

APPENDIX H MASS CASUALTY PLAN, ANNEX 25 SPECIFIC IMPACTED HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

MASS CASUALTY PLAN

Tasked Organizations: Region One SC DHEC Staff

augmentation as directed by County Manager.

I. INTRODUCTION (Overview of Statewide Situation)

- A. Natural and man-made hazards to the citizens of South Carolina have the potential to generate large numbers of casualties. South Carolina is vulnerable to hurricanes, earthquakes and dam failure in varying probability. The potential for a radiological disaster, a criminal act releasing a weapon of mass destruction, or a hazardous chemical release also exists. 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.
- B. 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.
- C. Authority for operations in response to a mass casualty-producing incident is derived from three main sources. The first is the State of South Carolina Executive Order Number 2003-12, which authorizes emergency operations under the State Emergency Operations Plan. The second 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. Third, after a mass casualty-producing incident, the Governor may invoke the Emergency Health Powers Act. 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.
- D. This plan provides operational concepts unique to mass casualty response, assigns responsibilities to County Departments and or Agencies and coordinates response efforts in order to meet the needs of Greenwood County following a mass casualty-producing incident. All county employees as well as available municipal manpower and resources will have responsibilities to assist in response and recovery as directed by the County Event Operations Center.

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- E. Review this annex and the EOP and develop Standard Operation Procedures (SOPs) for each task established by this appendix and the EOP. Each ESF will insure that the special needs community is factor into their SOPs. Annually review the State EOP & Department of Homeland Security Universal Task List and integrate tasks as appropriate.

II. MISSION

Take all necessary actions to insure the proper care and support to the citizens of Greenwood County in an emergency incident and/or disaster in a mass casualty situation.

III. CONCEPT OF OPERATIONS

- A. Local response to a mass casualty-producing incident involves triage, transport, treatment, and logistics support. At the County 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 (This will require state coordination). And, third is to receive deployable medical assets in the affected area and coordinate off-site treatment facilities with SEOC. The Director of EMS will develop necessary implementing instructions (SOPs) that establish how these three approaches will be carried out.
- B. Self Medical Healthcare will expand their capacities by canceling or rescheduling elective surgical procedures, discharging non-critical patients, and diverting noncritical patients to other facilities. Additional specialized transportation assets will likely be required to support the discharge/diversion/transfer of patients.
- C. Victims will also be transported to outlying areas that have not been affected by the mass casualty-producing event. Communication of critical information and use of the bed capacity website will be necessary in addition to transportation assets.
- D. Deployable medical assets from within the state will be sent to the affected area. Federal assets, if available, will be received and coordinated by SEOC. Assets may also come to Greenwood County through the Emergency Management Assistance Compact. In any of these cases, the assets will be used to establish additional off-site treatment facilities to augment what is already in place and overburdened by patient influx.
- E. Activation
 - a. 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 in demand on response resources, or it may be such that certain local and state resources are quickly overwhelmed.

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- b. In the case of an incident that gradually increases in resource demands, the Incident Commander or County EOC 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.
 - c. When hospital surge capacity is exceeded with the county, and when other resource shortfalls exist to overwhelm county capability, the County EOC will 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.
 - d. Incidents that exceed County resources will result in requests for State assets as discussed in Section V (State and Federal Interface) of this plan.
- F. Response Operations (Part of the following restates the State Response process to receive assistance. It is provided as clarification on action necessary.)
- a. The Greenwood County Council will solicit the Governor to declare a State of Emergency and subsequently ask for a Presidential Declaration.
 - b. 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. (State action)
 - c. The Commissioner of the Department of Health and Environmental Control may declare that a Public Health Emergency exists and invoke traditional Health Powers. (State action)
 - d. State Emergency Response Team representatives will report any disaster intelligence to the State Emergency Response Team Operations Group by whatever communication is available.(State action)
 - e. Because some or all of the state-level resources may quickly be exhausted, State Emergency Response Team Operations Group will request assistance from the Federal Emergency Management Agency, the National Disaster Medical System, the Centers for Disease Control and Prevention, and other states through the Emergency Management Assistance Compact as required. (State action)
- G. Rapid Response Teams will conduct operations in the following functional areas (State action)

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- a. ESF-8 Midlands Medical Response Team: provide medical aid to victims.
- b. ESF-9 Search and Rescue South Carolina Emergency Response Task Force 1: provides robust search and rescue capabilities.
- c. ESF-10 Emergency Response Team (ERT) for HAZMAT: may be needed to respond if a Hazardous Materials release is involved.
- d. Chemical Ordnance Biological Radiological (COBRA) Teams: may be deployed to support the response effort.
- e. 43rd Weapons of Mass Destruction Civil Support Team: may be deployed to support the response effort

H. Response Specifics

- a. Greenwood County Event Operations Center will request the support of the State Emergency Response Team Executive Group. Upon their arrival they will establish response priorities 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:
 - i. Search and Rescue Operations (if necessary)
 - ii. Health and Medical
 - iii. Basic Human Needs / Mass Care
 - iv. Hazardous Materials
 - v. Preliminary Damage Assessment
 - vi. Public Safety
 - vii. Public Information
 - viii. Counseling services to mitigate psychosocial effects
- b. The EOC will also request the assistance of the State Emergency Response Team. Their role is to 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.
- c. Search and Rescue Operations (if necessary)
 - i. Certain incidents may make search and rescue operations necessary. Initial search and rescue response will be a local effort, with priorities set by ESF-9 and they will coordinate to provide additional search and rescue

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teams and equipment to include South Carolina Emergency Response Task Force 1 into any damage-affected areas.

ii. If necessary the EOC will request the assistances of the Federal Emergency Management Agency Urban Search and Rescue (US&R) task forces. Action regarding their deployment will be coordinate through the state EOC. Federal Emergency Management Agency 's Urban Search and Rescue assets and needs are outlined in the SCEOC's ESF-9 Standard Operating Procedure. Federal Emergency Management Agency's Urban Search and Rescue teams expected time of arrival is 48 hours after notification.

d. Greenwood Emergency Medical Director:

i. Coordinate with, the South Carolina Department of Health and Environmental Control to coordinate the deployment of the Midlands Medical Response Team to assist in providing medical care in the affected areas.

ii. Will coordinate among the regions to organize the response

iii. Will coordinate the services of the Public Health Region Epidemiology Surveillance and Response Staff to deploy for case and contact investigation in the case of certain communicable diseases.

iv. Coordinate medical logistics to include receipt of the Strategic National Stockpile when made available.

v. Coordinate with SCEOC's ESF-8 for the discontinuance of licensing requires from the 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, and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.

vi. Coordinate the request to the SCEOC for 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.

vii. Coordinate with EOC's ESF-19 to request 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.

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- viii. Identify staging areas for medical personnel and coordinate the establishment of mobile field hospitals as needed. Medical professionals on scene, will triage to provide medical stabilization, and continued monitoring and care for patients until they can be transported to more functioning facilities.

- ix. Coordinate ground transport assets, if available and roads are passable. This should be the primary means of patients evacuation. Otherwise, ESF-8 will coordinate with ESF-1 to select airfields and heliports 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 the county EOC.

I. Mass Care

The two strategies for sheltering following a large-scale disaster are: Initial and long-term emergency shelters. Depending on the nature of the mass casualty incident, one or both types may be needed. 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. The Director of EMS in coordination with Regional DHEC should be prepared to implement these two strategies. Necessary information will be contained in the implementing instructions (SOPs) to this Appendix.

J. Hazardous Materials Response

If required by the situation, the initial Hazardous Materials response will be a local effort, with priorities set by local Hazmat Team Leader (Fire Coordinator). 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.

K. Preliminary Damage Assessment / Preliminary Impact Assessment

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.

L. Law Enforcement/Public Safety

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- a. 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, and personnel as necessary.
- b. In coordination with State Emergency Response Team Operations Group, ESF-16 will control the disaster response priority flow along Main Supply Routes into and out of the disaster area.

M. Public Information

- a. Mass casualty event public information will be disseminated in accordance with public information provisions in 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.
- b. 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.
- c. State government information of greatest public interest during and immediately following a mass casualty incident may include, but may not be limited to: quarantine and isolation issues, medical-care issues, including listings of available functional hospitals and health-care facilities; family assistance services; pet and livestock care issues; traffic management; law enforcement; transportation issues, including road closures; shelter locations; water quality, water-borne disease, and nursing home issues; bridge closures; urban search and rescue issues; state office closings, state park closures; insurance issues; power outages; telephone service; and motel availability.
- d. In general, state government news releases will be issued to the mass news media statewide and to national and international media as appropriate, with priority consideration given to the media most able to effectively communicate with the at-risk population.

N. Counseling services to mitigate psychosocial effects:

ESF-8 will work to mitigate the psychosocial impact of any mass casualty incident in coordination with the Department of Mental Health and the American Red Cross utilizing available professionals, volunteer counselors and religious organizations.

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IV. RESPONSIBILITIES

A. Region One of the South Carolina Department of Health and Environmental Controls. (SCDHEC). Although Region One is a state asset, they are available and responsible for tasks as established in the State Mass Casualty plan and is further delineated herein.

- a. Identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during periods of activation.
- b. Assist in providing support transportation (air and ground) for:
 - i. Patient evacuation (sick and injured)
 - ii. Health-related materials and personnel.
 - iii. Coordinate the request, receipt and distribution of the Strategic National Stockpile.
 - iv. Coordinate the identification and assignment of out-of-state medical personnel.
 - v. Manage the increased tempo of disease surveillance and epidemiology teams.
- c. Coordinate county actions regarding the SC Emergency Health Powers Act.
- d. Provide medical assistance in casualty care.
- e. Request deployment of the 43rd Civil Support Team (CST) to area of operations to support the response efforts.
- f. Expedite arrival of additional state and federal assistance.
- g. Identify and provide to the Department of Health and Environmental Control possible medical resources for deployment.
- h. Provide temporary morgue facilities.
- i. Verify credentials of out-of-state medical personnel. This will be part of the County's Volunteer Reception Center Plan.
- j. Provide security personnel as necessary in coordination with ESF 13.
- k. Assist in communications support

B. American Red Cross

- a. Open emergency shelters, providing food and first aid, and providing blood and blood products.

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- b. Collect, receive, and report information about the status of victims and family reunification. Establish a information center that permits families to obtain status of casualties and displaced persons.
- c. Provide first aid and other related medical support within capabilities at temporary treatment centers.
- d. Provide food for emergency medical workers, volunteers, and patients, if requested.
- e. Coordinate food operations with the EOC.

C. Civil Air Patrol (Local Squadron designated in support of Greenwood County)

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

D. Greenwood County Detention Center:

- a. Conduct quarantine and isolation of prisoners as necessary.
- b. Make available work details to assist as necessary.
- c. Be prepared to provide food service support as directed by EOC.

E. SC Hospital Association (Local Area Representative):

- a. Assist and provide necessary support in activation of regional mass casualty plans.
- b. Assist in expansion of medical care infrastructure capacity as permitted by the Emergency Health Powers Act.

F. Greenwood County's Community Emergency Response Teams and local volunteers

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- a. Report to the CERT Coordinator at the EOC for further instructions. The Lander CERT will undertake support needs of Lander University as their first priority, afterwards they will support community wide needs as directed by the CERT Coordinator/EOC.
- b. Non-CERT volunteers will report in at the EOC for further assignments.
- c. Be prepared to provide assistance to medical first responders.
- d. Be prepared to provide assistance for which qualified to local residence in the initial stages of response in a natural or manmade disaster.
- e. Be prepared to operate the Volunteer Reception Center as established in the VRC Plan.

G. County Coroner's Office:

- a. Provide technical assistance, equipment, laboratory, and body location documentation services for deceased identification and mortuary services.
- b. Provide chaplains for death notification services and counseling

H. SC Department of Social Services Liaison: Coordinate with ESF-1 and ESF-11 for feeding of quarantined citizens.

I. SC Department of Transportation Liaison: Coordinate with DSS and ESF-11 to deliver food to quarantined citizens.

J. County Sheriff's Office:

- a. Assist with transport security of the Strategic National Stockpile and subsequent local area protection.
- b. Coordinate and execute enforcement of quarantine orders.
- c. Provide necessary security of mass casualty, staging and work sites. K.

Greenwood County Emergency Communication Group Liaison;(ARES/RACES):

- a. Be prepared to provide amateur radio support the all shelter operations.
- b. Be prepared to man the EOC's amateur radio section on a 24/7 basis.
- c. Be prepared to support the communications needs of: staging areas, a unified command post, a VRC, several PODs, the Self Regional Hospital and other deployments as the situation dictates.

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V. FEDERAL AND STATE INTERFACE

The Department of Health and Human Services is the principal Local and State agency for protecting the health of all SC Citizens. State response operations will interface with Federal response assets through ESF-8. SCEOC will maintain liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention, and 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.