

SOUTH CAROLINA MASS CASUALTY PLAN BASIC PLAN

I. INTRODUCTION

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

II. MISSION:

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

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Refer to the Hazard Analysis in the SC Basic Plan of the Emergency Operations Plan. A detailed discussion of South Carolina's situation is available in that plan. The following is a summary re-statement of that section, which identifies facts pertinent to mass-casualty producing threats. South Carolina's population was 4,625,364 in 2010 (US Bureau of Census).. In addition to the permanent residential population, millions of tourists visit the state each year. As the twenty-fourth most populated state in the nation, combined with such a huge tourist population, South Carolina can experience a loss of life and property of catastrophic proportion due to an array of hazards.
2. The following statistics illustrate the vulnerability of the state's population:
 - a. Twenty-six (26) percent (1,219,958) of the state's total population resides in the 8 coastal counties in 2010.
 - b. In 2008, the most recent statistical year available, almost eighteen (18) percent of the state's total population resided in mobile homes, placing South Carolina in the top ranking of number of residents in mobile homes.
 - c. Almost fourteen (14) percent (633,675) of the state's total population was 65 years of age and over in 2010.
 - d. Tens of thousands of persons have special medical or dietary needs requiring special sheltering assistance.
 - e. Approximately one million of the state's residents live within a mile of an active railway.
 - f. Over 30 million tourists visit the state annually.
3. The natural threats identified in the state's Hazard Analysis include hurricane and tropical storms, tornadoes, coastal and riverine flooding, earthquakes, wildfires, severe winter weather, droughts, extreme heat, and thunderstorms and lightning.
4. South Carolina is situated on the east coast of the United States and is subject to tropical storm and hurricane activity generated in the Atlantic Ocean from

June through November of each year. Current forecasting models from the National Hurricane Center predict more active than average storm seasons for the next ten to twenty years.

5. South Carolina is also home to the Middleton Place-Summerville Seismic Zone, which was the epicenter of the 1886 Charleston earthquake. The 1886 earthquake is estimated to have been a magnitude 7.3 event. The 1886 Charleston earthquake was the most damaging earthquake to occur in the Eastern United States. Movement was felt over 2.5 million square miles (from Cuba to New York and from Bermuda to the Mississippi River).
6. Other threats identified in the state Hazard Analysis include threats from nuclear power plants, radiological and hazardous materials released from transportation accidents on highways and railways, as well as from stationary sites, infectious diseases and terrorism related disasters.
7. Eight Fixed Nuclear Facilities affect South Carolina, five of which are physically located in the state. Each of the facilities follows strict regulatory guidelines and partners with state and local agencies to protect the public from radiation hazards.
8. South Carolina has over 50,000 dams throughout the state. Most of these dams are small and are used primarily for recreation. Larger dams are used for the production of hydroelectricity, water supply, and flood control. The Federal Energy Regulatory Commission, in combination with various power companies and municipalities, regulate thirty-two hydroelectric dams affecting South Carolina. The U.S. Army Corps of Engineers regulates five dams, dikes, and locks along the Savannah River and one in the Santee River Basin. DHEC regulates approximately 2,000 dams. Approximately 150 of the dams that are regulated by DHEC are considered “high hazard”, with the potential to cause loss of life in the case of failure. At any given time, any of these dams may be threatened by upstream flash floods, earthquakes, neglect, or any combination of the above, which can cause personal injury or death, significant high water damage to property or additional failures to dams located downstream.

B. Assumptions

1. The plan assumptions stated in the Basic Plan of the South Carolina Emergency Operations Plan are valid for this Mass Casualty Plan.
2. Mass casualty-producing events will overwhelm local, county, and state resources.
3. Mass casualty-producing events will have the potential to generate mass fatalities.
4. Healthcare entities will report extremely large volumes of patients and, potentially, high staff absenteeism.

5. Mass casualty events will produce a need for psychological first aid and/or behavioral health services for response personnel, as well as disaster victims.
6. The state has an extremely limited capacity for treatment of severe burn cases; there is no designated burn center in South Carolina.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. General

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

B. County

County emergency operations are discussed in detail in the South Carolina Emergency Operations Plan. Specific county response activities to mass casualty-producing events are also identified in Regional Mass Casualty Plans (Parts 1 through 8)

C. Region

1. In cooperation with local hospitals and county emergency management organizations, Regional Public Health offices of the Department of Health and Environmental Control have coordinated the development of Regional Mass Casualty Plans.
2. There is no regional form of government, and there are no regional executive bodies in the State of South Carolina. Therefore, Regional Mass Casualty Plans coordinate response among counties without requiring or expecting the formation of a regional emergency operations structure.
3. Standard Operating Procedures developed to support Regional Mass Casualty Plans are developed in local and county units, recognizing that emergency operations in the state are built on the county unit and that counties make requests for resources through mutual aid from other counties or directly to South Carolina Emergency Management.

D. State

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

E. Federal

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

V. CONCEPT OF OPERATIONS

- A. Local response to a mass casualty-producing incident involves triage, transport, treatment, mass fatality response and logistics support. At the state level, three approaches will be used to support the local response to a mass casualty-producing incident. The first approach will involve expansion of the capacities in medical treatment facilities to accept critical patients. The second approach is to transport victims to outlying unaffected areas. The third is to receive deployable medical assets in the affected area and establish or expand treatment facilities. The techniques are not listed in the order they would necessarily occur and may be used simultaneously.
1. Medical treatment facilities will expand their capacities by canceling or rescheduling elective surgical procedures, discharging non-critical patients, and diverting non-critical patients to other facilities. Additional specialized transportation assets will likely be required to support the discharge, diversion, or transfer of patients.
 2. Victims will also be transported to healthcare facilities in outlying areas that have not been affected by the mass casualty-producing event. Communication of critical information will be necessary in addition to transportation assets. Communication about bed availability will be shared through the state's bed capacity website, State Medical Asset Resource Tracking Tool (SMARTT), as well as through DHEC and hospital WebEOC communication tools.
 3. Deployable medical and mass fatality assets from within the state will be sent to the affected area. Federal assets, if available, will be received and supported in the state. Assets from other states may also come to South Carolina through the Emergency Management Assistance Compact. In any of these cases, the assets will be used to establish additional off-site treatment or morgue facilities to augment what is already in place.
- B. Activation
1. Activation of this plan will occur as a mass casualty-producing incident exceeds local response capabilities. Depending on the nature of the incident, it may gradually increase demand on response resources, or it may be such that certain local and state resources are quickly overwhelmed.
 2. In the case of an incident that gradually increases in resource demands, the Incident Commander or local Emergency Operations Center may activate

local mutual aid agreements to obtain access to additional resources. Regionally, Emergency Medical Services and hospital systems have established procedures to handle a certain level of increased patient load by transferring less critical patients to other treatment facilities, canceling elective procedures, and expanding to surge capacity.

3. When hospital surge capacity is exceeded regionally, and when other resource shortfalls exist to overwhelm regional capability, the local Emergency Operations Center may contact South Carolina Emergency Management Division to request resources through Emergency Support Function 8. The Department of Health and Environmental Control will, through Emergency Support Function 8, coordinate the response of health and medical resources statewide.
4. Incidents that exceed both local and state resources will result in requests for Federal assets as discussed in the South Carolina Emergency Operations Plan and in Section III E. of this plan.

C. Response Operations

1. The Governor may be asked to declare a State of Emergency and may request a Presidential Declaration, depending on the situation.
2. The Governor, in consultation with the Public Health Emergency Plan Committee, may implement the Emergency Health Powers Act. A mass casualty incident may not necessarily constitute a Public Health Emergency.
3. The Commissioner of the Department of Health and Environmental Control may declare that a Public Health Emergency exists and invoke traditional Health Powers.
4. State Emergency Response Team representatives will report any disaster intelligence to the State Emergency Response Team Operations Group by whatever communication is available.
5. Because some or all of the state-level resources may quickly be exhausted, State Emergency Response Team Operations Group may request assistance from the Federal Emergency Management Agency, the National Disaster Medical System, the Centers for Disease Control and Prevention, the Department of Homeland Security, and other states through the Emergency Management Assistance Compact as required.
6. Rapid Response Teams will conduct operations in the following functional areas:
 - a. ESF-10 Emergency Response Team (ERT) for HAZMAT: may be needed to respond if a Hazardous Materials release is involved.

- b. Regional Medical Assistance Teams (RMAT) (Spartanburg, Horry, Lexington and Beaufort): provide paramedic-level care and may be deployed on short notice and provide paramedic-level emergency medical care in either a fixed facility or field environment, prior to the arrival of a DMAT team (if requested).
- c. The DHEC Community Assessment for Public Health Emergency Response (CASPER) Team may be activated to obtain population-based estimates of public health needs.
- d. Public Health Region Epidemiology Surveillance and Response Staff will deploy in response to certain communicable diseases and conduct case and contact investigations.
- e. DHEC Vital Records “Go-Teams” may be activated to respond to a mass fatality incident to assist with body removal permitting and death certificate issuance. Regional DHEC EQC Technical Assistance Teams: may be mobilized to make rapid assessments of hazardous substance incidents.
- f. SC Med units may be deployed in support of emergency response or medical surge.
- g. 43rd Weapons of Mass Destruction Civil Support Team: may be deployed to support the response effort.

D. Response Specifics

- 1. State Emergency Response Team Executive Group will establish response priorities because of limited available resources, and establish state-coordinated resource allocation. Life-saving operations will be the first priority. The recommended response priorities in support of life-saving operations are:
 - a. Search and Rescue Operations (if necessary)
 - b. Health and Medical
 - c. Basic Human Needs / Mass Care
 - d. Hazardous Materials
 - e. Preliminary Damage Assessment
 - f. Public Safety
 - g. Public Information
 - h. Behavioral health services to mitigate psychosocial effects

i. Mass Fatality Management

2. State Emergency Response Team representatives will ensure that response activities within their respective areas are coordinated between the various Emergency Support Functions and State Emergency Response Team Operations Group and that they are in concert with the priorities and policies established by the State Emergency Response Team Executive Group. The SC Emergency Operations Plan (SCEOP) along with its Annexes for each Emergency Support Function (ESF), and its Appendices outline the specific responsibilities of each primary support agency. DHEC is a primary or support agency for the response activities as described below.
3. Search and Rescue Operations (if necessary):
 - a. Primary agency (ies) for ESF-9 Search and Rescue (Annex 9 in the SCEOP) is the Department of Labor, Licensing and Regulation, Division of Fire and Life Safety. DHEC is a support agency of ESF-9.
 - b. Certain incidents may make search and rescue operations necessary. Initial search and rescue response will be a local effort, with priorities set by local government. ESF-9 will coordinate to provide additional search and rescue teams and equipment to include South Carolina Emergency Response Task Force 1 into any damage-affected areas. DHEC does not have a primary or supporting role in search and rescue efforts.
 - c. Federal Emergency Management Agency Urban Search and Rescue (US&R) task forces may be needed to support search and rescue operations. Labor, Licensing and Regulation, Division of Fire and Life Safety (LLR) will coordinate staging areas for Federal Emergency Management Agency Urban Search and Rescue task forces to support the state's efforts. Federal Emergency Management Agency's Urban Search and Rescue assets and needs are outlined in the ESF-9 Standard Operating Procedure. Federal Emergency Management Agency's Urban Search and Rescue teams expected time of arrival is 48 hours after notification.
4. Health and Medical
 - a. Primary agency for ESF-8 Health and Medical (Annex 8 in the SCEOP) is DHEC. Support agencies of ESF-8 are: Governor's Office, Office of Veteran's Affairs; Office of the Adjutant General, SC National Guard; Department of Labor, Licensing and Regulation, Division of Professional and Occupational Licensing and Division of Fire and Life Safety; SC Law Enforcement Division; Department of Disabilities and Special Needs; Department of Mental Health;

Vocational Rehabilitation Department; Department of Education, Office of Transportation; Department of Alcohol and Other Drug Abuse Services; SC Department of Corrections; Department of Social Services; SC Department of Health and Human Services; SC Mortician's Association; SC Funeral Directors Association; SC Coroners Association; SC Hospital Association; SC Medical Association; SC Pharmacy Association; American Red Cross; SC Health Care Association; SC Dental Association.

- b. Regional Medical Assistance Teams may be deployed immediately following a mass casualty event to provide paramedic level support to the efforts of local responders. The National Disaster Medical Assistance Teams assume the field responsibility upon arrival (if deployed).
- c. Each of South Carolina's Public Health Regions has developed a regional plan for expanding health care system capacity in response to a mass casualty incident. ESF-8 will coordinate among the regions to organize the response statewide.
- d. Portable healthcare facilities called SC Med trailers may be deployed as part of the DHEC Regional or state response. Six DHEC regions have this resource that may be deployed to expand health care system capacity.
- e. Public Health Region Epidemiology Surveillance and Response Staff will deploy in response to certain communicable diseases and conduct case and contact investigations. State-level Epidemiology and Surveillance staff will support both Public Health Regions and the State Emergency Response Team through ESF-8.
- f. The DHEC Community Assessment for Public Health Emergency Response (CASPER) teams may be activated to conduct a sampling assessment of randomly selected households within geographically defined areas to facilitate the delivery of appropriate services and assistance to the affected population.
- g. ESF-8 will coordinate medical logistics to include deployment of the Strategic National Stockpile when necessary, which is discussed in detail in Annex 1 of this plan.
- h. ESF-8 will coordinate with Labor, Licensing, and Regulation and Department of Health and Environmental Control, Health Regulations to allow medical students, pharmacy students, Emergency Medical Technician students, paramedic students, behavioral health professionals and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.

- i. ESF-8 will coordinate identification and credential verification of medical volunteers through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system. The current ESAR-VHP registration database on the internet for South Carolina is South Carolina's Statewide Electronic Registry of Volunteers (SC-SERV). This database also serves as the redundant means for volunteer notification. REACHSC, of which the Health Alert Network is a function, serves as the primary means of notification to deploy volunteers. Volunteers who are members of the Medical Reserve Corps may be deployed by the State Level Volunteer Coordinator to augment and support public health staff.
- j. ESF-8 may request The National Disaster Medical System (NDMS) to assist in the response. National Disaster Medical System consists of the Disaster Medical Assistance Team, the Disaster Mortuary Operational Response Team, Medical Support Unit, Mental Health and Stress Management teams, and the Veterinary Medical Assistance Team.
- k. ESF-8 will coordinate with ESF-19 for the activation of SC Air National Guard Medical Squadron to provide additional care for victims. The squadron consists of physicians, nurses, paramedics, emergency medical technicians, public health technicians, bioenvironmental technicians and engineers, dentists, and a veterinarian public health officer.
- l. ESF-8 will identify staging areas before the event for medical personnel. If during post-event, the pre-identified staging areas are unusable, ESF-8 will re-assign its staging area locations. ESF-8 will coordinate the establishment of mobile medical facilities as needed. Disaster Medical Assistance Teams, along with other medical professionals on scene, will triage to provide medical stabilization, and continued monitoring and care for patients until they can be transported to functioning facilities.
- m. If roads are passable and ground transport assets available, patients will be evacuated via ground transportation. Otherwise, ESF-8 will coordinate with ESF-1 to select airfields to transport critical injured patients to the nearest functional treatment facilities. The need for air transportation will be determined at the triage scene, and priority for aircraft and other evacuation resources will be coordinated with State Emergency Response Team.

5. Mass Care

- a. Primary agency (ies) for ESF-6 Mass Care (Annex 6 in the SCEOP) is the SC Department of Social Services. DHEC is a support agency of ESF-6.

- b. The two strategies for sheltering following a large-scale disaster are initial emergency shelters and long-term emergency shelters. Depending on the nature of the mass casualty incident, one or both types may be needed. DHEC will open and operate special medical needs shelters in counties where a regular shelter is opened by the American Red Cross. An increased demand on Special Medical Needs Shelters may develop and alternate staffing for Special Medical Needs Shelters may be needed since Health Care workers may be otherwise tasked.
6. Hazardous Materials Response
- a. Primary agency (ies) for ESF-10 Hazardous Materials (Annex 10 in the SCEOP) is DHEC. Mass Care (Annex 6 in the SCEOP) is the SC Department of Social Services.
 - b. If required by the situation, the initial Hazardous Materials response will be a local effort, with priorities set by local incident command. Due to the potential of large-scale hazardous materials release in certain incidents, ESF-10 may deploy its response assets to the damage-affected areas to assess the hazardous materials situation and coordinate technical assistance. ESF-10 will provide information about the affected areas to ESF-8 that will be used to protect the health and safety of first responders and the public.
7. Preliminary Damage Assessment / Preliminary Impact Assessment
- a. Primary agency (ies) for ESF-5 Emergency Management (Annex 5 in the SCEOP) is the Office of the Adjutant General, SC Emergency Management Division. DHEC, along with all counties, municipalities, the private sector and non-governmental organizations, is a support agency of ESF-5.
 - b. The State Assessment Team(s) will be available to deploy as soon as possible and conduct preliminary damage and needs assessment, and report results immediately to ESF-5. State Assessment Team reports will enable State Emergency Response Team Operations Group to analyze, process, and prepare damage reports. Epidemiologists and other public health personnel will be available through ESF-8 to support the State Assessment Team.
 - c. The DHEC Community Assessment for Public Health Emergency Response (CASPER) Teams may be activated to obtain population-based estimates of the public health impact and needs of the affected area(s).

- d. DHEC EQC Technical Assistance Teams may provide rapid assessments of hazardous substance incidents that may impact first responder and public health.

8. Public Safety

- a. Primary agency (ies) for ESF-13 Law Enforcement (Annex 13 in the SCEOP) is the SC Law Enforcement Division. DHEC is not a support agency for ESF-13.
- b. ESF-13 will deploy law enforcement / security personnel for public safety operations to support response activities. Law Enforcement personnel may be needed to assist in enforcement of Public Health Orders to include quarantine or isolation of patients. Law Enforcement personnel will also be asked to support the movement of response vehicles, equipment, medical and other countermeasures such as antivirals, vaccines, antibiotics, antitoxins, PPE, and other medical supplies, and personnel as necessary.
- b. In coordination with State Emergency Response Team Operations Group, ESF-16 (Emergency Traffic Management, Annex 16 of the SCEOP) will control the disaster response priority flow along Main Supply Routes into and out of the disaster area. The disaster response priority flow may affect the deployment times of ambulances, volunteers and health care providers and the delivery of medical and other countermeasures.

9. Public Information

- a. Primary agency (ies) for ESF-15 Public Information (Annex 15 in the SCEOP) is Office of the Adjutant General, SC Emergency Management Division. DHEC is a support agency of ESF-15.
- b. Mass casualty event public information will be disseminated in accordance with public information provisions in Annex 15 (Public Information) of the all-hazards South Carolina Emergency Operations Plan. To prevent or minimize loss of life, damage to property, and harm to the environment in South Carolina, government on all levels will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible, be maintained throughout the event and continue well after the event ends.
- c. The public will be made aware of potential adverse effects and of actions recommended to safeguard lives and property. Information regarding prudent protective actions will be conveyed to the public as time allows during a real event, and will continue into the recovery stage.

10. Behavioral Health
 - a. Primary agency for ESF-8 Health and Medical (Annex 8 in the SCEOP) is DHEC. Support agency for this task is the SC Department of Mental Health.
 - b. ESF-8 will work to mitigate the psychosocial impact of any mass casualty incident in coordination with the Department of Mental Health and VOAD organizations utilizing available professionals, volunteer counselors and religious organizations.

11. Mass Fatality Management
 - a. Primary agency for ESF-8 Health and Medical (Annex 8 in the SCEOP) is DHEC. Support agencies for this task are the SC Coroners Association, the SC Funeral Directors Association, the SC Morticians Association, and the SC Dental Association.
 - b. Mass fatality management will be coordinated among the incident command structures involved in the response, coroners in affected counties, the South Carolina Coroners Association, and the Vital Records representatives of the Department of Health and Environmental Control. If a DHEC region has a regional mass fatality plan, local mass fatality response will follow the procedures outlined in that plan. Federal assistance for mass fatalities management is primarily available through Disaster Mortuary Operational Response Teams (DMORT). DMORT and other assistance resources external to South Carolina are coordinated through state Emergency Support Function 8 at the State Emergency Operations Center.

VI. ADMINISTRATION AND LOGISTICS

See SCEOP as updated.

VII. RESPONSIBILITIES

- A. Office of the Adjutant General
 1. Identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during periods of activation.
 2. Assist in providing support transportation (air and ground) for:
 - a. Patient evacuation (sick and injured)
 - b. Health-related materials and personnel.
 3. Provide medical assistance in casualty care.

4. Deploy the 43rd Civil Support Team (CST) to area of operations to support the response efforts.
5. Expedite arrival of additional state and federal assistance.
6. Identify and provide a list of SC military medical resources to the Department of Health and Environmental Control for deployment.
7. Identify potential temporary non-refrigerated morgue facilities.
8. Assist with security, equipment, facilities and personnel to implement Strategic National Stockpile operations.
9. Provide security personnel.
10. Assist in communications support.

B. American Red Cross

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

C. Civil Air Patrol

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

D. Department of Health and Environmental Control

1. Coordinate the activation of the SC Emergency Health Powers Act.
2. Report any disaster intelligence to the State Emergency Response Team Operations Group by whatever communication is available.
3. Dispatch ESF-10 Emergency Response Team (ERT) for HAZMAT as needed to respond to a hazardous materials release and to provide assessment information used to protect the health and safety of first responders and the public.
4. Maintain operational level of DHEC rapid response teams, including the DHEC Community Assessment for Public Health Emergency Response (CASPER), regional epidemiology surveillance and response staff, Vital Records “go-teams” and SC Med units, for deployment as needed.
5. Develop and maintain a list of medical resources and equipment that may be deployed.
6. Assist hospital in surge planning efforts.
7. Coordinate the request, receipt and distribution of the Strategic National Stockpile.
8. Coordinate the identification and assignment of out-of-state medical personnel.
9. Coordinate with Labor, Licensing, and Regulation and DHEC Health Regulations to allow medical students, pharmacy students, emergency medical technician students, paramedic students, behavioral health professionals and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.
10. Coordinate the identification and credential verification of medical volunteers through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system.
11. If needed, coordinate through the State Emergency Response Team Operations Group to request the resources of the National Disaster Medical System (NDMS), including the Disaster Medical Assistance Team, the Disaster Mortuary Operational Response Team, the Medical Support Unit, Mental Health and Stress Management teams, and the Veterinary Medical Assistance Team.
12. Before an event, identify staging areas for medical personnel and coordinate with ESF-1 to select airfields to transport critical injured patients to the nearest functional treatment facilities.

13. Open and operate special medical needs shelters in counties where a regular shelter is opened by the American Red Cross.
 14. As needed, provide public information staffing to ESF-15 to assist in communicating health and safety information to the public.
 15. Coordinate the response of psychosocial response teams in conjunction with the SC Department of Mental Health.
 16. Support local and regional mass fatality response by coordinating assistance with resources and equipment, including support for the issuance of burial removal permits and death certifications.
- E. SC Hospital Association
1. Assist in the activation of regional mass casualty plans.
 2. Encourage hospitals to update the SMARTT system.
 3. Assist in expansion of medical care infrastructure capacity as permitted by the Emergency Health Powers Act.
- F. Department of Labor, Licensing and Regulation
1. Verify credentials of out-of-state medical personnel.
 2. Verify credentials of in-state volunteers who register through ESAR-VHP.
 3. Assist ESF-8 to allow medical students, pharmacy students, Emergency Medical Technician students, paramedic students, behavioral health professionals and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.
- G. Department of Public Safety
1. Support Strategic National Stockpile deployment.
 2. Support mass fatality response.
- H. State Law Enforcement Division
1. Assist with transport security of the Strategic National Stockpile.
 2. Provide technical assistance, equipment, laboratory, and body location documentation services for deceased identification and mortuary services.
 3. Provide chaplains for death notification services and counseling.

- I. Department of Social Services
 - 1. Coordinate with ESF-1 and ESF-11 for feeding of isolated and quarantined citizens.
 - 2. Assist DHEC with the operations of and feeding in special medical needs shelters.
- J. Department of Transportation
 - 1. Coordinate with DSS and ESF-11 to deliver food to quarantined citizens.
 - 2. As needed, coordinate with DHEC to select airfields to transport critical injured patients to the nearest functional treatment facilities.
- K. SC Coroners Association
 - 1. Provide additional temporary morgue resources and personnel support as needed in a mass fatality event.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

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

IX. AUTHORITIES AND REFERENCES

See SCEOP as updated.

X. APPENDICES

Appendix 1: Emergency Health Powers

Appendix 2: Public Health Hazard Vulnerability Assessment

XI. ANNEXES

Annex 1: Strategic National Stockpile

Attachment A – CHEMPACK

Annex 2: Pandemic Influenza

Annex 3: Smallpox

Annex 4: Mass Fatality Plan

Annex 5: Wide-area Radiological Response Plan

Regional Mass Casualty Response Plans (To be published)

Part 1 – Region 1 Plan (Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, and Saluda counties)

Part 2 – Region 2 Plan (Cherokee, Greenville, Pickens, Spartanburg, and Union counties)

Part 3 – Region 3 Plan (Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, and York counties)

Part 4 – Region 4 Plan (Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, and Sumter counties)

Part 5 – Region 5 Plan (Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties)

Part 6 – Region 6 Plan (Georgetown, Horry, and Williamsburg counties)

Part 7 – Region 7 Plan (Berkeley, Charleston, and Dorchester counties)

Part 8 – Region 8 Plan (Beaufort, Colleton, Hampton, and Jasper counties)