follows the National Incident Management System (NIMS) framework to prevent, protect against, mitigate, respond to and recover from incidents. NIMS provides a uniform structure and operational systems that guide personnel on how to respond to events. As such, the DPH Agency Required Training Policy requires all employees to complete specific NIMS courses. Through the Bureau of Emergency Preparedness and Response (BEPR), the DPH Training and Exercise Plan can also provide DPH with NIMS training content customized to the agency that will elevate the preparedness level for all DPH staff. ICS training is flexible to serve the unique needs of each community organization.

Training Opportunities

All efforts are made to build on past experience and to coordinate these training and exercise activities with all stakeholders and response partners. BEPR provides direction and oversight for the organization's training opportunities through the Integrated Preparedness Plan (IPP), which will replace the multi-year training plan (MYTEP). The MYTEP layered the framework for an effective and evolving sequence of planning, training, and exercise activities by establishing strategic priorities supporting the agency's emergency preparedness goals. The IPP expands beyond the MYTEP by establishing "overall preparedness priorities and outlines a multi-year schedule of preparedness activities designed to address those priorities and validate capabilities." The IPP documents planning, training, and exercise activities

that enhance the Agency's preparedness and ability to respond to emergencies and meet requirements outlined in federal grants.

The IPP is developed by an IPP workgroup that is comprised of representatives from the DPH Central Office, each BEPR Region, those who are funded through Public Health Emergency Preparedness (PHEP) and the Hospital Preparedness Program (HPP) grants. Additional input is provided by emergency management and healthcare partners that work closely with the BEPR team members on a routine basis.

The training courses and exercises chosen are deemed most appropriate to strengthen program capabilities and address gaps identified through AARs for previous exercises and activations and through a Training Needs Assessment. The Training Needs Assessment is developed and managed by the Office of Human Resources and is completed on a five-year cycle. The training needs assessment is used to develop the Workforce Development Plan. While the IPP's sole focus is preparedness training and exercise, the Workforce Development Plan (available upon request) identifies a variety of agency and programmatic training needs and a plan for addressing these training needs for the agency as a whole.

For each key area addressed, the IPP workgroup decides upon a cycle, mix, and range of training courses/activities and exercises that will allow the organization to increase its preparedness through different and progressively difficult training courses and exercise activities. These are representative of the natural progression of training and exercises that should take place in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach. The results of the training activities and implementation of the corrective action recommendations resulting from exercises are monitored to ensure a consistent approach to continually improve planning, training, and exercising to ensure the full development of each capability.

Additionally, training is selected based on gaps identified within After-Action Reports from previous exercises and activations. Periodically, in conjunction with the review of this plan, training needs may change based on the competence level of the workforce and/or additional gaps identified. These training needs should be considered during each review process.

Access to Training

All employees are required to take specific training courses. All agency-required preparedness training will be assigned automatically to DPH employees when their learning management system (LMS) account is created through the South Carolina Electronic Information System (SCEIS) platform. Directors and supervisors will

determine what level beyond DPH's minimal training requirements is appropriate for their staff's role in a response. BEPR is available to provide consultation about national training standards. Each program area is required to maintain its own training and exercise plan based on the needs and priorities of its program. Specific courses may be requested as needed. These requests must be submitted at least one quarter in advance, but externally hosted classes may have a waiting list that far exceeds one quarter and have a minimum of 12 registered participants to host a course. These requests will be served on a "first come, first served" basis, and approval will be weighed against the agency and state goals for approval and against the annual gap/needs assessment. Request for mandatory courses will be given priority over specialized training courses.

Trainings are offered in various formats, including online courses, virtual webinars, in-person classes, and hybrid options. In addition to training offered by DPH, Federal Emergency Management Agency (FEMA), Center for Disease Control (CDC), and other federal partners offer a multitude of National Training and Exercise Division (NTED) training for free to public and private entities to better train and develop programs and personnel. A complete list of these trainings can be found on the NTED website through the Course Catalog and will be offered in person, online, or through a distance learning platform as requested by local public health offices and/or the DPH central office. Training offered should meet the needs addressed in the training needs assessment, fill gaps identified in previous AAR documents, and train responders and public health employees on the latest threats and hazards of the jurisdictions in which they practice.

Training Communications

Communications and notifications of available training occur in various ways and frequencies. Some training opportunities are scheduled at regular intervals at either the agency or programmatic levels. Methods of communication include notifications through SCEIS, the agency's web based LMS, MySCLearning, LMS email notifications, training opportunity postings on the agency intranet site, and training and development newsletters. Because directors are responsible for their staff, information about training opportunities is often directed to them rather than DPH-all. A full list of communication methods can be located in the DPH Workforce Development Plan (available upon request).

Credentialing

The agency uses MySCLearning, its web-based LMS, to track training and credentials. Preparedness-related courses must be registered for or recorded through

MySCLearning in SCEIS. SCEIS is the official record for DPH's training documentation purposes.

SCEMD has the primary authority to grant specific emergency management credentials, including most in-person coalition (NTED) classes in the state. SCEMD is the official record holder and credentialing organizer for the South Carolina Emergency Management Association (SCEMA). SCEMD manages credentials through its LMS website. FEMA also grants credentials for certain NTED tracks and basic training, including Independent Study classes (IS100, IS 200, IS 700, and IS 800).

Exercises

Exercises are an essential form of training and allow DPH personnel to train and practice prevention, protection, response, and recovery capabilities in a realistic but risk-free environment. Exercises are also valuable for assessing and improving performance while demonstrating the agency's resolve to respond effectively to an emergency. An exercise is an activity in which a scenario is practiced through discussion or action to develop, assess, or validate plans, policies, procedures, and capabilities. Exercises are used to identify capability gaps and improvement opportunities and achieve planned goals and objectives.

DPH participates in several external exercises as a member of the State Emergency Response Team (SERT) each year. These include fixed nuclear facility (FNF) exercises and a full-scale statewide exercise. DPH programs also conduct internal exercises as needed to validate plans, policies, and procedures.

Exercises should be conducted in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals. All exercises should be based on PHEP capabilities and objective driven. To facilitate coordination of exercises across all levels of government, PHEP capabilities should be cross-walked and included along with HSEEP capabilities.

BEPR is responsible for developing exercises identified in the IPP. BEPR also supports exercise needs outside of the larger agency agenda and will support their development.

Activations

In the case of activations, quick training or refreshing of staff response roles may be necessary. It is the responsibility of the health region or program area to identify appropriate training and assignments. At a minimum, these suggested training

resources will be updated and revised annually. This just-in-time training (JITT) may be employed when an emergency response extends over a long period of time in order to build bench depth for the response.

JITT is designed to take an hour and should not require additional or prerequisite training. JITT should use common language to convey content. JITT content typically consists of instruction that reviews job action sheets and SOPs. JITT is kept on the Agency's SharePoint.

All exercises and drills include just-in-time training directly linked to the agency's all-hazards emergency preparedness and response operations plan.

After Action Reviews (AAR)

Exercises should include After-Action Reports (AAR) and Improvement Plan (IP) documentation to report successes and planned corrective actions. After action reviews and reports, analyze what happened, why it happened, and how the participants can do better in the future. Like exercises, an AAR should be conducted, and an Improvement Plan (IP) should be developed after each activation. Federal grants may require that AARs and IPs be produced within a specified time after each event. Improvement plans will identify areas of improvement and suggest corrective actions. BEPR facilitates improvement plan meetings on an ad hoc basis until all corrective actions are addressed.

Once developed, an AAR and IP will be signed by the Director of BEPR for approval and then signed by the Agency Director.

VII. Assignment of Responsibilities.

Administration of this plan will be an interagency and coordinated effort with responsibilities assigned to ensure that training and exercises are expertly developed and presented, expenses are tracked, and participation is adequately evaluated and recorded. The principal organizations with training and exercise responsibilities are outlined below.

PREPARE. ICS and SEOC are not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Promulgate the Agency Emergency Operations Plan.	**Lead:** Agency Dir
BUREAU OF PUBLIC HEALTH PREPAREDNESS	

Actions:	Responsibility
☐ Manages this plan and executes the duties laid out in it. ☐ Delegates appropriate authorities and responsibilities to training coordinator(s). ☐ Serves as a point of contact for training and exercise-related matters. ☐ Assists in identifying audiences that require training. ☐ Assesses and updates training needs as necessary. ☐ Participates in training as a student, evaluator, and/or instructor. ☐ Participates, as appropriate, in the preparation of annual budget proposals to fund training activities. ☐ Keeps records of training expenditures. ☐ Provides guidance and support for regional training. ☐ Reviews and analyzes instructional capabilities of potential instructors. ☐ Coordinates and maintains the scheduling of training activities for both state and local entities. ☐ Maintains records of training activities, qualified instructors, and participants. ☐ Ensures certificates of training are issued to all participants. ☐ Provides training materials and supporting documents to instructors. ☐ Ensures monthly schedules are posted to SharePoint or a similar site. ☐ Ensures training operations conform to appropriate guidance. ☐ Assists in the development of training materials. ☐ Coordinates all course changes with instructors and other points of contact. ☐ Identifies issues and problems that require resolution. ☐ Participates in reviews of training-related documentation. ☐ Coordinates the IPP workshop and subsequent IPP meetings and completion of the IPP. ☐ Ensures training operations conform to guidance. ☐ Provides reports in accordance with grant requirements. ☐ Provides support for the development and coordination of internal and external exercises.	**Lead:** Training and Exercise Manager **Supporting:** Training Coordinator/ Exercise Coordinator
TRAINING INSTRUCTORS	
Actions:	**Responsibility**

☐ Must be adequately trained in the subject matter in which they are expected to teach. ☐ Must have previously taught the course with a preceptor or in a stand-alone capacity. ☐ Will be sourced from federal consortium partners, other state or local partners, other states, or from within the agency. ☐ Coordinate with the Training Coordinator(s) to secure required equipment and materials prior to each scheduled class. ☐ Ensure all required documentation, including sign-in sheets, end-of-course evaluations, etc., are completed and returned to the Training Coordinator(s) within 10 business days of course completion. ☐ Maintain accountability of applicable exam booklets and answer keys. ☐ Assist with the set-up and clean-up of the instructional facility.	**Lead:** **Supporting:** Training Instructors
BUREAU OF PUBLIC HEALTH PREPAREDNESS	
Actions:	**Responsibility**
☐ Identify regional personnel requiring training. ☐ Assist with implementing training and exercises at the regional level when appropriate. ☐ Coordinate participation in training and exercise at the regional level. ☐ Maintain records of training consistent with DPH BEPR record-keeping policies. ☐ Assist in needs assessment and training and exercise planning workshops. ☐ Notify training coordinator(s) when new training requirements are identified. ☐ Notify training coordinator(s) when new training is scheduled. ☐ Provide a single point of contact for training/ exercise matters at the regional level.	**Lead:** **Supporting:** Regional EPR Section Managers
PERSONNEL SERVICES/ OFFICE OF STAFF TRAINING AND DEVELOPMENT	
Actions:	**Responsibility**

☐ Develops and conducts the Training Needs Assessment. ☐ Develops the Workforce Development Plan on a five-year cycle. ☐ Maintains the MySCLearning through SCEIS to include training communication, electronic course offerings, and training certifications and credentials. ☐ Coordinates with directors/ supervisors to find appropriate training/ development opportunities for staff. ☐ Informs supervisors of workforce development needs, plans, and issues. ☐ Assists employees with registering for training and ensures required training is offered to supervisors/ managers in regular intervals. ☐ Updates policies when training requirements are added, revised and/or when otherwise applicable. ☐ Provides access to train the trainer resources and curriculum materials.	**Lead:** Workforce Development Director **Supporting:**
DIVISION/ DEPARTMENT DIRECTORS	
Actions:	**Responsibility**
☐ Communicate training opportunities to supervisors for dissemination to employees. ☐ Identify capability gaps and training and/or exercise needs through participation in the AAR process. ☐ Identify staff who will participate in response as part of the incident command staff. ☐ Identify subject matter experts who will provide JITT.	**Lead:** **Supporting:**
SUPERVISORS	
Actions:	**Responsibility**
☐ Ensure that individual and agency-based training initiatives are implemented. ☐ Ensure all employees complete required training within the appropriate timeframe. ☐ Identify training and exercise needs and communicate to directors. ☐ Develop an Employee Development Plan for each employee. ☐ Coordinate training and exercise development to include JITT with BEPR. ☐ Complete required training within the designated assignment.	**Lead:** **Supporting:**

ALL EMPLOYEES	
Actions:	**Responsibility**
☐ Adhere to the personal employee development plan. ☐ Complete all agency-required and position-specific training within the designated assignment. ☐ Participate in internal and external exercises as appropriate.	**Lead:** HR **Supporting:**

VIII. Authorities and References.

-Homeland Security Presidential Directive (HSPD) 5 was established in 2003 to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system (NIMS). Use of NIMS is one of the conditions for receiving Federal preparedness assistance through grants, contracts, and other activities. As such, DPH trains and follows NIMS to allow us to integrate with other emergency response agencies during a time of emergency.

-NIMS requirements were further codified into law when HSPD-5 was included in the Intelligence Reform and Terrorism Prevention Act of 2004, Public Law No: 108-458, signed by President Bush on December 17, 2004.

-Mark Sanford, then the Governor of South Carolina, issued Executive Order 2005-12 on June 3, 2005, directing the adoption of NIMS as the standard for incident management in the state.

-CDC published Public Health Preparedness Capabilities: National Standards for State and Local Planning in March 2011. This document assists in establishing NIMS training based on the potential roles of the public health staff.

-DPH Policy A.1000 requires all new and existing employees to complete the NIMS courses as specified in this training plan or assigned by their supervisor. This includes a core set of emergency preparedness training courses to ensure that all DPH employees are trained to respond effectively in an emergency.

-29 CFR 1910.38 Emergency Action Plans

IX. Attachment.

1. Attachment 1: A:1000 Agency Training Policy
2. Attachment 2: 2019-2024 Multiyear Training and Exercise Plan

Annex R
(Plans and SOPs Development)
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

DPH is charged with both primary and support responsibilities for a number of emergency response activities. The Agency ensures preparedness, response and recovery activities are codified in the form of emergency operations plans and standard operating procedures. DPH utilizes FEMA Comprehensive Preparedness Guide (CPG) 101 version 2.0 for planning and developing emergency operations plans. FEMA derives concepts and guiding principles outlined in the CPG guide from best practices observed nationally and standardized these principles to ensure interoperability across emergency response entities.

II. Purpose.

This annex describes the standards and core principles in developing and maintaining plans and standard operating procedures. This document provides agency staff with guidance and templates to assist with organizing content and components of plans.

III. Facts and Assumptions.

- The planning process fosters collaboration with program areas, external partners, and SMEs to ensure plans are coordinated and synchronized.
- Standard operating procedures outline how to operationalize response functions and are written by individual program areas.
- BEPR planners provide planning assistance to agency program areas.

IV. Concept of Operations.

General.
The Bureau of Emergency Preparedness and Response leads coordination, synchronization, maintenance of the DPH Emergency Operations Plans, annexes, and appendices. Agency bureaus/program areas are responsible for providing content to the DPH EOP and SC EOP. DPH contributes to the development and maintenance of the SC Emergency Operations Plan, annexes and appendices.

Successful plan development begins and ends with the collaborative efforts of a planning team. As mentioned in federal planning doctrine, the planning team collectively coordinates content for plan development. Deliberate planning activities ensures each stakeholder understands and accepts the roles and responsibilities before an incident. DPH has established a planning group (formerly Zika work group)

consisting of personnel with specific programmatic knowledge of their respective duty areas roles and functions during an emergency.

Plans vs Standard Operating Procedures vs Job Aids.

Planning documents come in various forms. Plans and SOPs are commonly used by emergency response entities. Plans provide guidance for carrying out common functions but are flexible enough to handle unexpected events. To simplify, plans address the following:

- Why are we developing plans or what is the purpose?
- Who is responsible for the action?
- What is the action?
- What happens before and after?
- When will the action occur?
- Where will resources be deployed?

DPH develops internal and external plans at state and regional levels.

While plans answer the above questions, Standard Operating Procedures (SOP) provide a detailed description of "how" a task will be accomplished. SOPs are a procedural document that contain fine details and steps needed to accomplish operational tasks. SOPs are produced for the benefit of the staff members performing the tasks and not written to be public facing. DPH develops SOPs at the operational level. The central office and the regions Produce SOPs for the specific tasks they are charged with accomplishing

Job Aids are checklists or other materials that help users perform a task. Examples of job aids include PalmettoEOC user manuals, DPH EOC Just-in-Time presentations, EOC phone rosters. Job aids do not replace training but may serve to address gaps in training during an incident.

Planning templates are intended to offer a plan format that describes the content that each section might contain. Planning templates do not replace planning and coordination meetings with internal and external partners. In other words, plans should not be written in silos. Planning templates are developed and distributed by BEPR Planners. Refer to Tab 2 (Plan template) of this annex.

V. Assignment of Responsibilities.

PREPARE. ICS and SEOC are not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Promulgate the Agency Emergency Operations Plan	**Lead:** Agency Dir **Supporting:**
DPH PLANNING GROUP	
Actions:	**Responsibility**
☐ Represent respective duty area/program area at monthly DPH Planning Group meetings. ☐ Review internal and external planning documents according to the Plans and SOP maintenance schedule (available upon request). ☐ Encourage staff participation in training and exercises.	**Lead:** Planning Group **Supporting:**

RESPOND **ICS and/ or SEOC may be activated.**	
DPH IMT	
Actions:	**Responsibility**
☐ Reference agency and state emergency operations plans and SOPs during response and recovery operations. ☐ Coordinate immediate plan revisions with DPH IMT Plans Chief. ☐ Document any deviations to operational tasks as outlined in planning documents. For plan update purposes.	**Lead:** DPH IMT **Supporting:**

RECOVER. ICS and SEOC are deactivated or assigned to a new Disaster Response (DR).	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Document and send after action comments to DPH EOC-aar@DPH.sc.gov ☐ Upon deactivation of DPH IMT participate in AAR/IP meetings.	**Lead:** DPH IMT **Supporting:**

VI. Authorities and References.

Items are covered in DPH EOP base plan section XV.

VII. Tabs.

1. DPH Planning Group Roster
2. Plan Template

Tab 1: Planning Group Template and Roster

DPH Planning Group Meeting

9:00am-10:00am
August 2nd, 2022
Location: DPH EOC
Facilitator: Bureau of Emergency Preparedness and Response
Attendees: Names not included in the template. Representatives from all the DPH Section Areas are invited and sent notes post meeting.

I. Introductions

II. Plans Update
    a. DPH Emergency Operations Plan Updates
        i. Respiratory Pandemic Response Plan and Annexes
            1. COVID-19 Response Plan
            2. Pandemic Influenza Response Plan
            3. SC Infectious Disease Plan
        ii. Annex D to the Emergency Operating Plan
    b. MMEO CONOPS

III. Hurricane Season
    a. Hurricane Task Force Meeting Updates

IV. Training and Exercises
    a. New Staff Introduction
    b. BEPR Trainings
        i. DPH EOC Orientation/Training
        ii. Hurricane Orientation/Training
        iii. ICS 204 Training
    c. Current AAR Status
        i. COVID AAR Update

V. Program Updates
    a. Medical Needs Shelter
    b. Medical Counter Measures

VI. MPXV Updates

VII. Additional Comments & Questions

Appendix Template

VIII. Introduction.
[Briefly introduce your appendix]

IX. Purpose.
[Insert a couple sentences on the purpose of developing and maintaining this Appendix (example: outline roles to complete x, y, and z; define COVID-19 specific response actions as they relate to x, y, and z)]

X. Scope & Applicability.
[Describe under what times or under what conditions this appendix would be activated. For example, what specific triggers within the COVID response would require the need for this Appendix or is it needed for all phases of COVID response?]

XI. Goals and Objectives.
[List any goals or objectives for your Appendix]

XII. Facts and Assumptions.
[List any facts that the plan requires, or assumptions needed in the absence of a fact that are necessary to execute the plan]
For example:

- During a COVID-19 pandemic, a State of Emergency and/or a Public Health Emergency will be in effect.

Any facts or assumptions laid out in the base plan do not need to be reiterated unless they are specifically necessary to make your appendix possible.

XIII. Organizational Structure.
[This section will likely not be in most of the Appendices as the base plan lays out the overall organizational structure. If you need to explain a specific part of the org structure for your appendix, do so in this section.]

XIV. Concept of Operations.
[Explain in broad terms the overall operations laid out in this appendix. The next section will specifically lay out individuals/departments/divisions' roles and tasks; this section can lay out in paragraph form general concepts that will occur. It should lay out a methodology to achieve the goals and objectives. Lay out who has the authority to activate this appendix (if different than the base plan), the activation triggers for the appendix, and the deactivation triggers. Include data and other

statistical information (e.g., CDC Social Vulnerability Index (SVI)) that will help drive planning efforts. Again, many of these will be similar to the base plan and do not need to be laid out in extreme detail here.]

XV. Assignment of Responsibilities.

[As necessary, include charts that will show tasks and who is responsible for those tasks. This should be broken out into preparedness, response, and recovery tasks. Any assignments of tasks should be coordinated with the individuals responsible for the task.]

Depending on the nature and content of the appendix, this section will be short or may not exist.

Build out these tables as much or as little as needed for your appendix.

You can modify the light blue boxes to meet the needs that you're addressing.

- For example, an Annex that is heavy on Public Health Ops will likely have light blue fields titled "Health Promotion Services", "Logistics", "Command and Control," but may not have a "Human Resources" box if there are not specific HR requirements in their appendix.

PREPARE. ICS and SEOC are not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐	**Lead:** **Supporting:**

RESPOND **ICS and/ or SEOC may be activated.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**

☐	**Lead:** **Supporting:**

RECOVER. ICS and SEOC are deactivated or assigned to a new Disaster Response (DR).	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐	**Lead:** **Supporting:**

XVI. Information Collection, Analysis and Dissemination.

[Include appendix-specific information. This would include any info that is collected and disseminated as it relates to your appendix. This section is not needed for all appendices.]

XVII. Communications.

[Describe the communication and coordination protocol used in this response as they relate to this appendix. Communications is an appendix of its own. This section should be short in most appendices.]

XVIII. Administration, Finance, and Logistics.

[Include any specific admin, finance, or logistics information for your appendix. Include any associated costs, tracking mechanisms, distribution of materials, etc. Only include items specific to your appendix that are not in the base plan.]

XIX. Authorities and References.

[List applicable local, state, and federal laws that apply to your appendix if not listed in the base plan. Many appendices will not have this section.]

XX. Tabs.

[If you have any additional documents to supplement your plan, please add them as tabs]

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. However, there are some unique aspects which require specific plans and capabilities.

II. Purpose.

This Annex to the Department of Public Health Emergency Operations Plan (DPH EOP) 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 DPH to ensure that all DPH responsibilities pertaining to protection of public health 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 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 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). 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;
- 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 DPH 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 DPH 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 DPH facilities.

VI. Concept of Operations.

Upon discovery or receipt of notification of a radiological event within the scope of this Annex, DPH will activate the Emergency Operations Plan, this Annex, and those parts of the State Emergency Operations Plans and supplements for which DPH has primary or supporting responsibility. The DPH EOC and as many RCPs as are necessary to respond to a specific incident will be activated. DPH staff with radiological response duties will respond and will be supplemented by other agency staff as required. DPH will coordinate and integrate its plans and actions with local, State, Federal, and non-governmental entities as they join the response effort. DPH is the agency with primary responsibility for ESF-8 (Medical and Health Services), 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 DPH 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:** BEPR
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**

☐ Review and update SCORERP ☐ Update ESF-6 and ESF-8 Annexes and EOPs to include any radiological changes, as required	**Lead:** BEPR **Supporting:**
☐ Distribute KI to the general public.	**Lead:** ROCE **Supporting:** Regional Health Departments
☐ Identify medical facilities willing and able to treat contaminated patients.	**Lead:** BEPR **Supporting:** SCHA
☐ Make KI available to healthcare facilities within 10-mile EPZ	**Lead:** BEPR **Supporting:** Health Regulations
PHASE 1: EVENT INITIATION TO COMPLETION OF EVACUATION	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ Activate the DPH 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 Department of Public Health Emergency Operations Center (DPH EOC)	**Lead:** BEPR **Supporting:** ICS Designated Personnel
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Assign KI distribution teams and provide just-in-time training on KI Distribution SOP	**Lead**: ROCE, 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
☐ Authorize DPH 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:** BEPR **Supporting:** Health Facility Licensing
☐ Provide public health information to support ESF-15 as needed	**Lead**: ROCE; Medical Consultants; Communications **Supporting:** ESF-8
☐ Open Medical Need Shelters to support counties and ARC	**Lead:** ROCE, affected Region **Supporting:** Unaffected Regions

☐ Register evacuees at reception and congregate care centers ☐ Prepare exposure registry for activation	**Lead:** KI distribution teams **Supporting:** ROCE, 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 DPH actions and public health recommendations	**Lead:** Communications **Supporting:** ESF-8; DPH physician
SAFETY	
Actions:	**Responsibility**
☐ Serve as IC Safety Officer; advise Incident Commander regarding field operations and site safety for all DPH operations wherever conducted. Support Mobile Operations Center as requested.	**Lead:** DPH Safety Officer **Supporting:**
PHASE 2: COMPLETION OF EVACUTION TO RE-ENTRY AND RECOVERY	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**

☐ Deactivate agency Incident Command ☐ 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 recovery.	**Lead:** Director of Health Promotion and Services **Supporting:** ELT
☐ Direct applications for recovery from Price-Anderson Act and other fund sources	**Lead:** Finance/Admin **Supporting:** BEPR
COMMUNICATIONS	
Actions:	**Responsibility**
☐ Provide Public Information Officer to Joint Field Office ☐ Communicate DPH recommendations for re-entry and re-occupation decisions	**Lead:** Media Relations **Supporting:** Medical Consultants
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**
☐ Behavioral Health support to SC DMH, if possible.	**Lead:** ROCE, Social Work **Supporting:** ESF-8

☐ Prepare exposure registry for activation ☐ Transition to support for extended shelter operations	**Lead:** ROCE **Supporting:** Regional staff PRN
☐ Establish DPH employee monitoring program	**Lead:** Human Resources (HR) **Supporting:** ROCE, 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:** ROCE, HFL **Supporting:**
☐ Coordinate access to Federal medical countermeasure stockpile	**Lead:** BEPR, MCM **Supporting:**
☐ Transition to support for extended shelter operations	**Lead:** ROCE **Supporting:** all
HUMAN RESOURCES	
Actions:	**Responsibility**
☐ Employee health monitoring	**Lead:** HR **Supporting:** ROCE, Biostatistics
☐ Site Safety Officer for all operations	**Lead:** HR Safety **Supporting:**

VIII. Delegation of Authority.

The Director of the Department of Public Health has delegated the authority to recommend ingestion of potassium iodide to designated DPH physicians.

IX. Human Resource Management.

- During an FNF response, personnel accountability will be maintained in accordance with the DPH Emergency Operations Plan.
- DPH 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.

- DPH will support ESF-15 at the SEOC in accordance with SCORERP Annex 3 – Public Information;
- DPH staff assigned to other ESFs and to the DPH EOC will provide information to DPH ESF-15 staff as necessary;
- The DPH EOC will identify Essential Elements of Information in accordance with DPH EOC SOPs and include them as reportable items in the daily situation reports.

XI. Tests, Training, and Exercises

- DPH will participate in exercises and drills in accordance with SCORERP Annex 4 – Exercises and Drills;
- DPH staff will be assigned to State Emergency Response Team (SERT) positions supporting ESF-6, ESF-8, and ESF-15 at the State Emergency Response Center when activated and will exercise accordingly;
- DPH 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, DPH 2012

XIV. Appendices

Appendix 1: KI Delegation of Authority
Appendix 2: ICS 207 Incident Organization Chart

Annex T
Logistics
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

As an incident unfolds, the Department of Public Health (DPH) ensures resources related to Emergency Support Functions (ESF) 8: Health and Medical are distributed to both responders and the public if a resource gap is identified. Annex T provides a detailed summary of the policies, actions, and responsibilities for all members of the South Carolina Department of Public Health's (DPH) Logistics Group (LOG). The DPH Incident Management Team (IMT) Logistics Section coordinates resource obtainment and delivery for all health and medical resource requests while the South Carolina Emergency Management Division (SCEMD) Logistics Section coordinates logistic resources for all other requests. Additionally, the DPH IMT and the State Emergency Operations Center (SEOC) Finance Sections provide support for human resources and resources acquired through procurement. See Annex B for more information on the ICS Sections.

II. Purpose.

The purpose of this annex is to outline logistical support for public health response and recovery activities associated with man-made or natural disasters.

III. Scope and Applicability.

Annex T will focus on resource management of four primary tasks:

- Establishing systems for identifying inventory, requesting/prioritizing resources, and tracking resources.
- Activating these systems prior to and during an incident.
- Dispatching resources prior to and during an incident.
- Deactivating or recovering resources after their mission assignment is complete.

IV. Goals and Objectives

- Acquire, stage, store, prepare, or deploy resources as requested to the correct location efficiently.

V. Facts and Assumptions

Facts and assumptions influencing the content of this Annex are:

- Logistics is an essential function of any response.
- This annex describes actions that occur during normal operations, incident, or event.
- DPH may activate elements of the Logistics Plan and/or South Carolina Medical Countermeasures (MCM) Plan to effectively manage resources during response events.

- DPH is the lead coordinating agency for Emergency Support Functions (ESF) 8: Health and Medical.

VI. Concept of Operations.

DPH is the lead coordinating state agency for ESF-8. During a State Emergency Operating Center (SEOC) activation, DPH works with SCEMD Logistics, South Carolina National Guard, and other State, county, and local partners. Coordinating with these partners helps prepare for, respond to, and recover from emergency and disaster situations impacting health and medical services. The DPH IMT oversees and coordinates all matters pertaining to public health including but not limited to:

- Coordination of health and medical response to emergencies.
- Licensed facilities response to public health threats.
- Epidemiological surveillance and tracking; response to disease outbreaks; possible mass fatality/mass burials; emergency behavioral health response; coordination of DPH specific volunteers responding to emergencies.

The Bureau of Emergency Preparedness and Response (BEPR) maintains and implements the Strategic National Stockpile for South Carolina as part of the service delivery efforts during a response. Additionally, BEPR is poised to receive and distribute medicine and medical supplies quickly in the event of a disaster. Maintenance actions are day to day operations and continue into a response. During response events, supplies and staffing may be scarce. Effective resource management includes:

- Identification of jurisdictional needs.
- Processes for distributing resources.
- Identification of security needs and establishment of security measures.
- Activation of medical materiel management and distribution operations.
- Acquisition and deployment of supplies and goods, medical materiel, and staff.

Resource Requests

When State agencies, local governments, and community partners with access to Palmetto EOC need additional resources to execute their response missions, they submit resource requests to the State through Palmetto EOC. The requesting party can put a direct request in Palmetto EOC by contacting their respective county emergency management office or notify the DPH IMT or SEOC of their specific resource need. Requests are reviewed by the DPH IMT Logistics and/or SEOC Logistics Sections. DPH IMT Logistics and SEOC Logistics will monitor the Palmetto EOC Resource Request

Board and task the request to the appropriate organization for fulfillment. All requests must clearly state item(s) requested, mission that is trying to be accomplished, quantities needed, delivery location, timeframe of expected need, and a point of contact name with telephone number.

Tracking

It is essential to track expenses, contracts, supplies, goods or medical materiel, and staff before and during a response. Procedures are established to monitor the inventory and security of supplies, goods or medical materiel operations. In addition, procedures are established to monitor transportation operations (including established vendor agreements) as well as monitor receiving sites and associated personnel to promote compliance with federal, state or local requirements.

Logistics Support Facilities

It is essential to establish storage requirements, feasibility, and process flow to manage supplies, goods, or medical materiel before and during a response. Approaches to stage or store medical and non-medical resources prior to their deployment include:

- Activating the State's Receive, Stage, and Store (RSS) site(s).
- Activating BEPR warehouse and other forward support location(s) as required.
- Activating the SCEMD warehouse.
- Identifying additional facilities to stage, store, repackage, and distribute supplies not housed within the locations identified above.
- Establishing staging areas for stand-by resources.
- Identifying personnel to staff logistics support facilities.

Distribution

Effective distribution processes include:

- Transporting supplies, goods, or medical materiel to receiving sites.
- Tracking inventory, dispatch, delivery and receipt of material and supplies.
- Establishing a process to promote product integrity of supplies, goods, or medical materiel.
- Identifying and developing SOPs for recovery and demobilization needs.
- Recovering supplies, goods, or medical materiel when no longer needed.
- Returning or disposing of unused supplies, goods, or medical materiel per federal, state, and local requirements.
- Demobilizing distribution operations.

Logistical Operations

Feeding (Only During Response Operations)

As stated in Proviso 34.27 - (DPH: Meals in Emergency Operations) The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations. This request should be submitted to the Logistics Section, which will then seek approval the DPH IMT Operations Section, FinAdmin Section, and the Incident Commander. Once approved the Feeding Unit will use BEPR contingent feeding Purchase Orders and/or secure new purchase orders or permission to use PCard from FinAdmin as required for feeding.

Donated Goods (Only During Response Operations)

Any item donated to the agency must be tracked. The State also considers any item provided at no cost by the Federal Government to the State a Donated Good. During Logistics Activations, a request to donate through the agency should be routed through the Logistics Section. The Logistics Sections will verify:

- If the item can be used to support operations.
- Ensure any legal or regulatory requirements regarding the goods are met.
- Identify program or mission operational areas that can use the item.
- Ensure the agency has proper storage and handling equipment to support the donated goods.
- Identify any ongoing costs associated with maintaining the item in working condition.

Once a donated good is received, it will be inspected and entered into the logistics inventory management system. Required items that must be tracked include:

- Date Received.
- Who the item(s) were donated by.
- Item description.
- Item manufacture.
- Item number/part number/SKU/lot number.
- Quantity donated.
- Cost of each item.

This information should also be stored in the BEPR LOG SharePoint as a spreadsheet which is to be submitted for each fiscal year (1 December to 30 June) to the Bureau of Financial Management.

BEPR Warehouse

The warehouse is the way by which DPH can store and ready medical materiel before or during an activation. The following measures are put in place to ensure appropriate handling of maintenance:

- Operating Systems at the BEPR Warehouse are monitored 24 hours a day. The BEPR Warehouse Manager will schedule a monthly test with SCDPH Maintenance to check these systems. These operating systems include the back-up generator and fuel monitoring system, the heating and air conditioning system, the fire extinguishers, the electric forklift, the operation of the bay doors and the plumbing. If a problem is found between monthly tests, BEPR State Park Maintenance will be notified so that repairs can be made as quickly as possible or a determination that an issue specific vendor need to be contacted.
- The BEPR Warehouse is visible to the Security Guards located at the SCDPH Public Health Laboratory by alarm panel, camera and direct line of sight in the shared parking lot. The Alarm Panel at the Security Desk will alert if the fire alarm, intrusion alarm or generator alarm is activated. In addition to notifying the appropriate municipal authority, the Security Guard will call the BEPR Warehouse Manager or Logistics Manager to inform them of the alert.
- The Fire Alarm System at the BEPR Warehouse is monitored by a service 24 hours a day. In the event that the Fire Alarm at the BEPR Warehouse is triggered, the monitoring service would call the Columbia Fire Department and make a call to the BEPR Duty Officer Phone making BEPR Leadership aware of the issue.
- Active monthly temperature log records for the warehouse and all associated cold-chain management units will be maintained and kept on file in the Narcotics Room in the BEPR Warehouse.
- A DPH Access ID is required to enter the BEPR Warehouse. Warehouse access is granted by the BEPR Warehouse Manager who completes a Form DPH 3731A and submits it to AccessRequest@DPH.sc.gov or InstrumentServices@DPH.sc.gov. During an Emergency Response, the Facilities Branch will assist with the process**.**
- State Park Maintenance checks the water in the batteries, charging connections and overall appearance during the scheduled Monthly Maintenance Check.

Communications

- Response preparedness cannot depend on just one, or even two, means of communication. To address this BEPR has multiple means of communications to include 800 MHz Radios, Amateur (HAM) Radios, and satellite phones.
- SCDEHC has a cache of 800 MHZ Radios and assigned 800 MHz channels to use. In the event of a response where the Logistics Section determines that a specific channel is needed for radios communications, a request for a special channel can be made to Emergency Support Function (ESF) 2. If staff need more 800 MHZ Radios than are in the SCDPH Cache, additional radios can be requested from ESF2 for use during a response as well.
- The Department of Public Health Emergency Operations Center (DPH EOC) has an Amateur Radio Base Station located in the Radio Room and BEPR has several handheld HAM Radios. The Base Station is operated by a Licensed Amateur Radio Operator and the handheld units are issued to BEPR Staff that are licensed operators as well.
- BEPR has two Satellite Phones.
- Communications - 800 MHz, Amateur (Ham) Radios, satellite phones will be checked and tested monthly for operational readiness.

Motor Pool

DPH Central Office Motor Pool is managed by the Bureau of Business Management's Motor Vehicle Management Section. Special Purpose Vehicles are assigned to the State Park Garage, Maintenance and Supply Operations.

Normal Operations

- BEPR has a small Motor Pool of Department vehicles that can be requested for travel and/or transportation.
- BEPR Logistics perform Monthly Maintenance Checks on Trailer Assets - including Morgue Trailers, to ensure equipment readiness.

Activation Operations

- BEPR Motor Pool Vehicles and Trailer Assets can be requested during an activation by submitting a Request through Palmetto EOC and LOGS will assign what is available and appropriate.
- If it is determined that there is a need for staff to drive DPH Motor Pool Vehicles during a Response, the Transportation Branch will arrange for a cache of vehicles to be available for the Logistics Branch to assign out as needed.
- If the need for vehicles exceeds DPH's inventory or a vehicle is needed that is larger or more specific than what is available in

another agency department or the DPH Motor Pool, Logistics and the Transportation Branch will work with FinAdmin to lease vans, trucks and material handling equipment.

Inventory Tracking and Accountability

The Logistics Section will use PalmettoEOC, ReadyOP, and the Logistics Sharepoint site to record inventory of supplies and material. Receipts and distribution of supplies and material at the BEPR Warehouse, any other warehouses under the purview of DPH, SCEMD, or other State or local agency, and the RSS site when activated will be recorded in a timely manner.

The Logistics Section will provide regular summaries of receipts, distribution, and stock in hand as required to support reporting requirements established by the IMT and the Planning Section.

Facilities

Department of Public Health Emergency Operations Center (DPH EOC)

- Equipment, Radios and other Communications Systems and Network Support in the DPH EOC will be tested monthly. Logistics will work with Agency Information Technology (IT) to ensure that equipment is operational and ready. Completed Monthly Checks will be filed on the BEPR Logistics SharePoint.

DPH Facility Support During Response Operations

- Coordinate as required the evacuation of medications, supplies and equipment from potentially impacted or impacted DPH Facilities.

VII. Assignment of Responsibilities.

Prepare. ICS is Not Activated	
Actions:	**Responsibility**

☐ Develop SOPs to prioritize distribution of limited resources ☐ Establish warehouses and staging areas and maintain agreements with a network of distribution sites if necessary ☐ Develop, establish, and maintain a transportation strategy ☐ Identify and train medical materiel distribution personnel ☐ Establish and maintain an inventory management system, including SOPs, job aids and training materials for new staff	**Lead:** BEPR **Supporting:** Other sections as required
☐ Maintain warehouse security and environmental control systems	**Lead:** DPH Facilities Management **Supporting:** BEPR
☐ Maintain and report warehouse inventory and equipment	**Lead:** BEPR Logistics
Respond. ICS is Activated	
Actions:	**Responsibility**
☐ Activate warehouse staff ☐ Activate warehouse inventory tracking systems	**Lead:** Logistics Section **Supporting:**
☐ Review and prioritize resource requests	**Lead**: SERT Logistics **Supporting:** Logistics Section
☐ Distribute material and supplies in fulfillment of resource requests ☐ Initiate orders to backfill or fulfill resource requests	**Lead:** Logistics Section **Supporting:**
Recover. ICS is May or May Not Be Activated	

Actions:	**Responsibility**
☐ Report undistributed inventory and equipment • Identify unused inventory and equipment • Recover or authorize for disposal ☐ Submit documentation regarding all distribution to Documentation and Recovery units ☐ Identify perishable or time-controlled inventory for disposition ☐ Order replenishment as necessary for SNS and MCM stockpiles ☐ Remove DPH assets from RSS site and return control to owner ☐ Turn in all motor pool and leased vehicles	**Lead:** Logistics Section/BEPR Logistics **Supporting:**
☐ Close out all incident-related contracts; submit final documentation to Documentation and Recovery units	**Lead:** Logistics Section **Supporting:** Business Management, OGC

1. Authorities

- SC Appropriations Act for the current fiscal year
  - Budget proviso re staff feeding during emergency response operations
  - Any other applicable emergency provisos
- Federal Emergency Grants

2. Acronyms

- BEPR – Bureau of Public Health preparedness
- DPH EOC- Department of Public Health Emergency Operations Center
- ESF – Emergency Support Functions
- IMT – Incident Management Team
- LOGS – Logistics Group
- MCM – Medical Counter Measures
- RSS – Receive, Stage, and Storage
- SCDPH – South Carolina Department of Public Health
- SCEMD – South Carolina Emergency Management Division
- SEOC – State Emergency Operations Center

Annex U
PHRC Volunteer Management Plan
to the SC Department of Public Health Emergency Operations Plan

I. Purpose.

The purpose of the Public Health Reserve Corps (PHRC) Volunteer Management annex is to provide standard operational guidance to DPH staff regarding the policies, processes, and procedures for administering the PHRC program. DPH staff are responsible for adhering to the instructions contained in the administrative manual.

The PHRC Administrative Manual will be reviewed on an annual basis to ensure the manual meets program needs, agency policies and state laws.

II. Introduction.

The South Carolina Public Health Reserve Corps (PHRC) program is under the administration of the South Carolina Department of Public Health. There are four PHRC units located in each of the agency's four Public Health Regions. Each unit is officially registered with the national Medical Reserve Corps program office housed within the Readiness Division, Office of Emergency Management and Medical Operations, Administration for Strategic Preparedness and Response.

Founded in 2006, South Carolina PHRC units are locally based, region-wide personnel resources whose purpose is to support public health initiatives and augment public health emergency response operations outlined in the SCDPH Emergency Operations Plan. The PHRC is comprised of medical and non-medical volunteers located in each of DPH's Public Health Regions.

III. Mission.

The South Carolina Public Health Reserve Corps program provides an opportunity for medical, behavioral health, and non-medical volunteers to assist communities during disasters and non-emergency public health activities.

PHRC Volunteers may be asked to support:

- Administration of medications at a Point of Dispensing (POD);
- Medical Needs Shelter (MNS) operations;
- Medical surge operations;
- Mass vaccination clinics;
- Seasonal flu clinics;
- Exercises and community events;
- Public health education, and outreach;
- Special projects.

IV. MRC Program Organization and Composition.

State

- **State Volunteer Coordinator and ESAR-VHP State Coordinator**
  Is physically located in CO and works with the regions and internal partners to support the mission of the PHRC program.

Region

- **Regional Volunteer Coordinator**
  Each region is slightly unique, but the basic position provides leadership and coordination of the local unit and works with regional partners, and external community partners to support the mission of the PHRC program.

PHRC Units

- **Lowcountry PHRC Unit**
  Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, and Orangeburg Counties.

- **Midlands PHRC Unit**
  Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, and York Counties.

- **Pee Dee PHRC Unit**
  Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee Marion, Marlboro, Sumter, and Williamsburg Counties.

- **Upstate PHRC Unit**
  Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, and Union Counties.

V.

PREPARE **DPH EOC and/ or SEOC activation imminent**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**

☐ BEPR Volunteer Management Coordinator establishes contact with BEPR Volunteer Management Coordinators regarding the incident/event. ☐ BEPR Volunteer Management Coordinators report their anticipated assignment, location, and shift schedule to the BEPR Volunteer Management Coordinator.	**Lead:** BEPR Volunteer Management State Coordinator **Supporting:** BEPR Volunteer Management Regional Coordinators
RESPOND **DPH EOC and/ or SEOC activation.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ BEPR State Volunteer Management Coordinator receives request for volunteer resources and contacts appropriate BEPR Regional Volunteer Management Coordinator to recruit volunteers for the mission. ☐ BEPR Regional Volunteer Management Coordinators query Better Impact for appropriate volunteer types and work with requesting entity to schedule and deploy. ☐ BEPR Regional Volunteer Management Coordinators report status of deployment daily to the DPH EOC State Volunteer Coordinator for recording in the appropriate report. ☐ BEPR State Volunteer Management Coordinator and BEPR Regional Volunteer Management Coordinators maintain contact for the duration of the deployment and operations.	**Lead:** DPH EOC Volunteer Management **Supporting:** RCP Regional BEPR
RECOVER **DPH EOC and/ or SEOC activation.**	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
☐ BEPR State Volunteer Management Coordinator and BEPR Regional Volunteer Management Coordinators demobilize selected volunteers. ☐ BEPR State Volunteer Management Coordinator and BEPR Regional Volunteer Management Coordinators ensure all documentation regarding deployment is retained and stored appropriately.	**Lead:** DPH EOC Volunteer Management **Supporting:** RCP Regional BEPR

VI. Volunteer Criteria.

Program Requirements

Individuals must meet the following requirements in order to participate in the PHRC program:

- Be a citizen of the United States or legal /registered alien;
- Have a current mailing address and contact information;
- Agree to medical screening or receive vaccination/inoculation/medication as required by DPH policy;
- Pass a criminal history background check.

Under the Age of Eighteen

High school students under the age of eighteen may participate with parental approval (Form D-1291).

Licensed PHRC Professionals

Must possess an active/unencumbered state license through the appropriate state licensing authority.

VII. Registration Process.

Individuals interested in participating in the PHRC program must complete online registration profiles at https://www.scDPH.gov/BetterImpact

After applicant registers in BETTER IMPACT

- Send registration confirmation email to applicant;
- Collect consent form (D-2599) for background check;
- Submit consent form to personnel for processing.

After applicant passes background check

- Send acceptance letter and information packet to new volunteer
- Verify volunteer's credentials in BETTER IMPACT and assign level 1 – 5 (See BETTER IMPACT Coordinators Guide for credentialing instructions);
- Schedule and conduct new volunteer orientation;
- Issue photo ID badge
- Collect and process appropriate Volunteer Agreement(s) and DPH Employee/Volunteer Confidentiality Agreement (D-0321).
- Register volunteer in MySCLearning and assign basic training plan.

Information Packet

After the volunteer has been accepted into the PHRC program, the Regional Volunteer Coordinator will mail a welcome packet to the volunteer that contains the following information:

- Welcome letter from Regional Volunteer Coordinator;
- PHRC brochure.

Background check returns with a criminal history record

- Region receives notification from DPH HR that applicant has a criminal record;
- Region reviews record and makes a decision to accept or deny applicant;
- If application is denied, region sends applicant a letter of denial (see appendices for letter template);
- Region deletes volunteer's profile in BETTER IMPACT.

Criteria to consider when evaluating an applicant's criminal history record for membership

- Any conviction for a violent crime (as defined under S.C. Code Ann. § 16-1-60);
- Any conviction for a crime of a sexual nature;
- Any conviction for a crime of moral turpitude,
- Applicant fails the Inspector General Status in BETTER IMPACT;
- Any conviction within five (5) years of the current year.

Volunteer Agreements

Each volunteer is required to sign a volunteer agreement. Based on the type of activity in which the volunteer will participate, volunteers may need to sign multiple agreements. There are three volunteer agreements utilized by the program:

- Nurse volunteers assisting DPH in a public health nursing capacity will sign DPH 1351: Volunteer Nursing Agreement. The contract is effective for the period of two (2) years or expiration of license whichever comes first.
- All other healthcare volunteers participating in medical activities will sign DPH 0866: Health Professional Volunteer Agreement. The contract is effective for the period of five (5) years.
- Non-medical volunteers and/or volunteers participating in non-medical activities will sign volunteer agreement DPH 0884: Volunteer Agreement. The contract is in effect for five (5) years.

Instructions for Implementing Volunteer Agreements

- Volunteer signs the agreement
- Follow regional contract processes for implementation
- A copy of the contract signed by the volunteer should be maintained by the regional Volunteer Coordinator. The volunteer may receive a copy of the agreement upon request.

- Except in emergencies, volunteer agreements are not official and binding until signed by the DPH contract manager.

VIII. Volunteer Training.

The Regional Volunteer Coordinator is responsible for informing volunteers of training requirements, assigning training plans, and managing the unit's volunteer records. PHRC volunteers should complete the following training:

- ICS 100 (2 hours)
- ICS 700 (2 hours)
- DPH's Role in Emergency Operations (30 minutes)
- HIPAA Guidance for DPH Volunteers, DPH 2077
- HIPAA Annual Refresher;
- OSHA 1 – Blood Borne Pathogens (30 minutes)
- OSHA 2 – Hazard Communication Standard (20 minutes)
- OSHA 5 – Agency Employee Safety Section 5: General Occupational Safety (25 minutes)
- Training based on professional office requirements for a particular health response. This may be provided just-in-time.

Optional
DPH supports the national MRC Volunteer Core Competencies for Disaster Medicine and Public Health (DMPH). The Core Competencies and MRC Volunteer Training Plan can be found at https://www.phe.gov/mrc/unit-leader-resources/Pages/default.aspx

IX. Administration.

New Volunteer Orientation
After the volunteer has been accepted into the PHRC program, the Regional Volunteer Coordinator will provide an orientation packet to the new volunteer. The basic orientation packet should include the Volunteer Handbook, Volunteer Skills Assessment Survey, and PHRC brochure. Regional Volunteer Coordinator has the discretion to include additional information in the orientation packet.

Volunteer Skills Assessment Survey
Volunteers may have a variety of skills including medical, non-medical, logistics and communications that are not listed in BETTER IMPACT. To provide greater opportunities of engagement and to assist the volunteer coordinator in identifying roles in which the volunteer can serve, a Volunteer Skills Assessment Survey template is included in the appendices.

Identification

- **Badges:** Photo identification badges are required for all PHRC volunteers and will be issued upon the volunteer's completion of the registration requirements. If the regional PHRC does not own badging equipment, the region's personnel office can issue the ID badges. The templates for the badges are kept on file in division of Communications and Outreach.
- **Vests:** The regional Volunteer Coordinator may issue the volunteer a PHRC/MRC vest while participating in DPH activities.

Volunteer Handbook

The volunteer will sign the PHRC Volunteer Handbook Acknowledgement Statement upon receipt of the handbook. The original statement should be maintained by the regional Volunteer Coordinator.

Better Impact

Regional Volunteer Coordinators are responsible for maintaining the region's volunteer information in Better Impact. The State Volunteer Coordinator will provide technical assistance upon request.

Reimbursement

PHRC volunteers may receive reimbursement for travel mileage to attend training, exercises and real events. Regional Volunteer Coordinators will need to work with the region's financial staff regarding the agency's policies and procedures for reimbursement and the availability of funds to cover reimbursement.

Liability

- DPH provides liability coverage to volunteers while they are exclusively acting on behalf of DPH and within their scope as a volunteer with DPH. This coverage is provided in accordance with DPH's automobile liability policy, tort liability policy, and professional liability policy, and in accordance with the Government Volunteers Act, S.C. Doe Section 8-25-10, et seq., and the Emergency Health Powers Act, S.C. D Code Section 44-4-100, et seq., as applicable during the volunteer period. Acts of gross negligence or willful misconduct are specifically excluded from liability coverage.
- DPH does not provide health or accident insurance. South Carolina law prohibits DPH from purchasing additional personal injury insurance protections outside of the Insurance Reserve Fund. Volunteers are not employees of DPH and are therefore not covered by Workmen's Compensation Insurance.

Injuries

If a volunteer is injured while participating in a DPH sponsored activity, report the injury immediately to the Regional Nursing Program Manager/Designee, site supervisor or ICS Safety Officer. If the individual is transferred to a medical facility for treatment, the Regional EPR Section Manager should notify the volunteer's emergency point of contact.

DPH policy requires that a Report of Employee Occurrence Form (DPH 3419) be completed to document the circumstances of a job-related illness or injury as soon as possible after the incident. The Office of Employee Nursing will track and provide support for any injuries incurred to volunteers.

The Department of Mental Health will provide behavioral counseling to any volunteer who identifies a need during deployment and debriefing. Please notify the State Volunteer Coordinator if a volunteer requests counseling services. The State Volunteer Coordinator will reach out to the Department of Mental Health POC to begin the referral process.

Office Mechanics and Filing: Please email completed form to incidentreport@DPH.sc.gov within one business day. The DPH Safety Director, Office of Human Resources, should also be notified and provided a copy of DPH 3419.

Reasons for Dismissal
DPH will have the final say in dismissing volunteers and membership status will be terminated if the volunteer:

- Self-deploys;
- Violates agency policies, privacy issues, and/or safety issues;
- Misrepresentation of self during or after application process;
- Fails background check;
- Exceeds the limits of their knowledge/skill/authority as defined by their professional license.

X. Communication Tools.

The following tools are available for maintaining communications with PHRC volunteers:

Email
DPH's utilizes Microsoft Outlook as its primary email application to communicate to volunteers.

Social Media (Facebook, Twitter and YouTube)

Contact the DPH Communications and Outreach divisions at webmaster@DPH.sc.gov to develop and implement media posts and blog content.

ReadyOp
Redundant communications application. Please reach out to your regional coordinator to see how this works as a possible resource for contacting volunteers during emergencies.

XI. Pre-Deployment Response Actions.

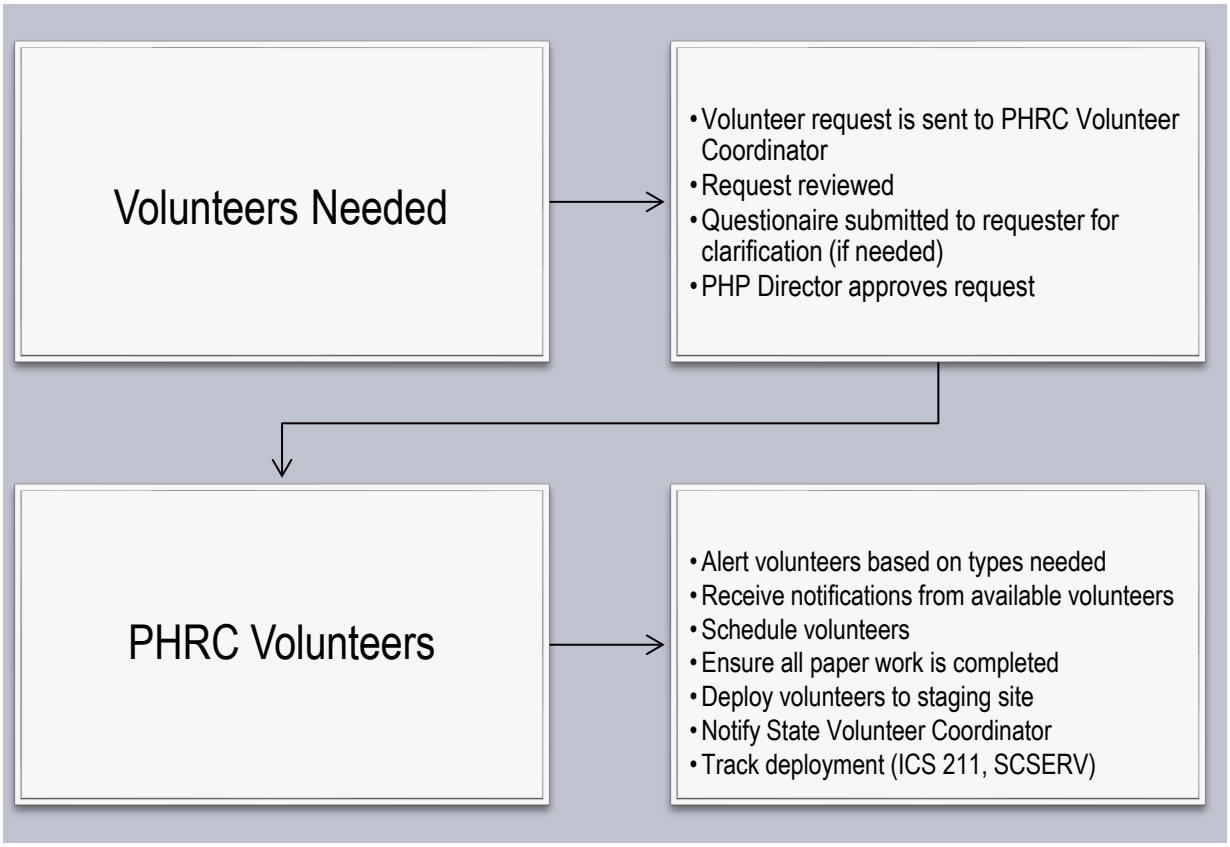
If possible, at least forty-eight (48) hours prior to an impending incident, volunteer coordinators should begin establishing communications with volunteers via email utilizing the Situational Awareness template located in appendices. Volunteers should be reminded to review and implement personal preparedness plans and prepare for activation if needed.

The State Volunteer Coordinator will establish contact with the Regional Volunteer Coordinators prior to the impending incident and during activation. Regional Volunteer Coordinators should provide the State Volunteer Coordinator with their location and contact information during activation.

XII. Deployment and Demobilization.

Below outlines the deployment process for requesting and deploying volunteers. This diagram along with the PHRC Standard Operating Procedure (SOP) template (see appendices) provides a standard deployment process for regional planning purposes.

PHRC Deployment Process



Deployment considerations for volunteers traveling from another region

- Travel reimbursement;
- Food and lodging;
- Safety issues. (https://www.cdc.gov/niosh/topics/emres/terrorresp.html)

Demobilization Process

- Site supervisor determines demobilization and notifies volunteer to demobilize;
- Volunteer returns any supplies or equipment and cleans up their work area;
- Volunteer participates in shift change debriefing;
- Volunteer signs out and returns home;
- Regional Volunteer Coordinator contacts volunteer to ensure safety and to identify any physical or behavioral support needs resulting from deployment experience;
- Regional Volunteer Coordinator sends thank-you note to volunteer;
- Regional Volunteer Coordinator contacts requester regarding volunteer performance;
- Regional Volunteer Coordinator documents volunteer hours;
- Volunteer is invited to participate in after-action review;
- State Volunteer Coordinator sends volunteer a participant survey to gather information for future improvements (See appendices for survey template).

Types of Activations

- Healthcare Coalitions/Community Partners
  The PHRC may be offered the opportunity to assist in response efforts, health activities, or exercises at the request of a hospital, or other HCC organization. PHRC volunteers working under the auspices of an HCC organization will not be covered under DPH's liability coverage. The requesting organization will be responsible for providing protections and assuming administrative responsibility of the volunteers.

- Medical Countermeasure Operations
  Medical countermeasure Operations includes a variety of public health response activities such as assisting with Points of Dispensing (PODs). PHRC volunteers may assist in operations such as administrative support, registration, security, traffic control, POD flow, logistics, runners, greeters, interpreters, data entry, screening, dispensing/vaccinator, etc.

- Medical Needs Shelters (MNS)
  PHRC volunteers working in a MNS may assist in operations such as triage, registration, assessment, behavioral health support, and other types of administrative support.

- Logistics
  The primary role of logistics is to assist public health at the regional and state level in providing logistical support. PHRC volunteers will provide a variety of job functions including DPH EOC and RCP support, Communications, Blu-Med Trailer and POD construct and disassembly, equipment maintenance, warehousing, inventory, material handling, transportation, food service, communications, and general administrative support. See PHRC Logistics Team Standard Operating Guidance in appendices.

- Public Health Activities and Special Projects
  PHRC volunteers may have the opportunity to participate in public health activities such as:
    - Flu and immunization campaigns;
    - Community education and outreach;
    - Recruitment activities;
    - Special projects (Oral Health Assessment, PAFN Survey, Stop the Bleed Campaign, Family Assistant Centers, TSA Canine Program, HOSA, etc.)

Medical Countermeasure Call-down Drills

The CDC SNS program requires an annual state-wide call-down drill to test the availability of volunteers to assist in medical countermeasures response activities. The State and Regional Volunteer Coordinators must conduct at least an annual and regional

call-down of the BETTER IMPACT database system to meet the federal program requirements. Contact the State Medical Countermeasures Coordinator for the appropriate SNS Medical Countermeasure reporting templates.

XIII. Marketing and Recruitment.

See Appendices for Marketing and Recruitment Plan

XIV. Policies.

Volunteer Rights and Responsibilities

Volunteers are a valuable resource to DPH and the local community. Volunteers will be extended the following rights:

- The right to be given meaningful assignments;
- The right to be treated as equal co-workers;
- The right to effective supervision;
- The right to full involvement and participation;
- The right to recognition for work done.

In return, volunteers should agree to actively perform their duties to the best of their abilities and to remain loyal to the mission of DPH and the PHRC.

Unlawful Harassment and Discrimination

Any act of harassment by volunteers including sexual and discriminatory harassment is strictly prohibited and subjects the volunteer to dismissal. Any act of harassment, including sexual and discriminatory harassment, against a volunteer is strictly prohibited and should be reported immediately to a supervisor. All reports of harassment, either verbal or in writing will be investigated in a timely manner. Retaliation against a volunteer or other person who reports a concern about harassment is strictly prohibited.

Complaints of Harassment

All complaints of harassment should be investigated in accordance to DPH Administrative Policy for Harassment (A.566).

Drug-free Environment

All volunteers must observe DPH's commitment of a drug-free environment. It is unlawful to manufacture, distribute, dispense, possess or use an illegal controlled substance. DPH prohibits such action by employees or volunteers while performing their tasks and activities. Volunteers must abstain from transport, storage, or consumption of alcoholic beverages or illegal substances when performing volunteer duties. Violation of the policy may result in the volunteer's removal from his/her position within the PHRC.

Smoking Policy
In accordance with our commitment to promoting and protecting public health, all DPH offices and grounds are 100% smoke and tobacco-free campuses. The use of tobacco and smoking products is prohibited on DPH property. If deployed with a community partner volunteer should adhere to receiving organization/facilities tobacco policies.

Confidentiality
Volunteers are required to sign DPH Employee/Volunteer Confidentiality Agreement and are responsible for maintaining the confidentiality of all medical, proprietary, or privileged information to which they have access while serving as a volunteer. This includes information concerning personnel matters, members of the community, or related to public health business.

Media Contact
DPH has protocols in place and designated staff trained to handle any situation involving the media. Volunteers should never offer any information or comments to media sources.

Public Health Reserve Corps Volunteers – Nursing
Regional Volunteer Coordinators should adhere to the processes and instructions as established in the Nursing Policy located in the Public Health Policy Manual.
Note: On October 24, 2017, the volunteer nursing policy was removed from the DPH Administrative Policy Manual by the agency's Policy Review Committee. It is now housed in the PHRC Volunteer Management Manual until further notice.

XV. Attachments.

1. Supporting material available upon request

Annex V
DPH Facility Evacuation, Closure and Reconstitution
to the SC Department of Public Health Emergency Operations Plan

I. Introduction.

An incident, including but not limited to hazardous weather, may require evacuation or closure of one or more DPH offices. This Annex outlines procedures and guidelines used by decision makers to shape actions during an emergency to ensure the safety of personnel, protect assets, and streamline the recovery process. This plan will serve as Annex V to the South Carolina Department of Public Health Emergency Operation Plan.

II. Purpose.

The purpose of the DPH Facility Evacuation, Closure and Reconstitution Annex is to codify Agency standards for interruption of services and prevention of unsafe practices taken during an emergency incident impacting DPH facilities.

III. Scope & Applicability.

This Annex applies to all DPH Facilities during qualifying circumstances and addresses Agency facility evacuation, closure, and high-level reconstitution plans for inclement weather, natural disasters, industrial accidents, industrial fires, structural failure, medical outbreak, terrorist attack, or other emergency incidents. Additional details on facility reconstitution processes can be found in Annex A Continuity of Operations.

IV. Situation Overview.

An incident has occurred, or is imminent, which may require closure or evacuation of one or more DPH facilities.

V. Facts and Assumptions.

See assumptions set forth in the SC Emergency Operations Plan (SCEOP) and the DPH Emergency Operations Plan (EOP). Additional facts and assumptions influencing the content of this annex are:

- One or more DPH facilities will be impacted by an event or emergency causing impacts for greater than 7 days.
- Timely warnings and information will be available and shared to trigger activation of this Annex.
- Different agencies and organizations will effectively coordinate their own response efforts during evacuation, closures, and reconstitution activities.
- Impacts of most hazards can be reasonably predicted for timely decision-making.
- Every DPH facility has its own specific plan for evacuations.

- Facility closures and reconstitution efforts vary based on the incident type and impact.
- Each incident is unique and will be evaluated to determine the severity of impact to DPH facilities. Breakdown of emergency scale and type is found in Attachment 2: COOP Plan Activation Matrix of Annex A.

VI. Goals and Objectives.

- Ensure public safety and well-being of the public, including residents, employees and visitors during facility evacuation, closures, and reconstitution efforts.
- Minimize the damage to DPH critical infrastructure, facilities, and property.
- Establish and maintain clear and accessible primary and alternative evacuation routes for affected facilities.
- Establish and maintain clear and accessible shelter in place locations for affected facilities.
- Issue timely and accurate evacuation orders based on predefined criteria and risk assessments.
- Accommodate the needs of persons in DPH facilities with access and functional needs during facility evacuation, closure, and reconstitution.
- Utilizing multiple communication channels to ensure timely and accurate information reaches all stakeholders during emergency situations.

VIII. Concept of Operations.

DPH Assets, Resources, and Capabilities

See DPH EOP, Base Plan, Section VIII, for:
- Plan Interrelationship
- Plan Activation

See DPH EOP, Annex A Continuity of Operations, for:
- Orders of succession and delegation of authority
- Maintenance of essential functions during and after an event
- Priorities for restoring capabilities; a SharePoint site (DPH, Continuity of Operations) is available as a tracking tool
- Personnel Accountability
- Additional information on Facility Evacuation, Closures, and Reconstitution

See DPH EOP, Annex N Personnel Operations During Disaster, for:
- Roles and responsibilities of staff
- Behavioral health support

- Staff safety
- Office closures, telecommuting, time reporting

General

While each DPH facility is unique, there are overlapping considerations to address when establishing facility evacuation, closure, and reconstitution processes and plans specifically addressing emergency incidents. Examples include pre-identifying specific hazards (natural disasters, fires, security threats, or hazardous material incidents), defining the types of emergencies and appropriate response-actions, and establishing triggers for evacuation and facility closure (OPCON level, distance from facility, type of emergency, damage assessments, etc.). For a list of specific examples and procedures, reference the Emergency Procedures handbook. For supplemental materials, DPH employees may reference unique facility plans outlining evacuation routes, assembly points, shelter in place locations, and communication protocols. This information may be requested from the Building Emergency Coordinator, Floor Wardens, Health Department Managers, or the employee's supervisor. To further ensure preparedness, DPH conducts drills (e.g. fire drills) and similar activities.

Notice Event

Phenomena in this category are predictable and allow time for agency staff to prepare for response actions. Common examples of notice events include hurricanes or winter weather. For a notice event, county executive leadership, in consult with local and state emergency management officials, determine and communicate whether they will modify operational hours. If a county closes or reduces operating hours, DPH facilities in the respective county will mirror the changes. Once this occurs, DPH staff will contact and reschedule all impacted service delivery.

No-Notice Incident

Phenomena in this category are not predictable and are impactful to DPH operations when they occur. Examples of no-notice incidents include earthquakes, fires, bomb threats, and pipe bursts. For a no-notice incident, the staff of the impacted site will relay the information up their chain of command per the established procedures outlined in the red Emergency Procedures booklet. The appropriate facility authority (to include Building Emergency Coordinators) can order an evacuation or shelter in place notice of the building if it is deemed necessary. Facility specific emergency procedures are at all DPH locations and available upon request. Once appropriate, DPH staff will contact and reschedule all impacted service delivery and will coordinate any necessary relocation of staff and inventory.

Reconstitution

Facility reconstitution efforts are in response to damage assessments and prioritize repairs based on safety and functionality. If reconstitution efforts are deemed necessary, the responsible party will be contacted. For example, if the facility is leased from the county, then the appropriate DPH representative will coordinate directly with county officials for reconstitution. All reconstitution efforts will be conducted in an appropriate and efficient manner. For a prolonged impact to service delivery, services may be relocated and require movement of both staff and inventory to accommodate change in site demand. If there is a long impact to service delivery, staff may be used to assist with transport of appropriate inventory (i.e. vaccines, medical records, etc.). Additional information regarding reconstitution efforts can be found in Annex 2: Continuity of Operations.

IX. Roles and Responsibilities.

PREPARE. ICS and SEOC are not activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
• 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 facility evacuation, continuation of Agency core operations during a facility closure, and return to facility post reconstitution. • Encourages family emergency plan development to increase personal and family preparedness. • Request technical assistance on SOP development from the Bureau of Emergency Preparedness and Response as needed.	**Lead:** Executive Leadership Team (ELT); Bureau Chiefs; Division Directors; Regional Leadership Team **Supporting:** Bureau of Emergency Preparedness and Response); Building Emergency Coordinators
FINANCE/ADMINISTRATION	
Actions:	**Responsibility**

• Pre-identify vulnerable DPH-owned and leased facilities. • Identify County point-of-contacts for all DPH-leased facilities.	**Lead:** Chief Financial Officer **Supporting:** Financial Management; Business Management; Regional Health Director; Regional Administrator
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

RESPOND –ICS and/ or SEOC may be activated.	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
• Ensures DPH facility(s) are appropriately evacuated and, if necessary, closed. • Notify and assure staff are on point to perform/expedite core functions. • Maintain Core Functions at the primary facilities and/or alternate facilities. • Begin reconstitution activities.	**Lead:** Bureau Chiefs; Division Directors; Regional Leadership Team **Supporting:** ICS Designated

• Documents continuity activities during activation and ensures records are maintained for future reference. • Maintain a record of all DPH personnel impacted by an acute facility emergency to ensure that staff and their safety is accounted for.	Personnel if activated; Building Emergency Coordinators; Human Resources
FINANCE/ADMINISTRATION	
Actions:	**Responsibility**
• Ensures the primary facility(s) can support the performance of Core Functions. • Coordinate with the Department of Administration and/or appropriate agencies to obtain space for an alternative facility, if required. • Document and track all expenses incurred during COOP activation, especially those eligible for state or federal reimbursement.	**Lead:** Chief Finance and Operations Officer **Supporting:** Financial Management; Business Management; ICS Designated Personnel if activated
PERSONNEL/ HUMAN RESOURCES	
Actions:	**Responsibility**
• Alert and notify non-continuity personnel of Agency's operational status. • Implement telework policies. • Disseminate event-specific PCAS codes.	**Lead:** HR **Supporting:** ICS Designated Personnel if activated; 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. • Maintain critical databases and systems to ensure Core Functions can be sustained.	**Lead:** IT **Supporting:** ICS Designated Personnel if activated
HEALTH PROMOTION AND SERVICES	
Actions:	**Responsibility**

• Suspend non-critical clinical services if necessary. Redirect high priority clinical services to unaffected DPH 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. • Maintain critical services at unaffected DPH facilities.	**Lead:** Regional Health Directors; Community Health Services **Supporting:** ICS Designated Personnel if activated; Central Appointing/Care Line Coordinator

RECOVER. ICS and SEOC are deactivated or assigned to a new Disaster Response (DR).	
COMMAND, CONTROL AND COORDINATION	
Actions:	**Responsibility**
• 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:** Executive Leadership Team (ELT); Bureau Chiefs; Division Directors; Regional Leadership Team **Supporting:** ICS Designated Personnel if activated; Finance-BBM
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 if activated
FINANCE/ADMINISTRATION	

Actions:	**Responsibility**
• Provide a status update of DPH-owned or leased facilities that are ready for reconstitution.	**Lead:** Chief Financial Officer **Supporting:** Financial Management; Business Management
INFORMATION TECHNOLOGY	
Actions:	**Responsibility**
• Maintain essential databases and systems, to include active directory.	**Lead:** IT **Supporting:** ICS Designated Personnel if activated

X. Information Collection, Analysis and Dissemination.

Steady-state non-emergency report data collection and process flows are outside the scope of this annex. Information collection, analysis, and dissemination occurring during an emergency event requiring a DPH IMT activation will be used to help populate the agency Incident Action Plan and other reports as needed. Reference Annex D to the DPH EOP for additional information on reports generated during an activation. For reports generated during a drill/emergency not requiring a DPH IMT activation, contact the appropriate facility authority (i.e. Building Emergency Coordinator or facility manager).

XIV. Tabs.

1. Emergency Procedures
2. Checklists, SOPs, and reports are available upon request.

Annex W
Healthcare Facility Evacuation
to the SC Department of Public Health Emergency Operations Plan

I. Purpose.

SC Code Annotated Regulations 61-13, 61-16, 61-17, 61-78, 61-93,61-84, 61-125 and 61-103, require inpatient/resident healthcare facilities to:

a) develop, adopt, and promulgate procedures for use during emergency evacuations,

b) that the Agency may recommend to the Governor that an evacuation of healthcare facilities is warranted, and

c) that the Governor, under the power vested in him or her, may order the mandatory evacuation of such healthcare facilities as may be threatened by disaster.

When this plan is activated, day-to-day regulatory actions typically taken by Healthcare Quality (HQ) will have exceeded normal capabilities. The DPH Incident Management Team (IMT) will be activated to support communication, coordination, and resource needs.

II. Facts and Assumptions.

- A Mandatory Medical Evacuation may be recommended to the Governor's Office by DPH;
- Healthcare facilities are required to identify sheltering facilities to which patients and residents can be evacuated;
- Evacuation of coastal health care facilities should be completed before arrival of tropical storm force winds; and,
- Due to severe weather or other events affecting the state, facilities in any part of the State may have to evacuate or seek assistance like that described herein.

III. Concept of Operations.

General.

Emergency preparedness, response and recovery phases are consistent for all licensed inpatient and residential facility types and are dependent on facility architectural design (driven by facility type), geographic location, facility Emergency Operations Plan, and facility services will determine the depth of planning and response required to ensure patient and resident safety in an emergency. The sections below will describe the conditions in which facilities will safely evacuate or remain in place (under specific criteria).

Licensed healthcare facilities are required to maintain emergency evacuation plans that include agreements with receiving facilities, transportation providers, and other essential suppliers to ensure patient and resident safety, food, water, staffing, medications, equipment, supplies, and resources to maintain care in extreme

circumstances. Summaries of these planning elements are reviewed annually by Healthcare Quality staff.

Mandatory Medical Evacuation Coordination.
Healthcare Quality staff in coordination with the Office of General Counsel will coordinate the development and recommendation of the Mandatory Medical Evacuation Order (MMEO). Based on proximity to the perceived threat and forecast, Healthcare Quality's Attorney will provide the draft of an MMEO to the Governor's Office with recommendations for related facility actions when an evacuation of the general population has been deemed necessary. Evacuation of the general population is a trigger point for developing the MME order for the Governor's consideration.

The MMEO will detail the expectations by facility type. Most inpatient and residential provider types listed will be required to initiate their evacuation plan. In some cases, General Acute Care Hospitals may be exempted from an MMEO and will be identified in the MMEO by name. Exempted hospitals will be required to notify HQ of their planning decisions and may choose to shelter-in-place. Regardless, the exempted hospital must reduce patient census, cancel non-emergent elective procedures, and maintain regular communication with HQ.

On a case-by-case basis, hospitals that have not been exempted from the MMEO may coordinate with HQ and patient-specific doctor's orders shelter patients whose condition is such that their inclusion in an evacuation is deemed more detrimental to their life than continuing to receive care in their current location.

Healthcare Quality Facilities Construction staff in consultation with DPH IMT determine facility risk from potential effects of the storm. Storm wind forecast and facility Critical Data Sheet information is used in determining MME order exemptions.

Upon issuance of MME order licensed healthcare facilities (without an exemption) in evacuation zone will be ordered to initiate/complete an evacuation consistent with the issuance of MME order.

a) Initiate evacuation procedures;
b) Stop admission of any non-emergent patients;
c) Immediately begin reducing their census of patients;
d) Limit services to emergent or essential patient needs (for example, non-elective procedures, dialysis, giving birth, medications, and chemotherapy); and
e) Take other measures as necessary to ensure evacuation is completed.

Hospitals non-exempted from the order may under doctor's orders shelter medically-fragile patients in place (addressed below). These hospitals must comply with the following:

- Notify HQ of their plans to shelter in place medically fragile patients and/or staff.
- Notify HQ immediately of any change in plans to shelter in place medically fragile patients and/or staff.
- Inform HQ of the number of patients and number of other persons who will shelter-in-place.
- Have a written plan on file with DPH that provides for the safety of the patient(s), staff, and those remaining with the patient(s).
- Have a written plan that ensures there is sufficient food, water, medications, and equipment and other logistical support internal to the hospital to maintain every person within the hospital for ninety-six (96) hours post impact of the hurricane.
- Coordinate storm-related emergency services through local county emergency managers to ensure the hospital's emergency services are available when needed by EMS and other first responders.
- Have a written plan on file with HQ addressing the provision of urgent and emergent services as soon as the storm has subsided, and it is safe for EMS to operate.
- Notify the public the facility of closure from the time EMS in the hospital's area ceases to operate until the storm has subsided and it is safe for EMS to operate; and

Shutter the hospital during the period that EMS is not operating.

IV. Assignment of Responsibilities.

PREPARE. ICS is activated.	
Actions:	**Responsibility:**
☐ Assign staff to DPH IMT positions. ☐ Participate in DPH EOC orientations and other pertinent trainings.	**Lead:** HQ **Supporting:** BEPR
☐ Monitor licensed facility evacuation plans. ☐ Monitor pre-incident reporting requirements (i.e., Critical Data Sheets).	**Lead:** HQ

RESPOND. ICS is Activated.	
Actions:	**Responsibility:**
☐ Notify HQ of DPH IMT activation. ☐ Implement HQ SOPs, including HQ-MME-01 Mandatory Medical Evacuation (MME). ☐ Communicate progress reports from healthcare facilities team to IC. ☐ Monitor facility capacity and status (PalmettoEOC, REDCap, etc.). ☐ Ensure all facility support requests are documented in PalmettoEOC. ☐ Ensure federal reporting requirements are met. ☐ In coordination with ESF-8, request site visit by ESF-13 when facilities fail to communicate status. ☐ Report facility evacuation status to IC as requested. Information will be compiled in daily incident situation report. ☐ Complete ICS 214 (Activity Log).	**Lead:** HQ
☐ Monitor facility evacuations. ☐ Monitor facility requests for reentry, repatriation, and progress of return to its conclusion; see Appendices to this Annex. ☐ Consolidate a final report for all associated evacuation, exemption, and shelter-in-place data.	**Lead:** HQ
☐ Co-facilitate coordination calls with SCHA. ☐ Establish Bed Availability Reporting Tool (BART) reporting schedule.	**Lead:** HQ

RECOVER. ICS and SEOC are deactivated.	
*Recovery functions often begin before ICS is deactivated and can continue after deactivation	
Actions:	**Responsibility:**
☐ Monitor repatriation of residents. ☐ Monitor and collect damage reports received by returning healthcare facilities. ☐ Deploy designated HQ personnel to facilitate facility restoration as needed.	**Lead:** HQ

V. Information Collection, Analysis and Dissemination.

When this plan is activated individual facility capacity will be monitored more frequently. Healthcare Quality will request daily data reporting. Any emergency declarations may also include mandatory reporting requirements.

VI. Authorities and References.

- SC Hurricane Plan, Annex J Mandatory Medical Evacuation.
- Any applicable event-specific Executive Order.
- DPH EOP Annex K Emergency Medical Service Coordination.
- Lists of licensed providers are available from HQ upon request.

VII. Appendices.

- Post-Event Re-Entry and Re-opening procedures for all provider types.
- SOP (HQ-MME-01) Mandatory Medical Evacuation (MME).

Annex X
Medical Surge Coordination
to the Department of Public Health Emergency Operations Plan

I. Introduction.

This annex has been developed to assist DPH during emergency activations that exceed normal operations in addressing regulatory barriers to ensure healthcare systems can meet extreme patient care demands.

II. Purpose.

This Annex describes the functions of the Healthcare Quality team activated as part of the DPH Incident Management Team (IMT). This document follows the Internal and External Medical Surge which is enact under Regulation 61.17 Minimum Standards for Licensing Hospitals and Institutional General Infirmaries and how facilities manage bed increases during an emergency under Regulation 61-17, Standards for Licensing Nursing Homes, and Regulation 61-84 Standards for Licensing Community Residential Care Facilities.

III. Facts and Assumptions.

Emergency situations may overwhelm a hospital's plans for Internal Medical Surge or render the licensed inpatient hospital building(s) unusable. A hospital may activate External Medical Surge and operate an Alternate Care Site (ACS) under the authority of its license during an emergency situation such as a mass casualty event or facility evacuation. The following regulations and actions are to be considered during an emergency situation:

- Medical surge requirements are defined in the state regulation, see https://scDPH.gov/sites/default/files/Library/Regulations/R.61-17.pdf and https://scDPH.gov/sites/default/files/Library/Regulations/R.61-84.pdf
- Medical surge is defined in two ways, Internal and External surge.
- External surge typically involves the establishment of alternate care sites (ACS).
- Only hospitals are allowed to plan for internal and external surge per state regulation.
- The hospital's census must be projected to surge beyond its Internal Medical Surge capacity or the hospital's main building, or a portion of the building must be rendered unusable.
- All related actions require concurrence with DPH, Division of Healthcare Quality.

IV. Situation

This annex will be implemented during a medical surge event in support of activating DPH Emergency Operations Plan to ensure sustainment of healthcare systems to provide continued patient care during extreme demands. DPH assumes regional bed capacity is roughly the same in each of the four regions and will fluctuate from day to day.

IV. Concept of Operations.

A. Internal Medical Surge

It is the responsibility of the facility to know what areas are within the licensed inpatient building(s) can be used to manage internal medical surge. A facility desiring to activate internal medical surge and temporarily admit patients in excess of licensed bed capacity due to an emergency should do the following:

1. Request that the Department concur that an emergency situation exists.

2. During the call to the Department, the facility should be prepared to:
    a. Describe the emergency situation;
    b. Outline the maximum number of patients to be temporarily admitted;
    c. Provide an anticipated date for discharge of the temporary patients; and,
    d. Describe how and where the temporary patients will be housed.

Patients temporarily admitted during the emergency situation will not be required to undergo tuberculin screening or submit to an admission history and physical examination.

The facility must notify the Department when the patient census has returned to, or moves below, normal bed capacity by discharge or transfer to licensed beds. If the event occurs after normal business hours, the Department must be contacted promptly during the next business day.

Other issues such as staffing for the care of the temporary patients, physicians' orders, additional food for the temporary patients and handling of medications should be resolved ahead of time by memorandum of agreements, internal policies and procedures, and emergency planning documents.

B. External Medical Surge.

Some emergency situations might overwhelm a hospital's plans for Internal Medical Surge or render the licensed inpatient hospital building(s) unusable. In such situations, a hospital may activate External Medical Surge and operate an Alternate Care Site (ACS) under the authority of its license during an emergency situation such as a mass casualty event or facility evacuation.

If a hospital desires to be approved to operate an ACS, the hospital must contact the Department for current requirements and guidance in planning. In order to facilitate activation of an ACS, hospitals are advised to conduct an assessment of the proposed ACS location utilizing the Department's Alternate Care Site Preliminary Assessment Form. The Department will not authorize activation of an ACS until the hospital has provided assessment information. Every ACS shall be planned, designed, and equipped to provide adequate accommodations for the care, safety, and treatment of each patient. Buildings selected for ACS should comply with the local building codes and ordinances applicable to the buildings' original intended use. It is the hospital's responsibility to use the assessment process to assure that an ACS building is in compliance with local codes and has the structural soundness and capacity to provide patient treatment contemplated by the hospital.

The Social Security Act contains a provision that allows an emergency waiver of the Emergency Medical Treatment and Active Labor Act (EMTALA) requirements that hospitals accept certain patients until stabilized. See 42 U.S.C. Section 1320b-5. In order for South Carolina hospitals with an ACS to qualify for these waiver provisions, hospitals should provide documentation from DPH that the ACS location can be identified as an alternative location for the direction or relocation of individuals to receive medical screenings under a State emergency and pandemic preparedness plans.

Once a location has been identified, the Department will meet with hospital staff to discuss the details of the ACS. When appropriate, the Department will send the requesting hospital a letter confirming that the location has been identified for future use as an ACS. The location will retain its status as an ACS unless modifications are made to the site. Modifications that might affect the use of an ACS include, but are not limited to, renovations, construction, demolition, or change of ownership. Any modifications to the site should be reported in writing to the Department. Because changes to a site could affect its use as an ACS, hospitals are encouraged to construe the term "modifications" broadly.

Alternate Care Sites can only be operated during emergency situations and activation must be coordinated with the Department. To activate an ACS, the hospital's census must be projected to surge beyond its Internal Medical Surge capacity or the hospital's main building, or a portion of the building, must be rendered unusable.

A facility desiring to activate External Medical Surge and activate an Alternate Care Site due to an emergency situation shall do the following:

A. Request that the Department concur that an emergency situation does exist.
B. As part of the activation process, the hospital shall be prepared to:
    1. Describe the emergency situation;
    2. Explain why activating Internal Medical Surge will not address the situation;
    3. Identify the ACS;
    4. Outline the maximum number of patients to be treated at the ACS; and,
    5. Provide an anticipated date for discontinuance of the ACS.

Immediately following activation with the Department, the hospital shall notify DPH for possible coordination of activities under State emergency, pandemic preparedness, or mass casualty response plans. After the emergency situation is over, the hospital must notify the Department when the ACS is closed.

Other issues such as staffing, food service, equipment requirements, medication management, medical records, and physicians' orders should be resolved ahead of time by memorandum of agreements, internal policies and procedures, and emergency planning documents.

Nursing Home and Community Resident Care Facility desiring to temporarily admit residents in excess of its licensed bed capacity due to an emergency shall:

1. Request that the Department concur that an emergency situation exists by contacting the Department;

2. Determine the maximum number of residents to be temporarily admitted;

3. Establish an anticipated date for discharge of the temporary residents;

4. Outline how and where the temporary residents will be housed; and

5. Contact the county emergency preparedness agency to advise of additional residents.

The facility shall not require the residents temporarily admitted during the emergency situation to undergo tuberculin screening or submit to an admission history and physical

V. Assignment of Responsibilities

PREPARE. ICS is not activated.	
Actions:	**Responsibility:**
☐ Assign staff to DPH IMT positions. ☐ Participate in DPH EOC orientations and other pertinent trainings. ☐ Manage regulated/licensed facility evacuation plans. ☐ Manage pre-incident reporting requirements (i.e., Critical Data Sheets/ REDCap).	**Lead:** HQ

RESPOND. ICS is activated.	
Actions:	**Responsibility:**
☐ Notify HQ of DPH IMT activation. ☐ Implement Healthcare Quality SOPs. ☐ Activate and establish REDCAP and the Bed Availability Reporting Tool (BART) reporting schedule ☐ Communicate progress reports from healthcare facilities team to IC. ☐ Assist with facilitating coordination of conference calls with SC Hospital Association. ☐ Maintain situational awareness of facilities bed capacity and status. ☐ Ensure federal reporting requirements are met and sustained throughout event. ☐ Ensure all facility support requests are documented in Palmetto EOC ☐ Complete ICS 214 (Activity Log).	**Lead:** DPH IMT, HQ **Supporting:** OGC

RECOVER. ICS is not activated.	
Actions:	**Responsibility:**

☐ Monitor Internal and External Medical Surge at impacted facilities. ☐ Collect situational event information that requires activation of a facility's surge plan. ☐ Collect any related damage reports from healthcare facilities. ☐ Deploy designated Healthcare Quality staff to facilitate facility restoration, as needed.	**Lead:** HQ **Supporting:** OGC

VI. Information Collection, Analysis and Dissemination.

See Base Plan

VII. Authorities and References.

SC Code of Laws Regulation 61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries.