Annex 8 to Florence County EOP
ESF-8
Health and Medical

PRIMARY: Florence County Emergency Medical Services (EMS)

SECONDARY: Department of Health and Environmental Control (DHEC)
Department of Mental Health
Carolina's Hospital System
McLeod Regional Medical Center
Lake City Community Hospital

I. Introduction

This function addresses the following areas:

A. Medical: Emergency (facility and on scene) and resident medical care, as well as, transportation of victims to health care facilities.
B. Public Health and Sanitation: Services, equipment and staffing essential to protect the public from communicable diseases and contamination of food and water supplies, immunization and laboratory testing, as well as, disease vector and epidemic control.
C. Crisis Counseling: Professional services and personnel to relieve mental health problems caused or aggravated by a disaster or its aftermath.
D. Mass Fatalities Plan: A plan to deal with large number of fatalities as a result of a disaster. At the state level Mass fatalities is a part of ESF 8. They are not, however, addressed in this EOP Annex as they fall under the responsibility of the county Coroner. Rather, they are discussed in Appendix A (Mass Fatalities Plan) of ESF-13 (Law Enforcement) of this EOP.
E. Mass Casualty Incident (MCI) procedures.

II. Concept of Operations

A. Staffing of the EOC

Upon activation of the EOC, representatives of Florence County EMS will staff this ESF. DHEC personnel will be present within the EOC but will operate at the ESF-6 (Mass Care) workstation. DHEC will staff and maintain a departmental EOC at the DHEC Region 4 office in Florence which can be accessed by radio, internet and telephone. Work space is provided in the EOC for representatives from mental health and the area hospitals, however, based on the nature of the disaster they may elect to operate from their own facilities while maintaining communications with ESF-8 via radio, internet and telephone.

B. Communications

The primary method of communications among EMS, hospitals, rescue squads and other field responders will be 800 MHz radio and will be conducted in accordance with ESF-2 (Communications). Secondary communications methods will be via phone, internet and ham radio.

C. Evacuation and Transportation

Evacuation of residents of any nursing home, extended care facility, mental health facility, Disabilities and Special Needs Homes or hospital within Florence County or the movement of residents of such facilities through Florence County is not the responsibility of this ESF. Such movement plans are required by the DHEC licensing review board to be addressed, coordinated and outlined in the emergency plan of each respective facility. The movement of residents is the responsibility of the respective facility. In the event of such an evacuation, however, ESF-8 personnel may be involved in coordination of resources to assist the health care facility.

Copies of these evacuation and sheltering plans, once prepared by the facility, are maintained in the county EOC.

Dialysis facilities within the county are also required by law to have approved plans for their patients in the event an evacuation is required. Because most dialysis facilities are not full time care, these plans do not usually include evacuation, rather patients are instructed to leave the area by use of privately owned vehicles, Pee Dee RTA handicapped accessible van or private medical transport company.

D. Hazardous Materials

Medical response equipment for HAZMAT incidents is stored on an enclosed trailer and maintained by Florence County EMS in coordination with the EMD Technological Hazards Coordinator. Inventory control is maintained using the county's FireTrax software program.

Hazmat response operations are explained in ESF-4 (Fire Fighting) to this EOP.

III. Specific Responsibilities

A. Florence County EMS:

1. Serve as the primary point of contact for this ESF and for development of plans and procedures to support its operation including capability and resource lists for medical, EMS and mortuary availability.

2. Develop and maintain internal department SOG necessary to implement this ESF.
3. Develop and implement staff training programs to accomplish tasks assigned in this Annex.
4. Provide liaison to work at ESF 8 when EOC is activated.
5. Be prepared to assist in maintaining communications with other county rescue squads when EOC is activated.
6. Provide operational guidance to area rescue squads.
7. Assume the lead on scene role for medical treatment and evacuation during a Mass Casualty operation. Develop internal guidelines and procedures to support such an operation.
8. Maintain liaison with state Disaster Medical Assistance Teams (DMAT) and be prepared to request their assistance through SCEMD. Maintain plans to integrate DMAT within the county.
9. During hurricanes provide a liaison officer to work in Central Dispatch to monitor wind conditions and prioritize medical calls.
10. Keep the resource section of WebEOC updated with current equipment status for ambulances and other EMS/Medical equipment.

B. DHEC:

1. Be prepared to provide guidance to other ESF members and the EM Director on issues dealing with communicable diseases and contamination of food and water supplies, sanitation, immunization, disease vector and epidemic control.
2. Review and maintain the Pandemic Plan. Be prepared to activate the plan as necessary.
3. Review and maintain the plan for transportation, distribution and storage of the CDC National Pharmaceutical Stockpile "Push Package". Be prepared to activate the plan as necessary.
4. Continue to work with DMH on maintaining the Regional Psycho-Social Crisis Counseling Team
5. Maintain and update the SC DHEC Regional Mass Casualty Plan.

C. Mental Health:

1. Maintain support relationships with local professional associations, clerical associations and other government agencies which provide counseling programs.
2. Provide a rapid response mechanism for crisis counseling for disaster victims and responders.
3. Provide liaison to EOC when it is activated.
4. Maintain crisis counseling capabilities through continuation of the Regional Psycho-Social Team.
5. Develop internal procedures for crisis center staffing and operation.

D. Area Hospitals (Carolinas, McLeod's, Lake City Community):

1. Ensure that each hospital's plan to deal with mass casualty and decon procedures for chemical events and evacuation is reviewed and updated annually as required by law.
2. Ensure that a copy of the annual plan update is provided to EMD.
3. Monitor and update the County WebEOC site as well as the DHEC website in regard to bed space availability during emergency operations.

IV. State Interface

The interface for this ESF at the state and federal level is ESF-8 (Health and Medical). At the state level the primary agency is DHEC and at the federal level the primary agency is the Department of Health and Human Services.

V. Update and Maintenance

This annex will be updated in accordance with paragraph XI (Plan Development and Maintenance) of the Basic Plan.

Appendix:
A - Pandemic Influenza Plan
B - Management of Mass Causality Incidents (MCI)

Appendix A (Pandemic Influenza Plan)
to
Annex 8 (Health and Medical)
to
Florence County EOP

I. Introduction

An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, rapid delivery of vaccines and antiviral drugs, allocation of limited medical resources and expansion of health care services to meet a surge in demand for care.

The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of WHO and makes recommendations for national measures before and during a pandemic. The phases are:

Interpandemic period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk to human disease.

Pandemic alert period

Phase 3: Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

The distinction between **phases 1** and **2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread and other scientific parameters.

The distinction among **phases 3**, **4** and **5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain) and other scientific parameters. The four traditional phases of emergency management can be matched with the six phases of a pandemic in the following way:

1.	*Preparedness*	Interpandemic (Phases 1 and 2)
2.	*Response*	Pandemic Alert (Phases 3 – 5) Pandemic (Phase 6)
3.	*Recovery*	Pandemic Over/Interpandemic (Phases 1 and 2)
4.	*Mitigation*	Interpandemic (primarily) (Phases 1 and 2)

II. Situation and Assumptions

A. Situation

1. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.

2. The State's established vaccine delivery infrastructure consists of 46 county health departments, 20 community health centers, approximately 1700 private physicians' offices (primarily pediatric practices), birthing hospitals and universities with health centers and/or schools of medicine and/or nursing.

3. In the event of a pandemic, the Advisory Committee on Immunization Practices, a federal entity, will publish recommendations to state immunization programs on the use of the pandemic vaccine and priority groups for immunization. These recommendations will be distributed as national guidelines as soon as possible with the expectation that they will be followed in order to ensure a consistent and equitable program.

4. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention will control the allocation and distribution of influenza vaccine to the states during a pandemic period.

5. The South Carolina Department of Health and Environmental Control (DHEC) will control the allocation and distribution of influenza vaccine within South Carolina and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority group for immunization.

B. Assumptions

1. All persons with lack immunity and will likely require two doses of the influenza vaccine.

2. After receipt of the influenza vaccine, the goal is to vaccinate the entire population of South Carolina over a period of four months on a continuous, prioritized basis.

3. When influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.

4. Public health clinics will be the predominant locations for influenza vaccine administration during the first month of vaccine availability and a reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific immunization job actions.

5. Florence County's health care workers, emergency response personnel, funeral directors and morticians will face a sudden and massive demand for services and a possible 40% attrition of essential personnel.

6. The projected peak transmission period for a pandemic influenza outbreak will be 6 to 8 weeks.

7. Based on a population attack rate of 15-35%, Florence County could anticipate between 19,500 and 45,500 cases of influenza during the peak transmission period. Based on the 2004 census population in DHEC Region 4, the region could anticipate between 82,500 and 192,500 cases during the peak transmission period.

8. Outpatient visits due to influenza are projected to reach over 25 extra patients per day during the peak transmission period for every primary care physician in Florence County.

9. Hospitalizations due to influenza and influenza-related complications may exceed 1,000 within Florence County – the elderly and those with chronic medical conditions could account for most of these admissions. Estimated hospitalizations within DHEC Region 4 are from 945 to 2,200.

10. Florence County could expect to experience almost 200 deaths from pandemic influenza during the peak transmission period. Based on the 2004 census population in DHEC Region 4, the region could anticipate 470 deaths (range 290-655) during the peak transmission period.

11. The number of hospital beds and the level of mortuary services available to manage the consequences of an influenza pandemic within Florence County will be inadequate.

12. Antiviral medications may play a significant role in disease control operations.

III. Concept of Operations

SC DHEC will be the lead state agency in the event of such an event and the Region 4 DHEC office located in Florence will assume the lead role for Florence County and the Pee Dee region.

Florence County Emergency Management Department will work closely with DHEC Region 4 to coordinate actions. Within Florence County, operations will be conducted in accordance with guidelines contained within the Emergency Operations Plan (EOP). Specific actions tied to WHO Pandemic phases include:

1. During Phase 3 of a Pandemic Alert Period with specific possible impact to South Carolina, Florence County will operate at OPCON 4 with Partial Activation of the EOC (see pages 6-7 of the EOP Basic Plan and pages 5-A-1 to 5-A-3 of Annex 5 for additional information). Specific key actions during this period will include:

    a. Support of state level/directed actions.

b. Purchase N95 masks for responders (1,000 masks will be ordered).
c. An aggressive public information and awareness program.

2. During Phases 4 of a Pandemic Alert Period with specific possible impact to South Carolina, Florence County will operate at OPCON 4 with Partial Activation of the EOC. Specific key actions during this period will include:

    a. Continue support of state level/directed actions.
    b. Coordinate with the Civic Center for use as CDC medical push package staging area.
    c. Continue aggressive public information and awareness program

3. During Phase 5 of a Pandemic Alert Period, Florence County will operate at OPCON 3. The EOC will remain under a Partial Activation allowing key outside agencies to operate from their respective offices thus reducing possible spread of the flu among responders. Specific key actions during this period will include:

    a. Implementation of the county EOP.
    b. Consideration will be given to requesting a "State of Emergency" from Florence County Council.
    c. Continue support of state level operations.
    d. Continue aggressive public information and awareness program.
    e. Coordinate the use of the 5 mandatory hurricane shelters as inoculation centers for the public.
    f. Coordinate the use of the Law Enforcement Center as a storage facility for vaccine and a distribution and inoculation site for responders.

4. During Phase 6 of a Pandemic Alert, Florence County will move immediately to OPCON 1 with Full Activation of the EOC. Specific actions at this level include:

    a. A "State of Emergency" will be requested from County Council.
    b. Continued support and enforcement of state level operations and directives.

c. Continue an aggressive public information and awareness program.

IV. State Interface

The Department of Health and Environmental Control (DHEC) is the principal State agency for protecting the health of South Carolina citizens. State response operations will interface with DHEC Region response assets through ESF-8 and through liaison between DHEC and SC EMD and Florence County Emergency Management. Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

Appendix B (Management of Mass Casualty Incidents-MCI)
to
Annex 8 (Health and Medical)
to
Florence County EOP

I. Purpose

The purpose of this order is to provide FCEMS personnel with guidelines for managing incidents with multiple patients.

II. Definition

For the purposes of this order, a mass casualty incident (MCI) is any incident that has more than one patient **and** requires the response of more than one ambulance.

III. General

A. In the case of an MCI, safety of the EMS crew, other first responders, the victims and bystanders is the highest priority. FCEMS personnel must use good judgment and common sense when managing an MCI to insure that the number of casualties is kept as low as possible and that pre-existing injuries are not exacerbated by the actions or in-actions of FCEMS personnel.

B. Immediately upon arrival on scene of an MCI, the unit crew chief conducts a scene size-up, assumes the role of triage officer and determines the number of patients involved and the category of each patient. This information is conveyed to dispatch as soon as possible and additional resources are requested, as needed. Triage tags or colored triage tapes are placed on patients at the discretion of the highest ranking FCEMS person on scene.

C. The crew member of the first ambulance on scene assumes the role of treatment officer and initiates treatment according to the FCEMS Patient Care Guidelines.

D. The on-duty shift supervisor is notified at the discretion of the unit crew chief. The operations manager, director or other FCEMS personnel are notified at the discretion of the shift supervisor.

E. Off-duty personnel shall be called in to assist in the management of the incident at the discretion of the on-duty supervisor, or higher FCEMS authority.

F. The crew chief or shift supervisor must establish and maintain communication with the incident commander (highest ranking fire officer on scene) during the incident.

G. Patients are transported based on directives from the highest ranking FCEMS person on scene, or designee.

H. FCEMS personnel shall make a concerted effort to create a written record documenting the name, age, patient category and destination (hospital, etc.) for each person involved in the incident. If names, ages etc. are not available, significant effort should be put forth to document the gender, race and approximate age of the patient (example white female, approximately 50 years of age, category 1, transported to McLeod ER.).

IV. Receiving Hospitals

A. FCEMS personnel will make every effort to contact the receiving hospital emergency departments and inform them of the situation and the approximate number of patients that will be transported. This notification should be made as soon as possible after the first unit arrives on scene. The crew chief or shift supervisor may make this notification prior to the first unit arriving on scene, as long as central dispatch has credible information that an MCI has occurred.

B. FCEMS personnel will make every effort not to overwhelm a single hospital emergency department with a large number of patients. Every effort should be made to transport equitable numbers of patients to appropriate area hospitals.

C. When possible, members of the same family should be transported to the same hospital.

D. In the case of a motor vehicle accident, occupants of the same vehicle should be transported to the same hospital, when possible.

E. When possible, FCEMS personnel should take hospital diversion status under consideration when determining transport destinations.

V. Additional Resources

A. Senior FCEMS personnel should request assistance from rescue squads, private ambulance companies, flight services and neighboring EMS systems as a situation warrants.