

Annex 8 (ESF-8 - Health and Medical Services) to the Darlington County Emergency Operations Plan

Primary: Darlington County EMS; Region 4 Public Health District

Support: Darlington Firemen's Rescue Squad, Hartsville Rescue Squad, Lake Robinson Rescue Squad, Lamar Rescue Squad, Society Hill Rescue Squad, Darlington Health Department, Hartsville Health Department, Pee Dee Mental Health Center, Codes Enforcement, Coroner, Darlington County Medical Control, Darlington County Funeral Homes, Darlington County Water and Sewer Authority, Carolina Pines Regional Medical Center, McLeod Regional Medical Center – Darlington, McLeod Regional Medical Center – Florence, Carolina's Hospital System

I. Introduction: Darlington County is subject to disasters (natural or man-made) that could result in a need for increased health and medical services operations, greatly affect the public health and result in large number of deaths or injuries. While the county has the capability to meet routine health and medical service needs, during a disaster, problems are multiplied and more complex. A disaster resulting in mass casualties, mass fatalities or causing catastrophic damage to the health and medical service infrastructure would greatly tax the county's resources. The county will make every effort to organize all existing resources to provide a coordinated medical service system during and following a disaster. Health and medical services are routinely taken for granted prior to a disaster, however post-disaster a very high demand is created for these services. Post-disaster health and medical services, as defined in this annex will be focused in four areas; medical care, public health and sanitation, disaster crisis counseling and deceased identification and mortuary services.

1. **MEDICAL CARE** refers to emergency medical services, Emergency Medical Technicians, (EMT-Basic, Intermediate and Paramedic), pharmaceuticals, supplies, equipment and the planning required to provide these services before, during and after a disaster.
2. **PUBLIC HEALTH AND SANITATION** refers to services, equipment and staffing essential to protect the public from communicable diseases and contamination of food and water supplies, development and monitoring of health information, inspection and control of sanitation measures, inspection of individual water supplies, disease vector and epidemic control and immunization.
3. **CRISIS COUNSELING** refers to professional personnel, services and facilities to relieve mental health problems caused or aggravated by a disaster.
4. **DECEASED IDENTIFICATION AND MORTUARY SERVICES** refers to the location, identification and disposition of human remains.

NOTE: For the purposes of this annex, the term Emergency Medical Service (EMS) includes the county EMS and the five volunteer rescue squads (Lake Robinson Rescue, Lamar Rescue, Hartsville Rescue, Society Hill Rescue and Darlington Firemen's Rescue Squad) located in the county. Health and Medical Services refers to all medical disciplines and professions, vector control activities, disease surveillance activities and any of the other disciplines referred to in this annex.

II. Mission: To provide a trained and well-equipped Health and Medical Services team whose duties include:

- A. the facilitation and/or coordination of specialized teams capable of locating and rescuing persons trapped under debris;
- B. administering emergency care and transporting patients to the appropriate hospital(s);
- C. providing deceased identification and mortuary services;
- D. providing public health and sanitation;
- E. maintaining a radiological monitoring and reporting team;
- F. providing for the coordination and use of all medical resources in Darlington County during emergencies resulting from natural or man-made disasters or war.
- G. coordinating the use of all rescue organizations/squads, personnel and equipment during a disaster.
- H. coordinating the use of all EMS stations, personnel and equipment during a disaster.
- I. coordinating all EMS and rescue assets provided through State and Federal assistance or mutual aid agreements. These assets could include; Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Assistance teams (DMORT), Veterinary Medical Assistance Teams (VMAT) and specialized rescue teams such as Urban Search and Rescue Teams (US&R).
- J. coordinating the efforts to meet the basic human needs of persons experiencing extreme emotional/psychological stress in a disaster situation.
- K. providing assistance to hospitals, doctor's offices, dental facilities, nursing homes and residential care facilities as outlined in existing mutual aid agreements, and letters of agreement.
- L. outlining the responsibilities to establish mental health operations during, and after a disaster by coordinating the mental health resources available through the

Region 4 Public Health District and the Pee Dee Mental Health Center.

M. the relief of personal suffering and trauma.

III. Concept of Operations:

- A. Upon notification that a disaster is imminent or has occurred, the Emergency Services Director will direct the on-duty Paramedic Shift Supervisor to assume the EMS Coordinator's role. The EMS Coordinator will activate the Darlington County Health and Medical Service as established in this annex. He/she is responsible for coordination of all EMS functions during disaster response and recovery efforts following an emergency or disaster.
- B. The EMS Coordinator is responsible for:
 - 1. making all mission assignments involving EMS (including Rescue Squads) assets from within and outside the County.
 - 2. Providing or coordinating all emergency medical care and transportation.
 - 3. Staging medical assets so they can be deployed to the areas most affected by the event.
 - 4. Coordinating with Resource Support (ESF-7) to insure that adequate quantities of medical supplies, equipment and pharmaceuticals are on hand to meet mission requirements.
 - 5. Coordinating with Codes Enforcement, the Darlington and Hartsville Health Departments, the Darlington County Water and Sewer Department and the Region 4 Health District for inspection and control of sanitation measures, provision of potable water, disease surveillance activities and vector control post disaster. The Region 4 Public Health District will assign a representative to the EOC (ESF-8) to serve as their point of contact to assist in the coordination of public health activities.
 - 6. Coordinates with local hospitals, nursing homes and assisted living facilities for assistance in the evacuation of these facilities.
 - 7. Coordinates with the Region 4 Public Health District and the Pee Dee Mental Health Center for provision of crisis counseling post disaster.
 - 8. Assists and coordinates with the Coroner in the provision of deceased identification and mortuary services.
- C. EMS activities (including rescue squad activities) will coordinated through the EMS Coordinator in the EOC.

- D. The various Rescue Squad Captains/Chiefs are responsible for conducting operations in their respective areas following assignment by the EMS Coordinator.
- E. EMS and rescue assets from outside the county will be committed on a mission type basis.
- F. This annex is effective for planning purposes upon receipt and will be executed on order from the Emergency Services Director or his representative.
- G. Each element/agency/activity identified in this annex is responsible for:
 - 1. Developing the plans, checklists or SOP's necessary to execute their portion of this annex.
 - 2. Coordinating with other elements/agencies/activities before, during and after an emergency or disaster to insure that the most effective use of resources are made.
 - 3. Insuring that adequate volunteers are recruited and trained to support each element/agency/activity part of this annex.
 - 4. Staffing and operating their activity whenever this annex is executed.
 - 5. Maintaining a current personnel alert notification roster.
 - 6. Maintaining a current list of available resources.
 - 7. Developing Mutual Aid agreements as necessary.
- H. EMS Operations:
 - 1. EMS operations will be coordinated and communications maintained with the EOC over the EOC frequency. Rescue operations will be directed over the frequencies assigned to each Rescue Squad. Operational assignments will be made over the EOC frequency. All hospital reports will be called in using 155.220 and 155.340.
 - 2. Patient care, transport and protocols for care and transport:
 - a. There are three (3) hospitals within a 30-mile radius of Darlington County that can provide 24-hour emergency room service. These facilities are; Carolina Pines Regional Medical Center in Hartsville (a Level 3 Trauma Center), McLeod Regional Medical Center in Florence (a Level 2 Trauma Center) and Carolinas Hospital System in Florence (a Level 3 Trauma Center). Medical

evacuation by helicopter is available through three (3) services; Life Reach (Providence Hospital in Columbia), Care Force (Palmetto-Richland Hospital in Columbia), and Carolina Life Care in Myrtle Beach.

- b. Patients will be transported to the appropriate medical facility based on three situations and/or conditions; first, the patient requests transport to a specific hospital; second, the patient's medical condition requires transport to the nearest hospital and/or Trauma Center and third, the EMS crew is directed to transport the patient to a specific hospital by the EMS Coordinator or Transport Officer at an incident or event.
 - c. Patient care and transport will be provided in accordance with the level of certification of the EMS crew; within the Darlington County EMS Standing Orders and in accordance with state and federal training standards and laws. The County EMS and five (5) rescue Squads all operate under the same Medical Control physician and the county's Standing Orders. The EMS Training Manager maintains the original copy of the Standing Orders. Each EMS base, ambulance and Rescue Squad have copies of the Standing Orders. Area emergency Rooms also have copies of the County's Standing Orders. The capabilities of each Rescue Squad are identified in Figure 2, Appendix 1, this annex and the capabilities of each hospital are identified in Figure 3, Appendix 1, this annex.
3. During an emergency it may become necessary to screen calls before response. At this time the EMS Coordinator will either direct the 911 Center to forward all EMS calls to the EMS desk or assign a senior Paramedic to the 911 Center (with the approval of the 911 Center Director) for screening and priority assignment prior to response. In this situation calls will be answered based on conditions during the emergency and the urgency of the patient's condition rather than a first call – first served basis. (For example an EMS call for "generalized weakness" may be delayed in order to respond to a patient experiencing "chest pain with associated symptoms" or conditions during the emergency pose a life threatening condition for the EMS crew.)
 4. See Annex 10 (ESF-10) for Hazmat procedures. EMS Crews and Rescue Squads will respond to hazardous materials incidents. Their primary function at these incidents are to assist in the rehabilitation of the Hazmat team and transport of patients involved in the incident after they have been decontaminated. Hospitals will be informed that the patient has been decontaminated and the specific chemical or agent the patient encountered. The only EMS and Rescue certified personnel (EMT-B, EMT-I or EMT-P) that will enter the "hot zone" are members of the Hazmat Team.
 5. Hospital evacuation:
 - a. The administrators at each hospital are responsible for making the decision

to evacuate the hospital in all disasters except hazardous materials incidents or incidents that affect the immediate safety of the hospital. Hospitals are required to have specific hospitals identified in their emergency plans that will accept their patients in an evacuation. The Environmental Service Director at Carolina Pines Regional Medical Center and the Administrator at McLeod Regional Medical Center – Darlington are the points of contact if either facility has to be evacuated.

- b. Nursing homes and Assisted living facilities are required to include evacuation procedures in their emergency plans. SC DHEC requires these facilities to be able to "self-evacuate" without assistance from outside agencies. EMS and Rescue will assist nursing homes and assisted living facilities on an "as needed" basis in an emergency.
6. Mental patient evacuation: Mental patients that are "medically unstable" will be transported by EMS or Rescue in an emergency evacuation. "Medically unstable" mental patients are patients that have a medical condition that requires constant monitoring or care by an EMT. If these patients pose a safety risk to the EMS personnel while in transport, then the crew will be accompanied by a Sheriff's Deputy to assist in restraining the patient. All "medically stable" mental patients will be transported by the Sheriff's Office in accordance with current SC laws.
- I. Crisis Counseling is the emergency treatment of persons experiencing extreme emotional or psychological stress as a result of a disaster. Mental health resources for Darlington County will be provided through the Region 4 Public Health District and the Pee Dee Mental Health Center. Region 4 Public Health District and Pee Dee Mental Health will jointly coordinate crisis counseling in coordination with the American Red Cross, Salvation Army, local clergy and other resources. Crisis center will be established as needed in the county. Initially, crisis centers will be established at the local Health Departments and Pee Dee Mental Health Center. These centers will be staffed by SC DHEC personnel and Pee Dee Mental Health personnel. As the need for additional centers is identified, appropriate facilities will be located. The Region 4 Health District and Pee Dee Mental Health are responsible for jointly developing the plans and procedures to provide crisis counseling during and after an emergency.
 - J. The Darlington Health Department, Hartsville Health Department, Region 4 Health District and Codes Enforcement are responsible for coordinating the services, equipment and staffing essential to protect the public from communicable diseases; from contamination of food and water supplies; coordinating the inspection and control of sanitation measures; inspection of individual water supplies, disease and vector surveillance, epidemic control and immunization.
 - K. Deceased identification and Mortuary Services:

1. The County Coroner has the overall responsibility for the care, identification and disposition of human remains in the county. The state will provide assistance at the request of the Coroner. All request are forwarded through the EMS Coordinator in the EOC.
 2. The EMS Coordinator in conjunction with the Coroner will determine the appropriate location for mortuary and temporary facilities and the specific equipment or materials deemed necessary.
 3. The Coroner in conjunction with Resource Support (ESF-7) will assure the procurement of supplies and equipment (i.e., refrigeration units, body bags, stretchers, embalming supplies, transportation, etc.,) as required to maintain appropriate condition of the deceased until proper identification, notification and disposition can be determined.
 4. In the event a deceased victim has no surviving family or next-of-kin, the Coroner shall assure that a dignified burial is provided.
- L. Disaster Medical Assistance Teams (DMAT) Procedures: DMAT teams are organized as a part of the National Disaster Medical System (NDMS). Following a disaster, the local medical system can be rapidly overwhelmed with patients. DMAT teams provide assistance based on the local need by specialty. For example, if the county needs additional trauma surgeons, then the team is structured to provide that specific assistance. The EMS Coordinator, Medical Control Physician and Region 4 Health District representative will coordinate with CPRMC, MRMC-Darlington and other healthcare providers to determine the specific resources required. Once that determination has been completed, a request will be forwarded to the State EOC requesting DMAT assistance.
- M. Written and verbal Mutual Aid agreements have been made between Darlington County, area hospitals, Rescue Squads, Rescue Squads in adjacent counties, EMS activities in adjacent counties, SC Department of Natural Resources and the Forestry Commission to aid each other in the of an emergency or disaster. Copies of the agreements are on file in the Emergency Services Office.

IV. Responsibilities:

A. Preparedness phase:

1. Darlington County Emergency Medical Services Director:
 - a. Coordinate the development and maintenance of Health and Medical Service plans and procedures.
 - b. Participate in an exercise at least annually to validate this annex and supporting SOPs.

- c. Ensure that all Health and Medical Service personnel integrate NIMS principles in all planning. All Health and Medical Service personnel will complete FEMA's NIMS Awareness course or an equivalent course.
 - d. Annually review the Department of Homeland Security Universal Task List and integrate tasks as appropriate.
 - e. Develop mutual support relationships with professional associations, private services and volunteer organizations that may assist during an emergency or disaster.
 - f. Develop plans for the implementation of the County's portion of the national pharmaceutical stockpile (chem-packs, push-packs).
 - g. Maintain inventory lists of medical supplies, equipment (including ambulances), hospitals and clinics available for use before, during and after a disaster.
2. Darlington County EMS Coordinator:
- a. Maintain liaison with the Darlington County EMS Director and all agencies supporting this annex.
 - b. Identify medical facilities and their capabilities for transport and treatment of casualties during a disaster.
 - c. Participate in an exercise at least annually to validate this annex and supporting SOPs.
 - d. Plan for the establishment of staging areas for medical personnel, equipment and supplies.
3. Rescue Squad Captains/Chiefs:
- a. Develop procedures to implement this plan.
 - b. Identify, train and assign personnel to radiological monitoring and response teams as required.
 - c. Develop and implement a training program that includes search and rescue techniques.
 - d. Identify potential hazardous areas in your response areas.
 - e. Maintain agreements and working relationships with supporting agencies

and/or departments.

4. Darlington and Hartsville Health Departments:

- a. Maintain a liaison with the EMS Director/Coordinator.
- b. Identify facilities capable of receiving and treating casualties during a disaster.
- c. Develop and maintain plans and procedures for identification of disease, vector and epidemic control during and after a disaster.
- d. Develop sanitation inspection procedures and protocols to control unsanitary conditions.
- e. Develop procedures for inspection of individual water supplies.
- f. Develop emergency immunization procedures.
- g. Participate in training exercises.

5. Region 4 Health District:

- a. Maintain a liaison with the EMS Director/Coordinator.
- b. Identify facilities capable of receiving and treating casualties during and after a disaster.
- c. Develop and maintain plans and procedures for identification of disease, vector and epidemic control during and after a disaster.
- d. Develop procedures for inspection of individual water supplies.
- e. Develop emergency immunization procedures.
- f. Participate in training exercises.

6. Darlington County Medical Control:

- a. Maintain a liaison with the EMS Coordinator.
- b. Develop and maintain an Alert List of physicians that can assist following a disaster.
- c. Assist in the specialized training of all SC certified EMT's and other medical personnel as required.

7. Rescue Squads:

- a. Maintain a liaison with the EMS Director/Coordinator.
- b. Take part in training exercises as requested.
- c. Develop plans and procedures for providing rescue services during a disaster.
4. Furnish backup ambulance service.

8. Hospitals, Nursing Homes and Assisted Living (Retirement) Facilities:

a. Hospitals:

1. Maintain liaison with the EMS Director/Coordinator.
2. Develop plans and procedures for receiving and treating casualties during a disaster.
3. Participate in training exercises as requested.

b. Nursing Homes and Assisted Living (Retirement) Facilities:

1. Maintain liaison with the EMS Coordinator.
2. Develop and maintain plans for sheltering or evacuation of facility residents.
3. Participate in training exercises as requested.

9. Pee Dee Chapter of the American Red Cross:

- a. Maintain a liaison with the EMS Coordinator.
- b. Identify trained volunteers available to support Darlington County during a disaster.
- c. Participate in training exercises as requested.

10. Pee Dee Mental Health:

- a. Develop procedures for rapidly providing crisis counseling to individuals, and families to include organizing and training crisis counseling teams.
- b. Develop procedures for providing critical incident stress debriefing to emergency workers post disaster.

- c. Supervise and coordinate the development of plans and procedures for the conduct of crisis counseling.
 - d. Identify and coordinate with other emergency service organizations essential for the conduct of crisis counseling.
11. Darlington County Coroner:
- a. Maintain liaison with the EMS Coordinator.
 - b. Develop and maintain plans for mass fatality operations following a disaster which includes procedures for the location, identification, removal and notification of families of the deceased victims with the subsequent release of remains to families.
 - c. Establish a system for collecting and disseminating information regarding victims and have the operational capability to deliver the information in a field environment in coordination with the County's Public Information Officer.
 - d. Coordinate with local funeral homes to insure they have plans in place for mass fatality situations.
 - e. Develop, maintain and implement procedures or SOPs for the maintenance of death records following a mass casualty/fatality accident or disaster. Insure that all Funeral Homes within the county are trained in these procedures.
 - f. Develop protocols to deploy and utilize the assistance available through the SC Coroner's Association and the DMORT Team.
 - g. Participate in training exercises.
12. Private Physician's Offices and Private (for-profit and non-profit) Healthcare Agencies:
- a. Maintain liaison with EMS Coordinator.
 - b. Develop plans for augmenting EMS.
 - c. Participate in training exercises as requested.
13. County and Municipal Water and Sewage Departments:
- a. Maintain liaison with EMS Coordinator.
 - b. Develop plans and procedures to provide emergency water and

sewage service during disasters.

- c. Participate in training exercises as requested.

14. Funeral Homes:

- a. Maintain liaison with the County Coroner and the EMS Coordinator.
- b. Develop plans and procedures to support disaster mortuary requirements.
- c. Participate in training exercises as requested.

15. Codes Enforcement: Develop plans and procedures for spraying operations post disaster to control the insect population.

B. Response phase:

NOTE: All incidents in Darlington County will be managed using the National Incident Management System (NIMS) Incident Command System/Unified Command System.

1. Darlington County Emergency Services Director:

- a. Order the execution of this annex.
- b. Direct the on-duty Shift Supervisor to assume the EMS Coordinator's position.

2. Darlington County EMS Coordinator:

- a. Coordinate EMS and rescue activities.
- b. Provide treatment for mass casualties in accordance with established plans and procedures.
- c. Maintain coordination and provide information on the status and needs of EMS operations to the EOC.
- d. Coordinate the transportation and treatment of casualties to designated medical facilities as required.
- e. Coordinate the request for additional medical resources through the EOC.
- f. Provide treatment and transport for patients exposed to radiological contamination.

- g. Insure that EMS operations are conducted using the NIMS ICS/UCS model.
 - h. Insure that the EMS Incident Commander coordinates EMS activities with the Fire Service and Law Enforcement Incident Commander(s).
 - i. Insure that vector control operations are undertaken by the County Health Department and Codes Enforcement.
 - j. Coordinate the release of information to the public through the County PIO.
 - k. Maintain records of expenditures and resources for possible later reimbursement.
 - l. In coordination with the local hospitals, County Health Officer, Region 4 Health District and Medical Control Physician, arrange for DMAT services.
3. Rescue Squad Captains/Chiefs:
- a. Maintain liaison with EMS Coordinator in the EOC.
 - b. Be prepared to provide rescue functions within the affected area until conditions return to normal as directed by the EMS Coordinator.
 - c. Perform rescue duties as assigned/required.
 - d. Evaluate and coordinate all available information concerning the nature and extent of search and rescue assignments in the affected areas.
 - e. Assist in other emergency functions as requested and where feasible.
 - f. Provide ambulance service as required.
4. Darlington and Hartsville Health Department:
- a. Maintain liaison with and keep the EMS Coordinator advised on the availability of resources.
 - b. Provide emergency health care as directed.
 - c. Assist in the inspection of potable water supplies and sewage disposal in addition to supporting emergency water and sewage requirements.
 - d. Insure vector control operations are undertaken.
 - e. Assist in the arrangement for deployment of DMAT Services.
5. Region 4 Health District:

- a. Maintain liaison with and keep the EMS Coordinator advised on the availability of resources.
 - b. Provide emergency health care as directed.
 - c. Assist in the inspection of potable water supplies and sewage disposal in addition to supporting emergency water and sewage requirements.
 - d. Insure vector control operations are undertaken.
 - e. Assist in the arrangement for deployment of DMAT Services.
6. Darlington County Medical Control: Maintain liaison with the EMS Coordinator and coordinate the support of additional medical doctors.
7. Hospitals, Nursing Homes and Assisted Living (Retirement) Facilities:
- a. Hospitals:
 - 1. Maintain liaison with and keep the EMS Coordinator advised on the availability of professional/skilled personnel, supplies and facilities.
 - 2. Within capabilities, receive and treat casualties and provide additional support as required.
 - 3. Notify the EMS Coordinator when the number of patients meets or exceeds the hospitals ability to provide care.
 - 4. Request DMAT assistance through the EMS Coordinator in the EOC.
 - b. Nursing Homes and Assisted Living (Retirement) Facilities:
 - 1. Maintain liaison and keep the EMS Coordinator advised on the availability of professional/skilled personnel, supplies and facilities.
 - 2. Within capabilities provide care and treatment for residents.
 - 3. Notify the EMS Coordinator of any assistance required to evacuate residents.
8. Pee Dee Chapter of the American Red Cross:
- a. Maintain liaison and keep the EMS Coordinator advised on the availability of volunteers, plasma and blood products.
 - b. Upon request provide additional support as required.

9. Pee Dee Mental Health Center:

- a. Activate its disaster plan on notification of the Director, Darlington County Emergency Services.
- b. Provide crisis counseling as needed to individuals, families, emergency workers and communities.
- c. Advise the Darlington County Emergency Operations Center (EOC) of actions taken and problems encountered.

10. Darlington County Coroner:

- a. Coordinate with the EMS Coordinator and Incident Commander during disasters to insure that all local and state protocols and regulations are followed in the location and recovery of victims.
- b. Once local morgue facilities have reached their capacity, request DMORT assistance through the EOC.
- c. Insure that DMORT operates under local and state protocols and regulations after arriving on scene.
- d. Insure that a representative from the Coroner's Office is present in the EOC to coordinate victim recovery activities.
- e. Coordinate with local funeral homes to insure they are not overloaded with victims during and following a disaster.

11. Private Physician's Offices and Private (for-profit and non-profit Healthcare Agencies:

- a. Maintain liaison with the EMS Coordinator.
- b. Augment the EMS with personnel, supplies, equipment and facilities within their capabilities.

12. County and Municipal Water and Sewage Departments:

- a. Maintain liaison with the EMS Coordinator.
- b. Assist in the inspection of potable water supplies and sewage disposal in addition to supporting emergency water and sewage requirements.

13. Funeral Homes:

- a. Maintain liaison with the Darlington County Coroner and the EMS Coordinator.
 - b. Support disaster mortuary services as required.
14. Codes Enforcement: On order from the County Health Officer, conduct vector control (spraying for mosquitoes) in the affected areas as directed.

C. Recovery Phase:

1. Insure that all agencies maintain records of their activities and costs during the event.
2. Pee Dee Mental Health: Insure that crisis counseling is continually provided to disaster or disaster related individuals as needed.
3. Region 4 Health District: Continue to monitor environmental and epidemiological surveillance, including long-term environmental surveillance in coordination with DHEC EQC.
4. Coroner: Continue deceased identification and mortuary services until all victims have been located, identified, the appropriate record and/or death certificate issued, remains have been released to the families and a final fatality report has been issued to the EOC.
5. EMS Coordinator: Continue the provision of EMS care and activities until normal conditions are restored.
6. Insure that all agencies develop plans for consolidation and/or demobilization of activities.

D. Mitigation Phase:

1. Support and plan for mitigation measures.
2. Document matters that may be needed for inclusion in emergency plans.

V. Administration and Logistics:

- A. Administration: Situation reports will be submitted to the EMS Coordinator as necessary or required. Reports will be consolidated and submitted to the Director, Darlington County Emergency Preparedness Agency in the EOC for analysis. These reports will include:
1. Agencies or activities activated and the type of emergency.

2. Type of rescue activities implemented.
3. Damage caused by the emergency or disaster.
4. Casualties incurred, treated, released, hospitalized, critical, non-critical and deceased.
5. Nature and extent of additional assistance or support requested or anticipated.

B. Logistics: All activities will utilize organic supplies, operational aids and transportation. Additional supplies, transportation and personnel will be requested through the EOC.

C. Provide a laptop computer for use in the ESF for WEBEOC access.

VI. Annex review and maintenance: This annex (ESF) will be reviewed annually by the primary action agency, department or individual with changes submitted to the Emergency Services Department by November 30th of each year for inclusion into the EOP. Following exercises or actual events the annex will be reviewed to determine if changes are required. If no changes are required, the primary action agency, department or individual will certify to the Emergency Services Director that the annex has been reviewed and changes are not required.

VII. Coordinating Instructions: This annex is effective for planning upon receipt and execution upon order.

Appendices:

Appendix 1: Mass Casualty Incident Plan (MCIP)

Appendix 2: Mass Fatality Incident Plan (MFIP)

Appendix 3: Pandemic Influenza Plan

Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

I. General:

- A. Purpose: The purpose of this appendix is to provide guidance for the response and operation of a Mass Casualty Incident (MCI) in Darlington County. All MCI's will be managed using the National Incident Management System (NIMS) Incident Command System (ICS)/Unified Command System (UCS) model.
- B. When separated from this annex and the emergency plan, this appendix may serve as a stand-alone plan.
- C. Scope: This appendix is applicable for all incidents that require more than 3 ALS ambulances to provide patient care and/or respond to an incident that has caused more than 15 casualties.

II. Situation: Mass Casualty Incidents (MCI) can occur without warning or notice. These incidents will require a major response effort and will easily overwhelm the first arriving ambulance. In Darlington County, an MCI may occur as a result of;

- A. Multi-motor vehicle accidents
- B. A transportation accident.
- C. Terrorism.
- D. Hurricanes, tornadoes, earthquake or other weather event.
- E. Recreational or sports event.
- F. Aircraft crash or incident.
- G. Hazardous materials incident.
- H. Disease pandemic: **(NOTE:)** A disease pandemic will result in a significant number of patients that are all seriously ill resulting in a mass casualty incident. The pandemic may be caused by the use of a WMD agent or illness such as the flu. EMS personnel and emergency responders will not have a well-defined incident scene because the incident will affect entire neighborhoods, communities, municipalities and possibly the entire county. While EMS crews may note an increased call volume of patients with the same or very similar symptoms, it will be up to the hospitals and public health agencies (Region 4 Public Health District and SC DHEC) to declare the mass casualty event. Region 4 Public Health District Epidemiologists and hospital Infection Control personnel

will give EMS specific information concerning the precautions to take while giving patient care. The Mass Casualty Plan contains guidance that focuses on a trauma related event, however the guidance contained in this plan can be utilized during a pandemic event. (For further guidance, See SC EOP, Appendix 25, Tab 2, Attachment H.)

III. Mission: To provide a professional, well equipped and well trained response effort to successfully respond to and mitigate a mass casualty incident. The initial response will involve all Darlington County EMS ambulances and ambulances located in the volunteer Rescue Squads. Assistance can and will be required from the various Fire Departments and Law Enforcement agencies in the County.

IV. Concept of Operations: A mass casualty incident may occur without warning. The County EMS, volunteer Rescue Squads, Fire Departments and Law Enforcement agencies must be prepared to respond immediately to the MCI. The guidelines in this appendix will be used by all agencies that respond to a MCI. Other annexes in the County EOP may be activated as necessary to successfully respond to and mitigate a MCI. Remember the MCI Management Goals.

Mass Casualty Incident Management Goals:

1. Do the greatest good for the greatest number.
2. Make the best use of personnel, equipment and facility resources.
3. Do not relocate the disaster.

A. Pre-Incident Phase:

1. Emergency Services Director:
 - a. Insure that the pre-incident actions in Annex H are completed.
 - b. Periodically conduct a mass casualty exercise.
 - c. Insure that the MCI appendix is updated as necessary.
2. EMS Coordinator/Shift Supervisor:
 - a. Insure the pre-incident actions in Annex 8 are completed.
 - b. Assist in the development of and participation in of MCI exercises.
3. Pee Dee Health District, County Health Department, County Rescue Squads, Area Hospitals, American Red Cross, Coroner and Funeral

Homes, Public Information Officer:

- a. Insure that the pre-incident actions in Annex 8 are completed.
- b. Insure that agency emergency plans are coordinated with the County EOP.
- c. Insure that appropriate agency plans and SOP's are developed and maintained to support this appendix.

B. Response Phase:

1. Emergency Services Director:

- a. Order the execution of Annex 8 or specific stand-alone appendixes as necessary.
- b. Activate the County EOC for large scale, multi-agency events.

2. First EMS Unit on scene at a MCI: The first arriving EMS unit will begin to establish the EMS ICS using the "5-S" Initial Action Set. The "5-S's are:

- a. S – SAFETY - Assess the safety of the scene to determine if EMS resources can enter.
- b. S – SIZE-UP - Quickly assess the overall characteristics of the incident including, size, area covered, severity, access routes, additional resources needed (including air assets) and the closest available helicopter landing zone (LZ).
- c. S – SEND - Advise dispatch and the appropriate hospital of the size-up and request additional resources as appropriate, including air assets.
- d. S – SETUP - Take the first actions necessary to assume control of the incident. The senior member on the first arriving EMS unit will assume command and establish the EMS Incident Command System, specifically taking the actions necessary to establish the Medical Group. The EMS IC will direct following units to assume the remaining positions in the Medical Group Command structure (See Figure 1). The on-duty EMS Shift Supervisor should be requested at the scene immediately and command should be transferred to the Shift Supervisor on his/her arrival. The EMS IC is responsible for insuring that the Fire Department,

Law Enforcement and Emergency Management are notified to assist the Incident Commander with needed and anticipated resources.

- e. S – START - Start performing triage using the "START" and "JumpSTART" triage protocols (See Figure 6, 6A and 6B).

3. EMS Coordinator/Shift Supervisor:

- a. Upon hearing or being notified that the first EMS unit has a MCI, immediately report to the scene and assume the EMS IC/Medical Group Supervisor's position.
- b. Insure that the remaining Medical Group positions are filled using available EMS/Rescue personnel.
- c. Assist the Fire Incident Commander with establishing a Unified Command System.
- d. Assist the Fire Incident Commander with determining if activation of County EOC is necessary to assist in incident management and stabilization.
- e. Upon activation of the EOC, turn command over to another Supervisor or direct another EMS Supervisor to assume the EMS Coordinator's position in the EOC.
- f. In the EOC, coordinate all other EMS responses that are not part of the MCI.
- g. Insure that the EMS IC receives the necessary resources required to manage the incident.
- h. Coordinate all request for support with the EOC Director, insuring that all requests for outside assistance are forwarded to SCEMD/State EOC.
- i. Submit reports as required to the EOC Director for inclusion in the County Situation report.
- j. Contact all area hospitals and determine the number of critical and non-critical patients each facility can accept (See Figure 3 this appendix).
- k. Coordinates with the EMS IC/Medical Group Supervisor to insure patients are transported to appropriate hospitals that can accept the

patient based on their condition.

- I. Assist the EMS IC/Medical Group Supervisor with communications with area hospitals.
 - m. Notifies the hospitals when decon operation are in progress, insuring the hospitals are aware of the specific agent(s) patients are in decontamination for.
4. Rescue Squads:
- a. Upon being paged out, report to the incident Staging area.
 - b. Notify the Staging Officer of the number of personnel available, the qualification of available personnel and the equipment brought to the scene by the Rescue Squad.
 - c. All Rescue personnel will remain in the Staging area until assigned a mission by the EMS IC.
5. EMS personnel:
- a. All EMS personnel that are called in will be directed to report to either the incident location or a specific duty station.
 - b. Employees that are directed to report to the incident scene will check in with the Staging Officer and remain in Staging until assigned a mission by the EMS IC.
 - c. Employees that are directed to report to a specific duty station will check in by telephone with the EMS Coordinator in the EOC for assignment.
6. Fire Department(s):
- a. The senior Fire Officer present from the jurisdiction where the MCI occurred will assume the Incident Commander's position.
 - b. As soon as practical establish a Unified Command System. Insure that representatives from EMS and Law Enforcement are available to fill their respective positions in the UCS structure.
 - c. If fire personnel are available for non-fire duties, provide the EMS IC with personnel to serve as porter/stretchers bearers to move patients to the Treatment/Transportation area.

- d. Coordinate and conduct fire and hazmat operations as directed in Annexes 4 and 10.
 - e. Be prepared to implement rapid (gross) decontamination as soon as arriving on scene.
 - f. Be prepared to have the Hazmat Team establish a technical decon site.
 - g. Insure that the EMS IC or EMS Coordinator notifies the area hospitals that a MCI is underway and that decon operations are ongoing.
 - h. For situations involving structure collapse, trench rescue, or where patients may have to be lowered from a multi-story structure, insure that the County SERT Team is activated.
 - i. Keep the EOC informed of ongoing activities. Assist the EOC with the preparation of Situations Reports that will be used for updating local and State government.
7. Area Hospitals (Carolina Pines RMC, McLeod RMC and Carolina Hospital System):
- a. Upon notification that a MCI is in progress, provide the EMS IC/Medical Group Supervisor or EMS Coordinator in the EOC with the number of critical and non-critical patients your facility can accept.
 - b. Establish a decontamination point for any walking wounded that may arrive at the hospital by non-EMS assets.
 - c. Be prepared to send a physician to the incident scene to assist with secondary triage.
 - d. Activate the appropriate facility plans to handle the anticipated patient load caused by the MCI.
 - e. Coordinate with the Region 4 Health District for the required epidemiological support necessary to treat the MCI patients.
 - f. Provide the EMS Coordinator in the EOC with copies of all requests for outside assistance from your facility.
8. Darlington County Sheriff's Office:
- a. Provide a law enforcement representative to the Incident Command Post and EOC (when activated) to coordinate law enforcement activities.

- b. For a MCI located inside the municipalities, assist local law enforcement as necessary.
 - c. Forward all request for additional law enforcement assistance through the EOC.
 - d. Establish security perimeters around the incident site to control ingress and egress of the site. Only agencies specifically required inside the MCI perimeter will be allowed to enter and leave the incident site.
 - e. Establish entry and exit points necessary to maintain site security.
 - f. Establish and enforce identification systems necessary to insure the individual has a specific mission at the incident site.
 - g. Establish and enforce evidence collection and retention at the incident site.
9. County Health Departments:
- a. Provide assistance as requested to insure maintenance of health standards at the incident location.
 - b. Insure that appropriate sanitation measures are maintained by emergency workers on scene.
 - c. Insure proper disposal of all medical waste generated at the incident scene.
 - d. Coordinate any request for assistance from the Pee Dee Health District.
10. Region 4 Health District:
- a. Provide a representative from the District Office to the Incident Command Post and EOC to assist in the coordination of Health District activities.
 - b. Provide assistance as required to area hospitals to successfully treat patients involved in the MCI.
 - c. Coordinate local assistance request through the EOC.
11. Darlington County Coroner:
- a. Be prepared to implement Appendix 2, this annex.

- b. Coordinate all activities of the Coroner's Office through the EOC.
12. American Red Cross:
- a. Be prepared to establish a family re-unification site upon request.
 - b. Be prepared to establish feeding sites for responders, survivors and family members.
 - c. Be prepared to assist with crisis counseling. Coordinate counseling activities with Pee Dee Mental Health.
13. Public Information Officer:
- a. Coordinate all media activities associated with the incident. The County PIO is responsible for the final approval and release of all information going to the media about the incident. A PIO for each private industry or activity will be present during a press briefings to present their message. The County PIO will brief only on the activities of County and emergency response activities.
 - b. Establish specific time for press releases.
 - c. Establish locations for all media briefings. If necessary, establish a Joint Information Center (JIC).
 - d. Insure that a PIO is available from each agency responding to the incident.
14. Central Communications (911 Center):
- a. Insure that adequate personnel are available in the 911 Center to handle the call volume.
 - b. Assign a specific dispatcher per shift to handle all communications with the Incident Command Post.
 - c. Be prepared to provide Dispatch personnel to the Incident to assist in the operation of the Mobile Command Post.
- D. Recovery Phase: At a time deemed appropriate by the Incident Commander and Emergency Services Director, demobilization activities will commence. At this time all response activities at the incident site will begin demobilization. An important that must not be overlooked during demobilization is to insure that all emergency responders are provided with

Critical Incident Stress Debriefing (CISD). Initially responders should be on early warning signs of critical incident stress or post traumatic stress syndrome. Activities should be phased down in a manner that will allow local emergency responders with the opportunity for rest before returning to their normal shift activities.

1. Emergency Services Director/Incident Commander:
 - a. Determine the appropriate time to begin demobilization actions at the incident scene and EOC.
 - b. Insure that CISD is available and provided to all emergency responders (at the incident scene, 911 Center and in the EOC).
 - c. Insure that all agencies involved in the response, issue close out reports prior to be released back to normal station duties.
2. Pee Dee Mental Health: On order from the EOC and Incident Commander, establish a time and location for critical incident stress debriefings. As a result of the CISD, conduct CISD counseling with individual responders as necessary.

E. Coordinating instructions:

1. This appendix is effective for planning purposes upon receipt.
2. This appendix will be executed on order from the Emergency Services Director, EMS Coordinator/Shift Supervisor or first EMS unit on scene.
3. Each element/agencies/activity identified in this annex is responsible for:
 - (a) Developing plans, checklist or SOP's necessary to execute their portion of the appendix.
 - (b) Coordinating with other elements/agencies/activities before, during and after an emergency or disaster to assure that the most effective use of resources are made.
 - (c) Insuring that adequate volunteers are recruited and trained to support each element/agency/activity part of this appendix.
 - (d) Staffing and operating their activity whenever this appendix is executed.
 - (e) Maintaining a current personnel alert notification roster.

- (f) Maintaining a current list of available resources.
- (g) Developing Mutual Aid agreements as necessary.
- (h) Administratively and logistically supporting other elements of this appendix to the maximum extent possible.

V. Administration and Logistics:

A. Administration: Situation reports will be submitted to the EMS Coordinator as necessary or required. Reports will be consolidated and submitted to the Director, Darlington County Emergency Preparedness Agency in the EOC for analysis. These reports will include:

1. Agencies or activities activated and the type of emergency.
2. Type of rescue activities implemented.
3. Damage caused by the emergency or disaster.
4. Casualties incurred, treated, released, hospitalized, critical, non-critical and deceased.
5. Nature and extent of additional assistance or support requested or anticipated.

B. Logistics: All activities will utilize organic supplies, operational aids and transportation. Additional supplies, transportation and personnel will be requested through the EOC.

VI. Direction and Control

- A. EMS activities (including rescue squad activities) will be coordinated through the EMS Coordinator in the EOC.
- B. EMS operations will be coordinated and communications maintained with the EOC over the EOC frequency.
- C. Rescue operations will be directed over the frequencies assigned to each Rescue Squad.
- D. Operational assignments will be made over the EOC frequency. All hospital reports will be called in using 155.220 and 155.340.
- E. The Darlington County EOC will be located at one of the following locations

and will be announced by the Director, Emergency Services at the time of activation.

1. 1625 Harry Byrd Hwy - EMS Annex (behind the Sheriff's Department by the 911 Center. (Primary)
 2. County Courthouse, Darlington, SC (Alternate)
- F. Written and verbal Mutual Aid agreements have been made between Darlington County, area hospitals, Rescue Squads, Rescue Squads in adjacent counties, EMS activities in adjacent counties, SC Department of Natural Resources and the Forestry Commission to aid each other in the event of an emergency or disaster. Copies of the agreements are on file in the Emergency Preparedness Office.
- G. Line of succession:
1. County Emergency Medical Service:
 - a. Shift Supervisor, Darlington County EMS
 - b. Senior Paramedic on duty, Darlington County EMS
 2. County Rescue Squads: As determined by each squads by-laws or charter.

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Figure 1 (EMS Incident Command/Medical Group) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

This figure depicts the EMS ICS or EMS Medical Group structure for both small and large incidents. In a Unified Command System, the EMS function is referred to as the EMS Medical Group.

NOTE: In small-scale incidents, the EMS IC can perform both the IC function and the Staging function. In the Unified Command structure, the Staging Function will be assigned to a specific individual.

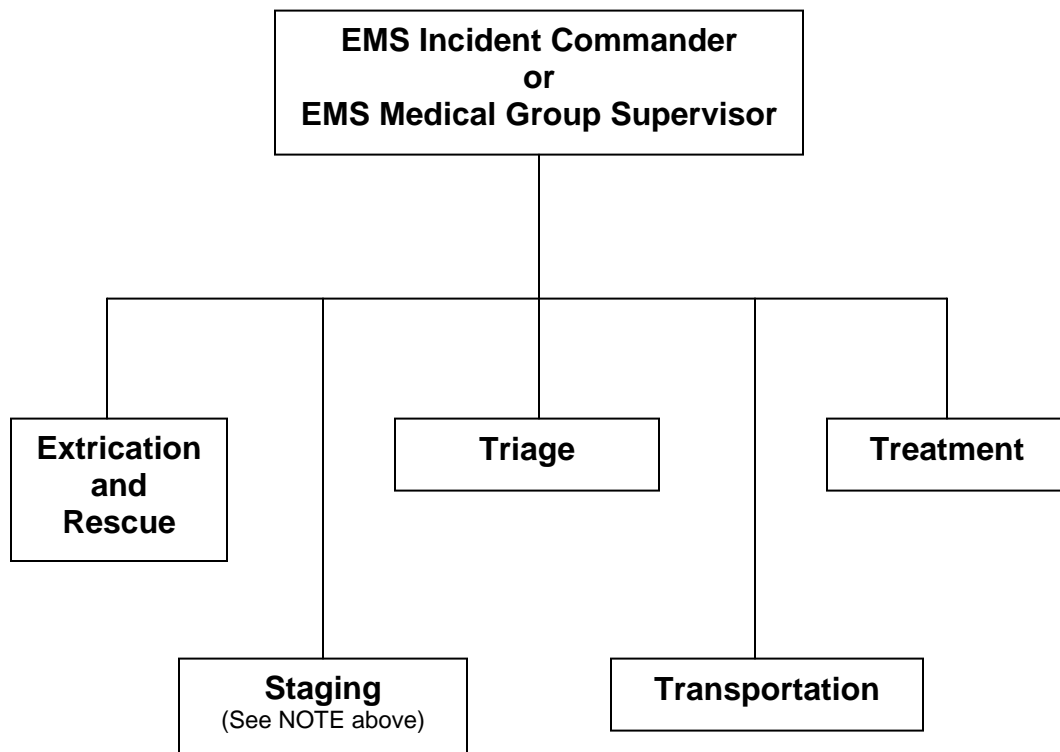


Figure 2 (EMT and Ambulance Availability) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

EMS and Rescue Squads

Squad/Service	Equipment/Ambulances	Number of Members	
		Total	Certified
Darlington County EMS	9 - Ambulances - ALS		39
Darlington Fireman's Rescue Squad	3 - Ambulances - BLS 2 - Equipment/Crash trucks	40	24
Hartsville Rescue Squad	1 - Ambulance - BLS 2 - Equipment/Crash trucks 1 - Dive truck w/ boat	25	8
Lake Robinson Rescue Squad	2 - Ambulances - ALS 1 - Equipment/Crash truck 1 - dive truck w/boat	40	15
Lamar Rescue Squad	3 - Ambulances - ALS 1 - Equipment/Crash truck	25	15
Society Hill Rescue Squad	2 - Ambulances - ALS 1 - Equipment/Crash truck	25	15
Totals 1 - County EMS 5 - Volunteer Rescue Squads	20 - Ambulances (16 - ALS Ambulances) (4 - BLS Ambulances) 7 Equipment/Crash trucks 2 - Dive trucks w/boats	155	116

NOTES: The number of certified personnel is a misleading number since many of the County EMS employees also serve with volunteer Rescue Squads. The volunteer Rescue Squad personnel can serve as drivers, first responders, EMT's or divers.

Certified personnel number for EMS includes both full-time and part-time employees.

All ambulances can be manned as either BLS or ALS depending on the availability of Paramedics.

Figure 3 (Hospitals) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

Darlington County Hospital(s)

Hospital	Number Of beds	Number of Physicians	Morgue Capacity	ER Capacity	
				Critical patients	Non critical patients
Carolina Pines Regional Medical Center 843-339-4600 Level 3 Trauma Center	116	50	2	20 (estimate)	50 (estimate)

Florence County Hospitals

Hospital	Number of beds	Number of Physicians	Morgue Capacity	ER Capacity	
				Critical patients	Non critical patients
Carolina's Hospital System 843-674-5100 Level 3 Trauma Center	372	250	2	20 (estimate)	50 (estimate)
McLeod Regional Medical Center 843-777-8805 Level 2 Trauma Center	371	250	4	20 (estimate)	50 (estimate)

NOTES: When this annex is executed, the EMS Coordinator will immediately contact all three hospitals to determine the number of patients that each hospital will be able to treat. The number of critical or non-critical patients for each hospital is not an accurate number. These numbers are included for planning purposes only! The patient caseload at each hospital will determine the number of patients each hospital will be able to take.

If patient decontamination is involved, anticipate gross decontamination of patients at the scene, with complete decontamination being withheld until the patient arrives at the hospital. The patient's condition and the agents involved will determine the level of decontamination provided at the incident site.

Remember; decontamination procedures will slow patient care down and limit the number of patients each hospital can effectively treat.

Figure 4 (Specialized Assets) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

Specialized Response Teams

Darlington County has two teams that are trained in specialized areas of expertise. The teams are the County Hazardous Materials Team and the County Specialized Emergency Response Team (SERT). Each team is staffed by members of the local Fire Departments, EMS and Law Enforcement.

The **County Hazmat Team** has personnel trained at the Hazmat Technician level that can make entry and perform rescue in hazardous atmospheres. The team also has the capability to perform both patient and team decontamination. The Hazmat Team will perform technical decon operations. Therefore, first arriving fire personnel must be capable of and prepared to perform a rapid (gross) decon.

The **County Specialized Emergency Response Team (SERT)** has personnel that are trained in confined space entry and rescue, tower rescue, low and high angle rescue, trench rescue and collapsed structure rescue. The team has the equipment on hand to perform their skills.

Both teams have personnel assigned to medical positions that have the sole responsibility of taking care of the team members and assisting in the coordination of the patient transfer to EMS once the rescue has been accomplished.

Both the Hazmat Team and SERT Team must be specifically requested and paged out through Dispatch.

Air Assets

Two air ambulances are available from Columbia, SC. Those services are the LifeReach Air Ambulance with Providence Hospital and Care Force Air Ambulance with Palmetto-Richland Hospital. Carolina Life Care is available from the Myrtle Beach area. Dispatch (911 Center) can contact all three air services. Phone numbers for these services are;

Care Force - 1-800-757-4625

LifeReach - 1-800-327-2611

Carolina Life Care – 1-866-366-5933

Additional air assets are available from Charlotte, NC and Charleston, SC. Either Care Force. These services can also be requested through the State EOC. The EMS Coordinator in the County EOC can initiate the request for these services.

Figure 5 (Mass Casualty Patient Flow) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

1. The Incident Scene:

- A. All victims are accounted for and trapped victims are rescued/extricated as quickly and safely as possible.
- B. Patients are accounted for and quickly triaged using START and JumpSTART with triage tags applied to patients.
- C. Ambulatory patients are directed to a medically supervised area. These patients shall be moved from the scene to a treatment area as soon as that area is identified. Medically stable, ambulatory patients may be transported in school buses or similar vehicles. Coordination with the Incident Transportation Officer and the Transportation Coordinator in the EOC should be conducted to move these patients as soon as practical.
- D. Non-ambulatory patients are removed from the scene to the Treatment area by porters. Use non-certified Fire and Rescue personnel as necessary to serve as porters.
- E. Patients that require decontamination should be decontaminated prior to leaving the incident scene, preferably before being moved to the Treatment Area.

2. The Treatment Area:

- A. Patients arriving from the incident scene are prioritized for treatment using a more in depth assessment method (Secondary triage) and a triage tag applied.
- B. Patients are placed in the Treatment Area and definitive, stabilizing emergency medical care is provided on the basis of the triage priority.
 - 1. Separate areas are created in the treatment area for Immediate (Red), Delayed (Yellow) and Minor (Green) injured patients. Create **two Immediate (Red) Treatment Areas, one Red Treatment Area for adult patients and a separate Red Treatment Area for Pediatrics** with a Treatment Officer assigned to each area. The adult Treatment Officer can also handle the Delayed and Green patients. Pediatrics present unique challenges in trauma care. The Pediatric Treatment Officer and Pediatrician can then focus on the best possible care for the pediatric patients.

2. A separate isolated area (Temporary Morgue) is created for victims who die in the Treatment Area.
- C. Personnel and equipment resources are allocated to patients based on the triage priority.
- D. Patients are continuously reevaluated (re-triage).

NOTE: The Treatment Officer and EMS IC may want to consider requesting a Physician and Pediatrician from the primary (closest) hospital to come the scene and assist with the Secondary triage. This Physician could assist the Adult Treatment Officer with adult patients while the Pediatrician can assist the Pediatric Treatment Officer with pediatric patients insuring the best and most efficient use of air assets and area hospitals are made.

3. The Transportation Area:

- A. Hospitals are contacted (early in the incident) to obtain information to assist with the most appropriate patient distribution to the medical facilities. The closest hospital will usually be contacted, which will then notify the other hospitals in the area.
- B. Transportation resources are assigned based on triage priority.
- C. Patients are moved to the Transportation Area and to the appropriate vehicle by Porters/Transport Loaders.
- D. Patients are transported to the most appropriate medical facility for their condition by the most appropriate means available. Emergency medical care is continued enroute to the hospital.
- E. Patient movements are documented.

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TREATMENT/TRANSPORTATION DIAGRAM

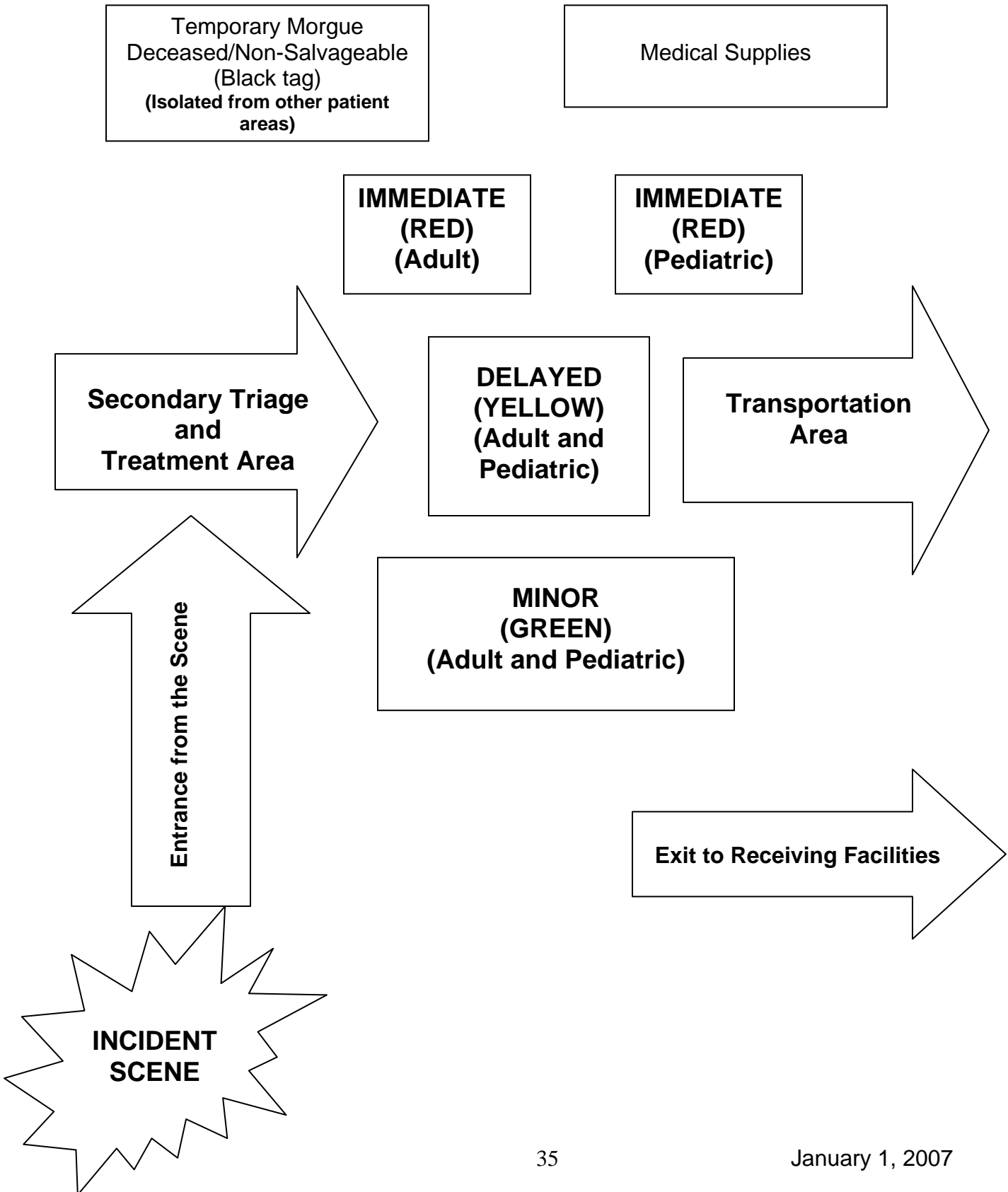


Figure 6 (Triage Protocol) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

When a MCI has occurred, emergency response personnel are going to be making hard, rapid decisions. These decisions will have a direct impact on the safety of emergency responders and the patients at the scene. EMS personnel must have a clear understanding of the triage protocols that will be used at a MCI.

Upon identifying a scene as a MCI, a simple triage and treatment protocol is used for adults and pediatric patients. During this rapid triage, some very hard and tough decisions will be made. It is important that that the EMT performing triage remember the first rule of a MCI; **Do the greatest good for the greatest number!** Darlington County personnel will use the START (Simple Triage and Rapid Assessment) and JumpStart Triage Protocols for all MCI events. Figure 6A is the START Triage Protocol for adult patients and Figure 6B is the JumpSTART Triage Protocol for pediatric patients. A key point in the triage protocol is that two distinctly different triage protocols will be used. They are referred to as a **Primary Triage** and **Secondary Triage**. Primary triage is performed using the START and JumpStart protocols. Secondary triage is performed as you were taught in your EMT courses. Secondary triage is that reassessment of the patient to determine if the patients condition has changed, which may or may not change their (the patient) transport priority. Primary triage is that first contact with the patient which focuses on a basic categorization of sustained injuries. This rapid triage is used by the IC to determine the specific on site treatment needs and the resources that are going to be required to provide treatment and transport of the patient. Secondary triage is where definitive patient care begins. In Secondary triage, you will take any and all actions necessary to stabilize the patient and completely prepare the patient for transport to the appropriate medical facility.

The START triage protocol(s) focuses on four (4) specific signs and symptoms. Those signs and symptoms are:

- Ability to walk
- Respiratory effort
- Pulses/perfusion
- Neurological status.

Ability to walk: You initiate the START system by asking patients who can walk to get up and come to you. Any patient who can comply, despite their injuries, is categorized as green and the appropriate tag is placed on the patient. Because patients who can walk, will walk, you should make every effort to confine them to one site. There is enough confusion at an MCI without having the "walking wounded" wandering around the scene.

Respiratory effort: Next, you begin to triage the non-walking patients. Remember to keep the focus on tagging patients. Your only treatment effort should be directed toward

correction of airway problems and severe bleeding. Begin by assessing breathing. If patients are not breathing, open their airway manually. Tag patients who start to breathe spontaneously "Red", those who fail to respond "Black". For those who are breathing, quickly assess the respiratory rate. Patients with respirations above 30/minute should be tagged "Red". If respirations are less than 30/minute, go to the next assessment step.

Pulse Perfusion: Assessment of circulatory status can be accomplished in two ways; radial pulses and capillary refill. Since capillary refill is poor indicator of perfusion in adult patients, it will not be used. The preferred method of assessing perfusion is the radial pulse. The presence of a radial pulse indicates a systolic pressure of 90 mmHg. Patients with absent radial pulses will be triaged "Red". If patients have respirations less than 30/minute and present a radial pulse, go the next assessment step.

Neurological status: Now, quickly assess mental status. Ask the patient to grip both of your hands. If they perform this simple task, categorize them as "Yellow". If they cannot follow this simple command, categorize them as "Red".

Refer to the START protocols at Figure 6A and 6B. Once this simple assessment has been performed, place the appropriate triage tag on the patient and have them moved to the appropriate treatment area.

Need for Speed: While you must not become committed to single patient care during triage, that does not mean you do nothing. Simple care - opening airways and applying direct pressure on profuse bleeding - can save lives early in an MCI. Ideally it will take less than 30 seconds to triage each patient. This means it will take 5 minutes to triage 10 patients, so the simple decision to add triage personnel will drastically reduce the amount of time needed for triage. Once triage is completed, triage personnel can be reassigned to the treatment area or other areas as needed.

In the Brady Paramedic manual, chapter 48, Operations (pages 1962 through 1969) has very good information on the operation and response to an MCI.

Figure 6A (START Triage Protocol) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

START -- Simple Triage and Rapid Treatment

Remember: RPM (Respirations, Perfusion, Mental Status)

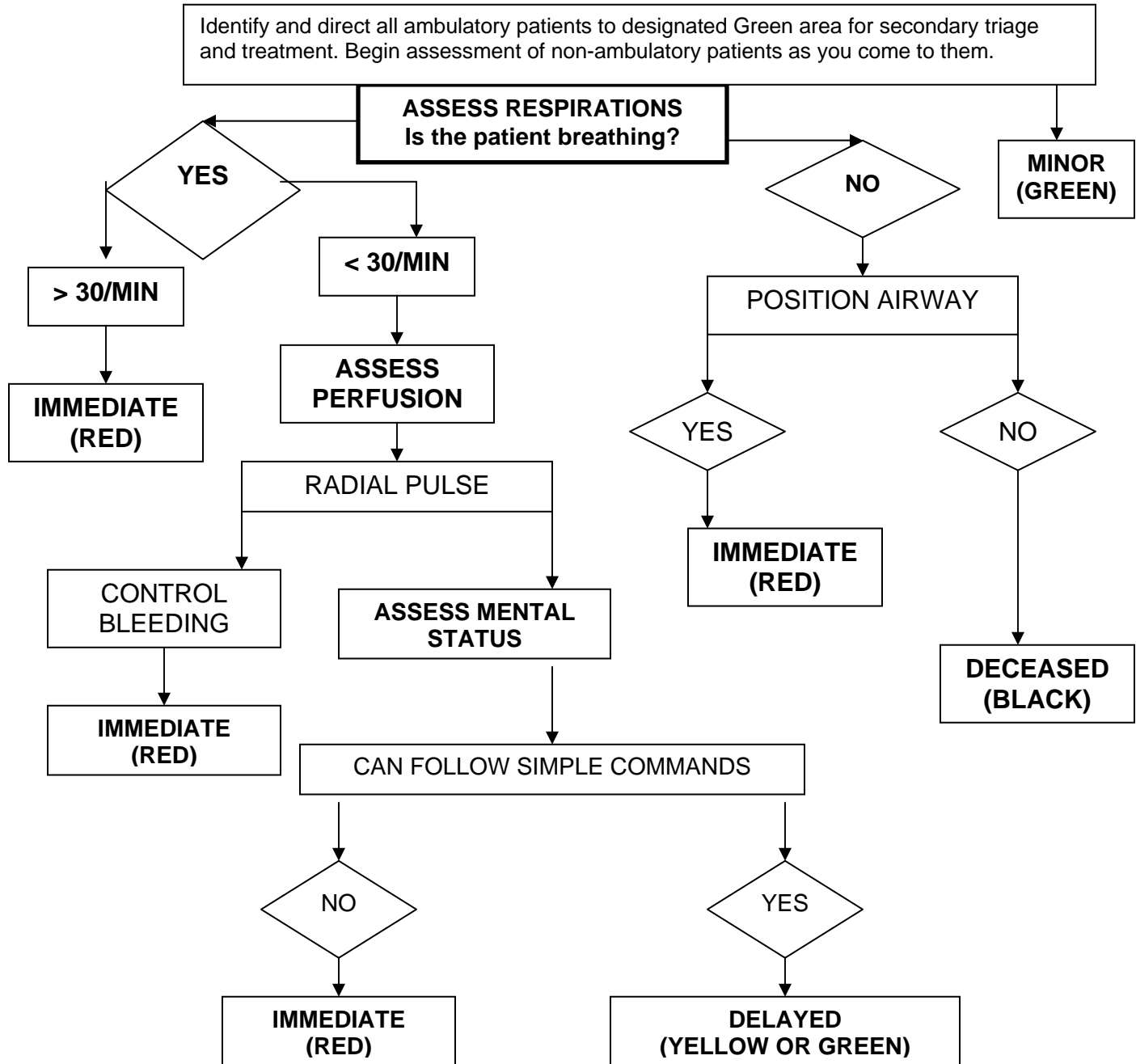


Figure 6B (JumpSTART Triage Protocol) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

**JumpSTART - Field Pediatric Triage System
Patients 1 – 8 years of age**

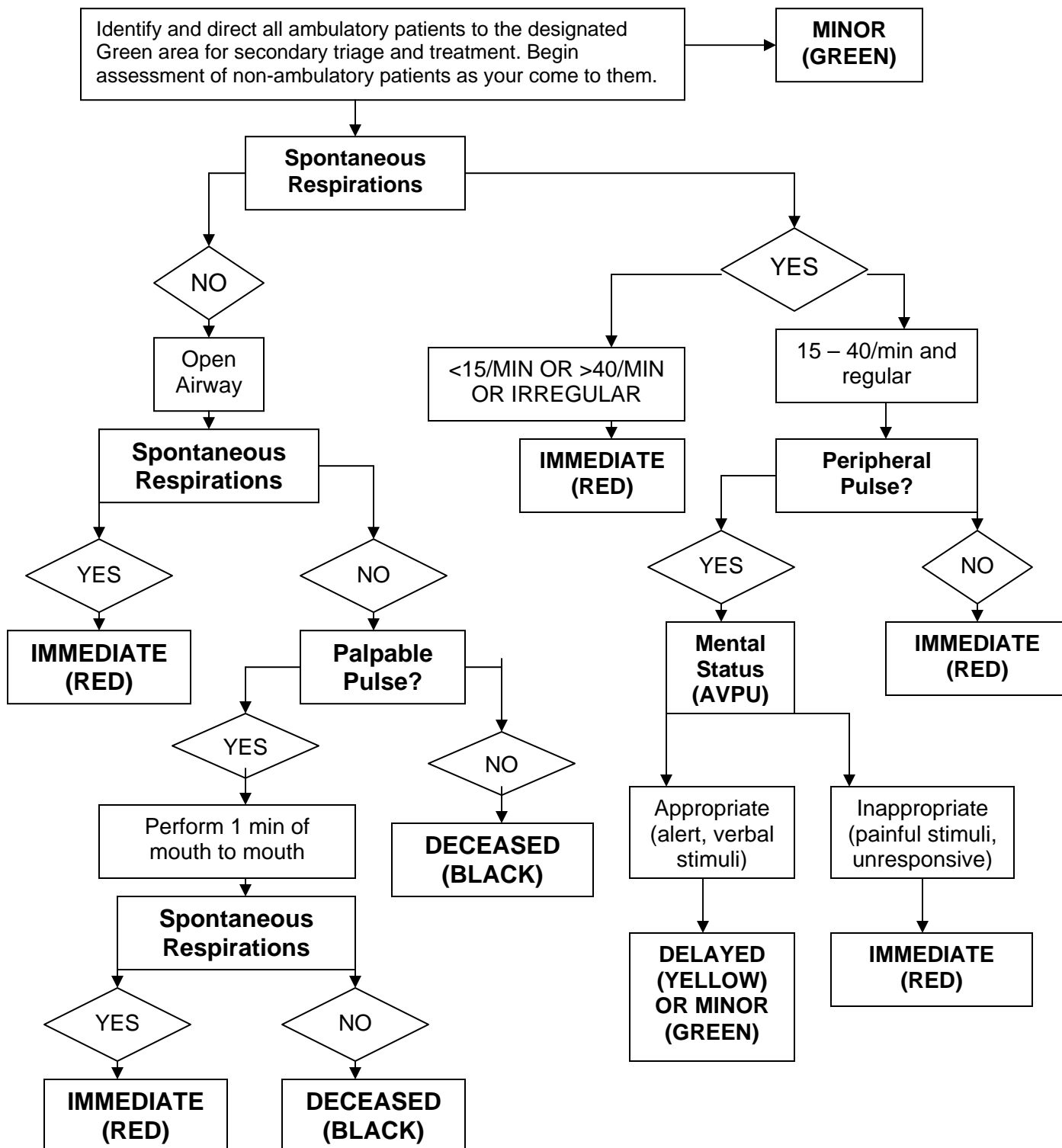


Figure 7 (Medical evacuation (Helicopter) Landing Zones) to Appendix 1 (Mass Casualty Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

FIRE Dept/Sta	LZ Number	LZ Location	Latitude	Longitude
2 Comments	1	Boyd Curry's Airstrip North of dragstrip approximately one tenth of a mile.	34.18.36.693	79.59.56.787
2 Comments	2	147 N. Center Road Use open area behind Fire District Headquarters	34.18.07.487	79.58.20.894
2 Comments	3	Center Road and E. Carolina Ave Use field and area behind old store building.	34.22.32.786	79.58.33.590
2 Comments	4	Station 17 on Center Road Use field beside the station or the parking area in front. Watch powerline on Darlington side of station.	34.23.39.040	79.58.56.897
3 Comments	5	Branham's Airport Private airport	34.16.47.19	79.55.42.85
3 Comments	6	Darlington County EOC Field Use field in industrial park adjacent to EOC.	34.17.56.50	79.55.31.77
3 Comments	7	Hwy 401 and Rogers Rd intersection Use field between Rogers Road and the church building.	34.16.46.545	79.54.29.608
3	8	Gilchrist Rd and Hwy 52 Bypass Use hwy or any adjacent field near intersection.	34.19.00.889	79.54.00.688
DFD Comments	9	Smith Ave and Hwy 52 Bypass Use hwy to land helicopter.	34.18.25.168	79.53.44.749
4 Comments	10	Mechanicsville Baptist Church parking area Use church parking lot or grassy area beside the parking lot. Church is located on Cashua Ferry Rd.	34.20.34.699	79.45.37.332
5 Comments	11	Wilson's Crossroads (Hwy 340 & Hoffmeyer Road) Use field to Northeast side of store (Florence side of store)	34.13.22.285	79.53.46.886

5 Comments	12	Hoffmeyer Rd and Hwy 401 intersection Use any field around the intersection.	34.15.01.221	79.57.07.268
8 Comments	13	Lake Robinson Res Sq Haunted House property. Use any portion of the front parking lot.	34.22.50.31	80.12.05.60
8 Comments	14	Lake Robinson Rescue Squad 2364 W. Old Camden Road Use open area to west side of building or field behind building. Survey point is west, rear side of building.	34.23.35.79	80.10.06.43
9 Comments	15	Lee's Crossroads (US15S/Hwy34/Hwy403) Use the cottonfield on the Darlington side of the intersection.	34.18.03.417	80.05.09.731
9 Comments	16	W. Lydia Hwy (US 15 S) and Indian Branch Rd Use field on corner of Indian Branch by old textile company.	34.17.13.11	80.06.34.66
9 Comments	17	DCFD Station 18 on Philadelphia St Use Fire Station parking lot or field behind the station.	34.15.04.061	80.04.20.633
11 Comments	18	Galey and Lord Plant Site Use the open area in front of the plant site.	34.31.24.07	79.50.18.17
11 Comments	19	PPM Company Site Use open area between office building and storage area for helicopter.	34.29.22.74	79.52.19.99
12 Comments	20	Center Road and North 5th Street Use small field on north west corner of intersection.	34.24.48.88	79.59.28.47
12 Comments	21	Intersection of Ousleydale and E. Old Camden Rd Use small field on northeast corner or use large horse pasture on west side of intersection. Put guards out for animals if you use the horse pasture.	34.26.27.04	80.04.24.03
12 Comments	22	Bethlehem United Methodist Church Cemetery Use the unused portion of the cemetery directly across from Byrdtown FD, Station 12.	34.27.43.67	79.59.38.97

13 Comments	23	Darlington County Jetport Jetport is not manned during night time hours.	34.26.39.82	79.53.13.39
13 Comments	24	Dovesville Baseball field Baseball field located beside Station 13 on Mont Clare Rd	34.23.07.365	79.53.41.213
13 Comments	25	NUCOR Truck Parking area Use field/truck parking area across Hwy 52 from Steel Mill Road.	34.22.45.277	79.54.17.644
13 Comments	26	Mont Clare Rd and Society Hill Rd Use any available field around intersection.	34.23.35.27	79.50.21.99
13 Comments	27	Flat Creek Rd and Society Hill Rd Use any available field around the intersection.	34.26.05.40	79.50.25.63
13 Comments	28	Sara Lee Hosiery on Hwy 52 North Use grassy area in front of plant or paved parking area to south end of the plant.	34.20.44.118	79.54.07.804
14 Comments	29	Lamar EMS Base Ball Field Use ball field or parking area for ball field on west side of Grooms Building.	34.09.38.949	80.03.37.040
14 Comments	30	Bay Branch Rd and Hibiscus Rd Use intersection or hwy area. Watch powerlines along one side of the roadway.	34.08.38.536	79.59.37.490
14 Comments	31	Bay Branch Rd and Seven Bridges Rd Use area behind the old store or any field at the intersection corners.	34.08.45.032	80.01.43.936
14 Comments	32	Hwy 401 and East Lynches River Use wheat field in the corner on the Florence side.	34.08.19.736	80.06.42.262
14 Comments	33	Lee State Park Rd and Intersection of S31-226 Use paved road area by the Darlington County sign and Lee County sign.	34.10.53.935	80.08.07.821

15 Comments	34	DC Fire District Station 15 Use field adjacent to Fire Station.	34.10.48.80	79.59.21.26
15 Comments	35	I-20 Exit 137 Use field that borders Sally Hill Rd and Southborough Rd or open area along the Sally Hill shoulder of the entrance ramp.	34.12.08.826	79.54.51.393
15 Comments	36	I20 Exit 131 Use field in the corner of Lawson Grove Rd and Hwy 401 across from the Exxon Station.	34.12.30.943	80.01.24.136
DFD Comments	37	Hwy 340 and Hwy 52 Bypass Use field on Florence side of intersection.	34.17.12.407	79.52.51.703
HFD Comments	38	Hartsville Airport Airport is not manned during night time hours.	34.24.29.90	80.06.57.44
HFD Comments	39	Intersection of W. Old Camden and Lakeview Blvd Use field behind or besides Lawhon's Store	34.25.07.19	80.06.47.59
HFD Comments	40	Kellytown Rd and W. Bobo Newsome Hwy Use field on Hartsville side of the intersection.	34.21.38.43	80.07.28.79
HFD Comments	41	Carolina Pines Regional Medical Center Do not use this helipad unless you permission from CPRMC!	34.20.59.27	80.06.10.83
HFD Comments	42	14th St and W. Bobo Newsome Hwy Use area behind Pam's Resturant.	34.20.36.67	80.05.52.45
HFD Comments	43	Northern League Ballfield on Old Ruby Road Use any area around the field on on the field that will give access and rotor clearance.	34.23.50.89	80.04.20.22
HFD Comments	44	Whispering Pines Baptist Church ballfield Use any area around the ball field.	34.24.12.91	80.02.09.17

HFD	45	Marquis Hwy and N. 5th St (Emmanuel Church)	34.24.19.62	80.01.23.95
Comments		Use any area around the intersection and church that is appropriate for helicopter.		
HFD	46	Marquis Hwy and East Home Ave	34.23.08.32	80.02.15.38
Comments		Use Old Pepsi plant site.		
HFD	47	Marquis Hwy and Railroad Ave	34.22.22.54	80.02.44.89
Comments		Use grassy area in front of old Stingray building.		
HFD	48	Patrick Hwy and N. Center Road	34.25.53.90	80.02.49.54
Comments		Use fields on either side of intersection.		
HFD	49	Flinn's Crossroads	34.19.26.808	80.02.27.971
Comments		Use field on Darlington side of the intersection		
PRFD	50	Bethea Road and Hwy 52	34.15.15.992	79.49.57.543
Comments		Use field between the railroad track and the pond.		
PRFD	51	Wellman Inc Plant property	34.15.59.145	79.48.19.942
Comments		Use field by pecan grove on road to the plant Recreation area.		
PRFD	52	Pocket Road and South Charleston Rd	34.17.31.035	79.46.29.525
Comments		Use wheat field on Pocket Rd adjacent to the intersection.		

Abbreviations:

LZ = Landing Zone

DFD = Darlington City Fire Department

HFD = Hartsville Fire Department

PRFD = Palmetto Rural Fire Department

Appendix 2 (Mass Fatality Incident Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

I. GENERAL:

- A. Purpose: To provide for mass fatalities/emergency mortuary service through the coordination and use of resources within Darlington County or which may be made available otherwise. When separated from this annex and the emergency plan, this appendix may be used as a stand-alone plan.

- B. Organizations: The Emergency Mortuary Service consist of the following agencies under the coordination of the Darlington County Coroner.
 - 1. Local Government and Non-government Agencies:
 - a. Darlington County Coroner's Office
 - b. Darlington County Health Department
 - c. Funeral Homes
 - d. Pee Dee Mental Health Center (Florence Office)

 - 2. State Government and Private Organizations:
 - a. South Carolina Department of Health and Environmental Control (DHEC)
 - b. South Carolina Funeral Directors Association (SCFDA)
 - c. South Carolina International Association for Identification Squad (SCIAI Disaster Squad)

 - 3. Federal Government:
 - a. United States Department of Homeland Security/FEMA, NDMS Disaster Mortuary Operational Response Team (DMORT)

II. SITUATION: Darlington County is subject to disasters (natural and man-made, including war) that could result in a large number of fatalities. It is felt that while Darlington County has adequate resources to meet routine mortuary requirements, a disaster resulting in mass fatalities could expend those resources. The County must be able to organize the available resources to provide a coordinated Emergency Mortuary Service during a disaster.

III. MISSION: To provide emergency mortuary services during a disaster situation.

IV. EXECUTION:

A. Concept of Operation: The Coroner, by law, has the overall responsibility for the care, identification and disposition of human remains. The organizations assisting the Coroner in the recovery, identification and ultimate disposition of those remains are specifically to support the County Coroner in meeting these responsibilities.

B. Tasks:

1. Pre-Disaster Phase:

a. Local Government and Non-government agencies:

(1). County Coroner's Office:

- (a) Coordinate Emergency Mortuary Service planning and training activities.
- (b) Maintain coordination with SCDHEC, SCFDA, SCIAI Disaster Squad, Darlington County Office of Emergency Management and local Emergency Mortuary Services.
- (c) Locate and establish suitable facilities for emergency morgues and develop plans for activation of morgues to include procedures for disposition of unidentified remains to include mass burial.

(2) County Health Department:

- (a) Develop plans and procedures for the maintenance of official death records in mass fatality situations.
- (b) Support the Coroner's Office in planning and training activities.

(3) Funeral Homes:

- (a) Identify technical personnel and equipment requirements for emergency morgue operations.
- (b) Develop plans and procedures for funeral support to emergency mortuary operations.

- (c) Maintain coordination with SCFDA in planning and training.
- b. State Government and Private Organizations:
 - (1) SCDHEC to assist in the development of plans and procedures for the maintenance of official death records in mass fatality situations.
 - (2) SCFDA to provide technical training through the Disaster Committee in emergency mortuary planning and training.
- 2. Disaster and Recovery Phase:
 - a. Local Government and Non-government Agencies:
 - (1) County Coroner's Office:
 - (a) Coordinates emergency mortuary operations, performs functions of Coroner's Office in accordance with established law.
 - (b) Establishes emergency morgues as necessary.
 - (c) Directs the disposition of unidentified remains to include mass burial as required.
 - (d) Coordinates requests for additional support through Darlington County Emergency Services.
 - (e) Requests and coordinates the response of mortuary teams from DMORT and/or the deployment of the Deployable Portable Morgue Unit (DPMU).
 - (2) County Health Department:
 - (a) Coordinates support for Emergency Mortuary Service through DHEC.
 - (b) Maintains official death records in accordance with state law.
 - (3) Funeral Homes:
 - (a) Provides technical personnel and equipment in support of Emergency Mortuary Service.
 - (b) Advise Coroner on requirements for additional technical personnel and equipment.
 - (c) Coordinate transfer of identified remains to next-of-kin.

- (d) Maintain coordination with SCFDA Disaster Committee.
- b. State Government and Private Organizations:
 - (1) SCDHEC:
 - (a) Coordinates support to Darlington County Emergency Mortuary Service.
 - (b) Assist in the maintenance of official death records in mass fatality situations.
 - (2) SCFDA:
 - (a) Provides technical advice through the SCFDA Disaster Committee.
 - (b) Coordinates technical personnel and equipment made available through SCFDA.

V. ADMINISTRATION AND LOGISTICS:

- A. Administration: Reports are to be submitted through the Coroner to the EOC, where they will be consolidated and further submitted to the Emergency Services Director for analysis and further distribution. Reports will include;
 - 1. Number of Fatalities
 - a. Identified
 - b. Pending Identification
 - c. Unidentifiable
 - d. Total
 - 2. Status of remains:
 - a. Released to next-of-kin.
 - b. Awaiting transfer to next of kin.
 - c. Awaiting mass burial.

d. Other

3. Nature and extent of additional support requested or anticipated.

- B. Logistics: Supplies, operational aids and transportation are to be used by all elements. Additional needs, to include manpower, will be requested through the EOC.

VI. DIRECTION AND CONTROL:

- A. Emergency Mortuary Services will be coordinated from location chosen by the Coroner.
- B. Emergency Mortuary Service operations will be coordinated and communications maintained with the Coroner by telephone, radio, or other communications.

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Figure 1 (Darlington County Funeral Homes Listings) to Appendix 2 (Mass Fatality Incident Plan) to Annex 8; (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

	Funeral Home	Phone
1.	Arthur's Funeral Home 1051 Timmons ville Highway Darlington. SC 29532	398-0533
2.	Belk Funeral Home 229 W. Broad St Darlington, SC 29532	393-2824
3.	Boatwright Chapel on Main 501 S. Main St Darlington, SC 29532	393-0005
4.	Brown-Pennington-Atkins Funeral Home 306 W. Home Ave Hartsville, SC 29550	332-6531 332-9773 383-5618
5.	Hines Funeral Home 833 S. 6 th St Hartsville, SC 29550	332-1771
6.	Jordan Funeral Home 108 Lee St Darlington, SC 29532	393-1865
7.	Kistler-Hardee Funeral Home 315 Pearl St Darlington, SC 29532	393-3851
8.	Mitchell-Josey Funeral Home 612 S. Main St Darlington, SC 29532	393-9682
9.	Norton Funeral Home 1414 W. Carolina Ave Hartsville, SC 29550	332-8122
10.	Young and Young Funeral Home 711 S. 6 th St Hartsville, SC 29550	332-4188

NOTES: These funeral homes will make available their funeral coaches and personnel for the transportation of the deceased. All funeral homes are on call 24 hours a day and requests will be coordinated through the Coroner's Office.

In the event of a disaster with mass fatalities, the Darlington County Coroner will request activation of the DMORT function of the NDMS system. Storage of human remains will be as directed by the Coroner.

Appendix 3 (Pandemic Influenza Plan) to Annex 8 (ESF-8 – Health and Medical Services) to the Darlington County Emergency Operations Plan

I. Introduction:

A. General:

1. An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics create unique requirements for disease surveillance, rapid delivery of vaccines and antiviral drugs, allocation of limited medical resources and expansion of healthcare services to meet a surge in demand for care.
2. An Influenza pandemic will create unique situations for local government (county and municipal). Local government may be required to consider the curtailment or shutdown of non-essential government activities, shutdown of public and private schools and curtailment or shutdown of business, industry and recreational events.
3. International, Federal, State and local agencies are all developing plans to prepare for, respond to, recover from and mitigate the effects of a pandemic. Pandemics occur in the following six (6) phases:

a. Interpandemic period:

1. **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 and if present in animals, the risk of human infection or disease is considered to be low.
2. **Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

b. Pandemic alert period:

1. **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.
2. **Phase 4:** Small cluster(s) with limited human-to-human transmission but the spread is highly localized, suggesting that the virus is not well adapted to humans.
3. **Phase 5:** Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

- c. Pandemic period: **Phase 6:** Pandemic: There is increased and sustained transmission in the general population.

NOTES: 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 (a disease affecting animals in certain areas, climates or seasons) or epizootic (a disease among animals), or the disease is geographically localized or widespread and meets other scientific parameters.

The distinction between Phases 3, 4 and 5 is based on an assessment of the risk of a pandemic and their relative importance according to current scientific knowledge. Factors may include the 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)
4. Assistance in response to an influenza pandemic consist of health and medical resources, temporarily realigned from established programs having coordination or direct service capability for communication of medical information, disease surveillance, vaccine delivery, distributions of medications, public health authority and disease control.
- a. COMMUNICATION OF MEDICAL INFORMATION refers to both the information flow within the public health community and the provision of critical information to the public.
 - b. DISEASE SURVEILLANCE refers to the voluntary and required systematic reporting and analysis of signs, symptoms and other pertinent indicators of illness to identify disease and characterize its transmission.
 - c. VACCINE PROGRAMS refers to the acquisition, allocation, distribution and

administration of influenza vaccine and monitoring the safety and effectiveness of influenza vaccines.

- d. DISTRIBUTION OF MEDICATIONS refers to the acquisition, apportionment and dispensing of pharmaceuticals (other than vaccines) to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics.
- e. PUBLIC HEALTH AUTHORITY AND DISEASE CONTROL refers to the aspects of pandemic response requiring executive decisions such as:
 - 1. ordering and enforcing **quarantine**, which is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious;
 - 2. ordering and enforcing **isolation**, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;
 - 3. ordering the release of medical information for epidemiological investigation;
 - 4. expanding or lifting regulations and licensure requirements to allow for the expansion of medical services;
 - 5. ordering the expansion of medical services under emergency conditions;
 - 6. issuing other lawful directives in support of the response.
- 5. Agencies or organizations with transportation assets may be tasked to support Health and Medical Services in the transport of vaccines or people without transportation to the appropriate medical facilities.

B. Situations and Assumptions:

- 1. Situation:
 - a. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.
 - b. In the event of a pandemic, the Advisory Committee on Immunization Practices (ACIP), 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.

- c. The CDC will control the allocation and distribution of the influenza vaccine to the states during a pandemic period.
- d. SCDHEC will control the allocation and distribution of the influenza vaccine within South Carolina and will implement specific ACIP recommendations regarding priority groups for immunization.

2. Assumptions:

- a. Initial vaccine supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary. All persons will lack immunity and will likely require two doses of the influenza vaccine. After receipt of the vaccine, the goal is to vaccinate the entire population of South Carolina over a period of four months on a continuous prioritized basis.
- b. The projected peak transmission period for pandemic influenza outbreak will be six (6) to eight (8) weeks.
- c. South Carolina's health care workers, emergency response workers, medical examiners, funeral directors and morticians will face a sudden and massive demand for services and a possible attrition rate of 40% among essential personnel.
- d. Based on a population attack rate of 15-35%, South Carolina could anticipate between 560,000 and 1.32 million cases of influenza during the peak transmission period. Based on the 2004 census population, in the Region 4 Public Health District (a 10 county area), the region could anticipate between 82,500 and 192,500 cases during the peak transmission period. In Darlington County, using a population of 67,000, this could mean between 10,050 and 23,450 cases of influenza during the peak transmission period.
- e. Outpatient visits due to influenza are projected to average more than 25 extra patients per day for every primary care physician in South Carolina during the peak transmission period. Hospitalizations due to influenza and influenza related complications would range from 7,200 to 16,800 with the elderly and those with chronic medical conditions accounting for most of the admissions. In the Region 4 Health District, hospitalizations would range from 945 to 2,200 patients.
- f. South Carolina is expected to experience almost 3,600 deaths (2,200 – 5,000, an average of 45 – 110 deaths per county) from pandemic influenza nearly doubling the regular number of the expected deaths during the peak transmission period.
- g. The number of hospital beds and the level of mortuary services available to manage the consequences of an influenza pandemic will be inadequate.

- h. During disasters, local governments must plan to be self-sufficient for the first 48 to 72 hours post event. However since the pandemic will occur in waves, the World Health Organization (WHO) recommends that everyone should plan to be self-sufficient for up to three (3) months.
- C. Role of the Emergency Operations Center (EOC): The EOC will be activated to serve as the multi-agency coordination center for emergency operations during the pandemic event. The Darlington County Emergency Services Director or his designee, acting on behalf of the County Administrator, will have the overall responsibility for the coordination of the county's response to the pandemic . All requests for state and federal support will be forwarded through the County EOC. All media activities that discuss the County's response activities will be coordinated by the County PIO located in the JIC/EOC. All agencies (local, state and federal) involved in response operations will have a representative in the EOC.
- D. Coordination of local medical response to pandemic influenza with State Public Health Officials: Medical response to a pandemic influenza incident will be conducted from three (3) aspects, the response by EMS personnel, the treatment and care provided by area hospitals and the response by Region 4 Public Health District and SCDHEC at the state level..
1. EMS response to Pandemic Influenza event: EMS response to pandemic influenza initially will not vary from normal day-to-day operations. EMS personnel will notice an increase in patients with flu-like and respiratory problems and may see evidence of these patients all living in the same general area (clustering of patients). The State of South Carolina will be notified by the Center for Disease Control that the state is in Phase 6 (Pandemic period). Once in the pandemic period, the Region 4 Health District will provide specific guidance on which facilities will accept pandemic influenza patients and specific infection control procedures that will be used. The Emergency Services Director/EMS Director will determine if it is necessary to activate the County's Mass Casualty, the Mass Fatality Plan and the County EOC. When the EOC is activated, the EMS Supervisor will staff the EMS Coordinator's desk in the EOC. The Region 4 Health District representative and the EMS Coordinator will insure that this desk is staff during EOC operational hours. All requests for additional resources will be forward to the EOC and on to the State EOC as necessary. The Health District representative in the EOC will be the primary point of contact for communications with the Region 4 Health District in Florence.
 2. Local Hospital response to Pandemic Influenza: Darlington County is extremely fortunate in that three (3) trauma centers are located within a 30 mile radius of the county. This provides patients with access to appropriate levels of care in a matter of minutes. Pandemic influenza will rapidly overload hospitals with

patients. Hospital surge capacities will likely be exceeded on a daily basis. It is extremely critical that the ESF-8 – Health and Medical Services desk in the EOC is informed as soon as surge capacities are met or exceeded. The Region 4 Public Health District Emergency Preparedness staff will assist both EMS and the hospitals in determining which facilities will accept patients.

3. Region 4 Health District response to a Pandemic Influenza event: The Health District will provide assistance to hospitals and emergency responders about appropriate protective actions that should be taken during a pandemic. Communications with SC DHEC will be through the Health District office or through SCEMD. Both EMS and area hospitals will be directed by the Health District about medical facilities that will accept influenza patients. During a pandemic event the Health District would assume the lead role in coordinating the medical response to the pandemic. The Health Districts "Epi" Staff will serve as the lead agency in the investigation and determination of the specific influenza strain(s) involved. Additionally the "Epi" staff will provide technical assistance to both EMS and the hospitals about appropriate treatments for victims as well as protective actions for all personnel involved in the response. Region 4 Public Health District will have the responsibility for all communications with State Public Health officials.

II. Mission: To provide a trained and well-equipped Health and Medical Services team capable of preparing for, responding to, recovering from and mitigating the effects of a pandemic whose duties include, but are not limited to:

- A. providing continuous care while operating under the provisions of the South Carolina Emergency Health Powers Act and the restrictions following the establishment of isolation and quarantine zones as a result of a pandemic caused by the outbreak of a novel Influenza virus.
- B. administering emergency care and transporting of patients to the appropriate hospital(s) while working with a reduced workforce due to illness among employees.
- C. providing deceased identification and mortuary services.
- D. providing public health and sanitation.
- E. providing for the coordination and use of all medical resources (EMS, Rescue Squads, hospitals, private physician practices, nursing homes and residential care facilities) in Darlington County as detailed by existing mutual aid agreements, letters of agreement and needs that arise during the pandemic.
- F. coordinating the expansion of Health and Medical Services during a pandemic.
- G. coordinating the continued operation of essential government services (both

county and municipal) during a pandemic.

- H. coordinating the continued operation of critical industries in the county during a pandemic.
- I. coordinating all Health and Medical assets provided through State and Federal assistance or mutual aid agreements.
- J. coordinating the efforts to meet the basic human needs of persons experiencing extreme emotional/psychological stress during the pandemic.
- K. provide information to the general public on simple infection control techniques such as, cough protection and frequent hand washing that will help contain or control the spread of pandemic influenza.
- J. the relief of personal suffering and trauma.

III. Concept of Operations:

- A. Region 4 Public Health District shares the primary responsibility for ESF-8 – Health and Medical Services with the County EMS Coordinator.
- B. During a Pandemic Influenza outbreak, the Region 4 Public Health District will assume the lead agency role for ESF-8 – Health and Medical Services.
- C. The pandemic will occur in waves, (as in the shape of a W), with each wave or peak transmission period lasting 6 to 8 weeks.
- D. In a pandemic event, it is anticipated that the State EOC (SEOC) will be activated and operational. The SEOC will be responsible for coordinating state and federal support required to assist Darlington County's response to the pandemic.
- E. A pandemic event in the county will require either a partial or full activation of the EOC. A Statement of Emergency may be required from the County Council.
- F. All Health and Medical Services will be coordinated through the EOC. It is anticipated that EMS, Rescue Squads, hospitals, private physician practices, nursing homes and residential care facilities will require assistance in order to continue the provision of their services.
- G. The County may have to consider the curtailment or stoppage of non-essential government services.
- H. County employees could be tasked to perform duties that are typically not associated with their normal job functions.

- I. Agencies, activities and departments will be tasked to perform non-traditional missions to insure continuation of essential services.
- J. Agencies and departments can expect and should plan for attrition rates of 40% among employees. Additional attrition of employees should be expected of single parents, or employees that reside inside established quarantine zones.
- K. There will a high demand for law enforcement to provide security for vaccine shipments, vaccine storage locations, at vaccination sites and in and around quarantine zones.
- L. The County's Mass Casualty and Mass Fatality Plans may require activation.
- M. Schools may find it necessary to consider housing students to prevent and contain the spread of influenza.
- N. The County may have to consider requiring employees to remain at their departments for an indefinite period in order to insure an adequate workforce.
- O. Although shelter operations are not anticipated, DSS and the Red Cross should be prepared to conduct shelter operations.
- P. The Red Cross should be prepared to conduct feeding operations during the pandemic.
- Q. Extraordinary demands will be placed on the Region 4 Health District and local Health Departments.
- R. The County will assist the Health District in locating and securing suitable sites for vaccination clinics.
- S. The County will be required to assist the Health District with emergency public information. The Health District will establish a Joint Information Center (JIC) with their PIO as the lead PIO during the pandemic. The Health District will coordinate all press releases that involve information about ongoing Health District actions and information specific to vaccine availability, vaccination sites, disease surveillance and any orders issued by the Governor or DHEC Commissioner under the Emergency Health Powers Act.
- T. Press releases that emphasize infection control techniques such as cough protection, use of simple masking procedures, avoiding hand shaking and frequent hand washing will assist in helping slow down or contain the spread of pandemic influenza.
- U. The County PIO will coordinate all press releases involving ongoing county actions, operations or the stopping of county services.

- V. Municipalities within the county will be responsible for determining their ability to provide government services. Assistance will be required from the municipalities in locating and securing vaccination sites and providing security in an around isolation or quarantine zones.

IV. Responsibilities:

A. Preparedness Phase (Interpandemic (Phase 1 and 2)):

1. Federal Agencies under the command of a designated OSC, will establish a command post near the EOC that will serve as the base for federal operations.. Activation of the FEMA ROC will be made when deemed necessary according to the ongoing circumstances of the pandemic. FEMA will respond to requests for state assistance forwarded by the SEOC and assist in coordinating federal response operations.
2. State of South Carolina and state agencies: Once the occurrence of pandemic influenza has been confirmed appropriate state agencies will organize and operate in the SEOC. Liaisons from the appropriate state agencies will deploy to the ROC and coordinate federal assets. The SEOC will activate only those agencies needed for the management and coordination of the pandemic.
3. Darlington County, Cities of Hartsville and Darlington, Towns of Lamar and Society Hill and municipal agencies: The central premise of the emergency management system in South Carolina and Darlington County is that local governments have the primary responsibility for coordinating initial response activities. **With that in mind, management of the pandemic in the cities and towns within Darlington County will remain under the city or towns jurisdictional control.** Each municipality will retain jurisdiction unless the jurisdiction chooses to relinquish control to Darlington County. In this aspect all county agencies will assume support roles to the jurisdiction. All requests for state and federal support must be coordinated through the County EOC. Once jurisdiction is transferred to Darlington County, the county will assume responsibility for the appropriate actions in each phase.
4. Darlington County departments and agencies: Once notification of the occurrence of a pandemic causing the activation of the County EOC has been received, all county agencies and departments will organize and operate under the NIMS Incident Command System, Unified Command Organization as specified in the County EOP. In many cases public safety responders will be required to operate in environments and under command structures not encountered in day to day operations. Departments and agencies will have to be extremely flexible in fulfilling their mission.
5. Emergency Services Director:

- A. Coordinate the development and maintenance of the County's Pandemic Influenza Plan.
 - B. Designate the Special Programs Coordinator as the County's lead planner for Pandemic Influenza.
 - B. Insure that a planning committee made up of representatives from government, public health, healthcare, emergency response, agriculture, education, business, community and faith based sectors and private citizens are involved in the planning process.
 - C. Insure that a Business and Industry Committee is organized to assist and coordinate the development of individual Pandemic Influenza Plans. This committee should include representatives from government, public health, healthcare, emergency response, agriculture, public and private education, business and industry, community and faith based sectors and private citizens.
 - D. Insure that a Public Education and Awareness is organized to assist and coordinate the development of plans, brochures and handouts to be used as part of an overall public information and awareness program.. This committee should include Public Information Officers from government, public health, healthcare, emergency response, agriculture, public and private education, business and industry, community and faith based sectors and private citizens.
 - E. In conjunction with the Region 4 Public Health District, assist in the development or modification of surveillance systems that would identify patients with the early signs and symptoms of a novel influenza virus and the location of patients exhibiting these signs and symptoms. These surveillance systems must be able to effectively blend into the EMS and first response community.
 - F. In conjunction with the guidelines issued by the CDC, SCDHEC and Region 4 Public Health District, coordinate the development of a list of all emergency response employees that would be involved in face-to-face patient care and would qualify for vaccines and medications ***first*** during a pandemic.
 - G. Coordinate the development of a contingency plan for the administration of unlicensed antiviral drugs that may be administered under the FDA's Investigational New Drug or Emergency Use Authorization provisions.
6. ESF-5 – Information and Planning (Special Programs Coordinator, EMS, Region 4 Health District representative):
- A. Incorporate the NIMS principles and concepts into all Pandemic Influenza planning activities.

- B. In conjunction with the Pandemic Influenza Planning Committee, develop and maintain the County's Pandemic Influenza Plan (Appendix 3 to Annex 8 (ESF-8) Health and Medical Services).
 - C. Coordinate the County's Pandemic Influenza Plan with the SCEOP Pandemic Influenza annex and the Region 4 Health District Pandemic Influenza Plan.
 - D. Assist in the development of enhanced surveillance protocols to aid in the early detection of pandemic influenza among the county's populace.
 - E. Insure that the County's Infection Control Plan contains an annex on Pandemic Influenza that addressees disease transmission, the selection and use of the proper PPE and the reporting of pandemic influenza exposures.
7. ESF-6-Mass Care (DSS, Red Cross):
- A. Develop plans and procedures to conduct shelter operations on a limited basis during the peak periods of the pandemic.
 - B. Develop plans, procedures and protocols to conduct feeding operations during the pandemic.
 - C. Develop plans and procedures to assist local government as well as private industry in conducting feeding operations.
8. ESF-8 – Health and Medical Services (EMS, Region 4 Health District, Coroner):
- A. EMS:
 - 1. Develop protocols to use the Human Influenza and Novel Human Influenza virus screening forms during patient transport for all patients with flu-like symptoms.
 - 2. Develop protocols for the administration of flu vaccines to first responders.
 - 3. Develop plans and procedures to staff EMS units with an EMT-I/P and driver when incurring personnel shortages.
 - 4. Develop procedures to train employees on the use of the EPI Surveillance System tools.
 - B. Region 4 Health District, Pee Dee Mental Health:
 - 1. In conjunction with the Emergency Services Director and Special Programs Coordinator, assist in the development of a Pandemic Influenza Plan for

Darlington County.

2. In conjunction with the Emergency Services Director (EMS Director), assist in the development of plan to include the Emergency Services Office and EMS in the EPI Surveillance system.
3. Assist in the training of EMS and Rescue Squad personnel in the use of the EPI Surveillance system tools.
4. Include the Emergency Services Office, EMS and Clemson Extension Service in the Health Alert Network so that the county can receive current information about ongoing surveillance for seasonal influenza, pandemic influenza and animal cases of influenza.
5. Designate a DHEC employee to staff ESF-8, Health and Medical Services desk with the EMS Coordinator in the EOC.
6. Assist EMS in the development of plans, procedures and protocols to administer influenza vaccines and/or assist at vaccination sites, to include the administration of unlicensed anti-viral drugs that may be administered under the Investigational New Drug or Emergency Use Authorization provisions.
7. Assist the Coroner's Office and local funeral homes in developing plans, procedures and protocols for the provision of mortuary services during a pandemic event.
8. Assist the PIO's in the development of materials to be used to educate healthcare providers and the public about pandemic influenza.
9. Develop plans to deploy psychosocial teams to provide crisis counseling to citizens during and after the pandemic.
10. Develop plans to include ministers and faith-based groups in the crisis counseling process.
11. Coordinate all plans for the provision of crisis counseling teams with all agencies involved.
12. Develop procedures to include the Emergency Services Office and EMS in the notification process for the availability of medical facilities in the Pee Dee area.
13. Assist the hospitals and Coroner's Office in developing protocols and procedures for the release of deceased victims that died as a result of pandemic influenza.

C. Coroner's Office:

1. Develop plans and procedures to assist and train local mortuary services on the proper handling of deceased victims resulting from pandemic influenza.
 2. In conjunction with the Region 4 Health District and County EMS coordinate training in the proper infection control procedures for their mortuary staff.
 3. Assist in the development of protocols and procedures for the conduct of funeral services that are above average for the county due to pandemic influenza.
 4. Assist in the development of protocols and procedures for graveside services rather than traditional church services.
 5. Develop plans, procedures and protocols to assist psychosocial teams in the grief counseling process.
9. ESF-13 – Law Enforcement/ESF-16-Emergency Traffic Management (Sheriff's Office, SC Highway Patrol, Municipal Police Departments, SC Department of Natural Resources, Detention Center):

A. SC Highway Patrol:

1. In conjunction with the Sheriff's Office, SC Department of Natural Resources and municipal police departments develop plans and procedures for vaccine transportation and security into the county.
2. After delivering the vaccine to the designated storage facilities, coordinate with the Sheriff's Office and municipal police departments to maintain security at the storage sites.
3. In conjunction with the Sheriff's Office and municipal police departments assist in the development of plans to be used in establishing traffic control around isolation and quarantine zones.

B. Sheriff's Office:

1. In conjunction with the SC Highway Patrol and municipal police departments develop plans to provide security at vaccine storage sites in the county.
2. In conjunction with the municipal police departments, Region 4 Health District and the Emergency Services Office, develop plans to provide security at vaccination sites in the county.

3. Develop plans and procedures to continue providing law enforcement services with a reduced workforce.
4. In conjunction with the SC Highway Patrol and municipal police departments, develop plans to establish traffic control around isolation and quarantine zones.

C. Municipal Police Departments:

1. In conjunction with the SC Highway Patrol and the Sheriff's Office develop plans to provide security at vaccine storage sites in the county.
2. In conjunction with the Sheriff's Office, Region 4 Health District and the Emergency Services Office, develop plans to provide security at vaccination sites in the municipalities.
3. Develop plans and procedures to continue providing law enforcement services with a reduced workforce.
4. In conjunction with the SC Highway Patrol and the Sheriff's Office, develop plans to establish traffic control around isolation and quarantine zones.

D. Detention Center and Prison Farm:

1. Develop plans and protocols to isolate prisoners with flu-like symptoms from the general population. Consider designating a pod or cell block as a "flu pod" for any symptomatic prisoner.
2. Develop plans, procedures and protocols to train staff on the infection control procedures (use of surgical mask, cough procedures, etc.,) to minimize the spread of influenza among prisoners and staff.
3. Consider reducing prisoner populations prior to the pandemic occurring. Consider reducing prisoner populations by transferring prisoners to facilities outside the county or areas that are not affected by the pandemic. Consider returning all federal prisoners to the federal prison system.
4. Anticipate an increase in population once isolation and quarantine zones are imposed.
5. Develop plans to staff the facilities with a reduced workforce.

10. ESF-15 – Public Information (PIO):

- A. In conjunction with the Region 4 Health district and the Emergency Services Office assist in the development of materials to be used to educate citizens

about pandemic influenza.

- B. Develop plans to provide emergency public information to the public when the pandemic occurs.
 - C. Develop plans to open and staff a Joint Information Center (JIC) when the EOC is activated during the pandemic.
 - D. Insure that the County has plans to send a PIO to the Region 4 Health District JIC when activated.
 - E. Develop plans to coordinate the Health District and the County's public information program.
11. All agencies, activities, departments and facilities that are assigned missions in this plan will develop and maintain plans, policies, procedures and SOPs and assist the Emergency Services Director in the organization of the committees and other actions necessary to implement this plan.
 12. All departments and agencies involved in response and recovery activities will insure that as a minimum their personnel will complete the IS-100, IS-200, ICS-300 Incident Command courses or an approved equivalent course (IS-195, IS-100LE, IS-100PW or SCFA 16-hour Incident Command course) in addition to the IS-700 NIMS Awareness course and IS-800, Introduction to the National Response Plan courses.
 13. All departments and agencies involved in response and recovery activities that will have personnel in command of various incidents will insure that as a minimum their personnel will complete the IS-100, IS-200, ICS-300 and the ICS-400 Incident Command courses or an approved equivalent course (IS-195, IS-100LE, IS-100PW or SCFA 16-hour Incident Command course) in addition to the IS-700 NIMS Awareness course and IS-800, Introduction to the National Response Plan courses.
 14. Annually review the Department of Homeland Security Universal Task List and integrate tasks as appropriate.

B. Response Phase Pandemic Alert (Phases 3 – 5) and Pandemic (Phase 6)):

NOTE: All incidents in Darlington County will be managed using the National Incident Management System (NIMS) Incident Command System/Unified Command System.

1. County Administrator:
 - A. Brief County Council on the County's response to the pandemic.

- B. Obtain a Statement of Emergency from County Council.
 - C. In conjunction with department heads, determine each department's ability to continue normal operations.
 - D. In conjunction with the Emergency Services Director and County Council, determine if non-essential services must be curtailed or shutdown in order to keep essential services in operation.
 - E. Consider de-centralized operations (i.e., allowing employees to work at home) if the employee can perform their normal job duties from home.
 - F. Reassign employees as necessary from non-essential departments to departments that must continue to provide services.
 - G. Insure that all county agencies and departments document expenses incurred during the pandemic event.
2. Emergency Services Director:
- A. Order activation of the EOC, staffed to the level appropriate to coordinate the county's response to the pandemic.
 - B. Brief the County Administrator as necessary about ongoing events with the county's response efforts.
 - C. Obtain the Statement of Emergency from the County Administrator.
 - D. Direct the PIO to insure that the Statement of Emergency is published through the media and send a copy to the SEOC.
 - E. In conjunction with the EMS Coordinator and Region 4 Health District, assist in the vaccination of county employees based on the priority list developed using the CDC's and SCDHEC guidelines.
 - F. If possible consider and conduct a de-centralized operation of the EOC.
 - G. Order the activation of additional annexes in the county EOP as necessary in order to respond to the pandemic event.
3. ESF-1 – Transportation (School District Transportation Coordinator, Roads and Bridges, SCDOT):
- A. School District Transportation Coordinator:

1. Assist in the transport of patients that do not require transport by ambulance to the appropriate medical facility.
2. Assist in the transportation of vaccines and medications as necessary.
3. Assist in the transportation of food and water to personnel inside isolation and quarantine zones as necessary.
- B. Roads and Bridges and SCDOT: Assist in the transportation of vaccines, medications, medical supplies, food and water as necessary.
- C. SCDOT: Assist ESF-13 and ESF-16 in obtaining barricades to establish traffic control patterns in and around isolation and quarantine zones.
4. ESF-3 – Public Works (Darlington County Water and Sewer Authority):
 - A. Insure that water and sewer services are continually provided during the pandemic.
 - B. Send personnel as necessary into the isolation and quarantine zones to conduct emergency repairs on the water and sewer system.
5. ESF-6 – Mass Care (DSS, Red Cross, County Health Department(s), School District):
 - A. Conduct shelter operations when ordered by the Emergency Services Director.
 - B. Be prepared to conduct feeding operations at multiple locations in the county .
6. ESF-7 – Resource Support (Finance Director):
 - A. Assist county agencies and departments in maintaining the appropriate documentation that will accurately reflect expenses incurred during the pandemic.
 - B. Assist county agencies and departments in purchasing food and operational supplies necessary to insure that essential services are continued during the pandemic.
7. ESF-8 – Health and Medical Services (Health District, EMS, Coroner, Medical Control Physician, hospitals, assisted living and nursing homes):
 - A. Region 4 Health District:
 1. Notify the county when the state or Pee Dee Region enters Phase 6

(Pandemic) period.

2. Insure that the Health District position at the ESF-8 desk is staffed.
3. Inform the EMS Coordinator on which hospitals are accepting pandemic influenza patients.
4. Insure that the Emergency Services Director and EMS Coordinator are included in the EPI Surveillance System and Health Alert Network.
5. Insure that all agencies involved in the ESF-8 response efforts receive current information on protective actions for employees.
6. Insure that the Emergency Services Director and EMS Coordinator are informed on the shipment and arrival of vaccines and medications in the county.
7. Insure that ESF-13 receives the correct information on the arrival of vaccines and medication at the designated storage sites.
8. In conjunction with the Emergency Services Director, EMS Coordinator and ESF-13, insure that the appropriate security arrangements are made for the operation of vaccination sites.
9. Insure that the Medical Control Physician, Emergency Services Director and EMS Coordinator are briefed on the use and issuance of all new medications that fall under the Investigational New Drug or Emergency Use Authorization provisions.

B. EMS Coordinator:

1. Establish a system where all 911 calls requesting an ambulance are screened by a Shift Supervisor or Senior Paramedic prior to dispatching an ambulance to the call. Due to reduced workforce among EMS employees, crews should respond on to calls that are a true emergency. Efforts should be made to avoid dispatching an ambulance to a call that would end up as a refusal or false call.
2. Insure that all Paramedics are briefed on all medications that would fall under the Investigational New Drug or Emergency Use Authorization provisions.
3. If Paramedics are assigned to administer flu vaccines, insure that the Paramedics are thoroughly briefed on the proper dose and administration of the vaccine.

4. If ambulances must be staffed with one EMT-B/I/P and a driver, insure that both are thoroughly briefed on the safe operation of the ambulance under the current circumstances.
5. Insure that personnel assigned as drivers are familiarized with the location of equipment on the ambulance and the appropriate infection control procedures that are being utilized during the pandemic.
6. Insure that all personnel are using the correct EPI Surveillance System tools. Additionally, the EMS Coordinator or Shift Supervisor should review the forms before submitting them to the Health District. The EMS Coordinator should check to insure that the forms are accurate, complete and if crews are seeing the number of symptomatic patients increase or decrease.
7. In conjunction with the Health District representative and Emergency Services Director, determine if the county's Mass Casualty Plan should be activated.
8. In coordination with the Medical Control Physician and Emergency Services Director, determine if EMT students that have finished or are attending their courses and not taken their National Registry exams will be allowed to perform their skills on the ambulance.

C. Coroner:

1. Insure that all local mortuary services personnel are informed on the proper infection control procedures that should be utilized while handling deceased persons as a result of pandemic influenza.
2. Determine if assistance from a DMORT team is required to adequately process deceased persons.
3. Determine if the County's Mass Fatality Plan should be activated.
4. If the County's Mass Fatality Plan is activated, insure that a representative from the Coroner's Office is present at the ESF-8 desk.
5. Insure that State and local laws are followed while processing deceased persons as a result of pandemic influenza.
6. Assist local Funeral Director's in obtaining the supplies necessary to continue operation during the pandemic.
7. Insure that the Emergency Services Director and County Administrator are briefed on the Coroner's response efforts during the pandemic.

D. Medical Control Physician:

1. Assist the EMS Coordinator and Emergency Services Director by insuring that the appropriate protocols or regulations are waived to insure that the county can continue to provide EMS services.
2. Insure that all certified personnel in the county are adequately briefed on the correct administration of influenza vaccines and medications that fall under the Investigational New Drug or Emergency Use Authorization provisions.
3. Insure that EMT students that have not completed testing and training are briefed on the level of care they will be allowed to provide.

E. Hospitals (CPRMC, MRMC-Darlington):

1. Through the Infection Control personnel on staff and in conjunction with the Region 4 Health District, insure that all personnel involved in patient care or the handling of deceased patients are informed on the proper infection control techniques that should be used.
2. Insure that the ESF-8-Health and Medical Services desk in the EOC has the current and correct information on the types of patients each facility will accept.
3. Insure that all state and federal support required by each facility is coordinated through the ESF-8-Health and Medical Services desk in the EOC.
4. Insure that the ESF-8-Health and Medical Services desk in the EOC has the current and correct information on the number of patients admitted to each facility.

F. Assisted living facilities and Nursing Homes:

1. Provide the EOC with the total number of residents in each facility.
 2. Coordinate request for support from state or federal agencies with the EOC.
10. ESF-12 – Energy (Progress Energy (HBRSEP and Southern Region), Pee Dee Electric Coop):
- A. If industry elects to house workers on site, provide the EOC with the number of employees housed at each facility.
 - B. Advise the EOC of problems encountered with the power distribution system that would require utility personnel to enter the isolation or quarantine zones.

- C. Advise the EOC of any unplanned power outages in the isolation or quarantine zones.
 - D. Coordinate requests for assistance from Mass Care agencies such as the Red Cross with ESF-6-Mass care in the EOC.
11. ESF-13 – Law Enforcement/ ESF-16 – Emergency Traffic Management (Sheriff's Office, SCHP, SCDOT):
- A. Sheriff's Office:
 - 1. Coordinate all requests for security for vaccine storage sites, vaccination sites and medical facilities with the appropriate municipal police department.
 - 2. Coordinate the security for the transportation of vaccines, medications and medical supplies with the SC Highway Patrol and SCDOT.
 - 3. In conjunction with SC Highway Patrol, SCDOT and municipal police departments coordinate traffic control patterns in and around isolation and quarantine zones.
 - B. SC Highway Patrol:
 - 1. Coordinate the security for the transportation of vaccines, medications and medical supplies with the Sheriff's Office, municipal police departments and SCDOT.
 - 2. In conjunction with Sheriff's Office, SCDOT and municipal police departments coordinate traffic control patterns in and around isolation and quarantine zones.
 - C. SCDOT: Assist the SC Highway Patrol and local law enforcement agencies by providing barricades and signs necessary to establish traffic control in and around vaccination sites, medical facilities, isolation and quarantine zones.
12. ESF-15 – Public Information (PIO(s)):
- A. Insure that local media outlets (radio, TV and print media) publish the local Statement of Emergency as soon as possible after being issued by the County Council.
 - B. Insure that the County has representative in the Region 4 Health District JIC when established.
 - C. Open and operate the JIC for Darlington County when deemed appropriate by

the County Administrator or Emergency Services Director.

- D. Insure that each agency involved in the Pandemic response has a representative in the JIC.
 - E. Insure that the public is provided with accurate and timely information on infection control procedures for the general public, the location and availability of vaccines, the location and time of operation for vaccination sites, the medical facilities available to provide care during the pandemic and the types essential services available to the general public.
 - F. Coordinate and approve the release of all public information prior to release to the media and general public.
13. Municipalities (Cities of Hartsville and Darlington, Towns of Lamar and Society Hill):
- A. Coordinate the response from your municipality until such time as the municipality is no longer able to conduct the response or until the county is requested to assume responsibility for the response.
 - B. Coordinate all requests for health and medical services through ESF-8 in the EOC.
 - C. Insure that all requests for state and federal assistance are routed through the county EOC.
 - D. In conjunction with Region 4 Health District and the Emergency Services Director develop a prioritized list of first responders in each municipality that will be eligible for influenza vaccines and medications based on the CDC and SCDHEC eligibility guidelines.
- C. Recovery Phase (Pandemic Over/Interpandemic (Phases 1 and 2)):
- 1. Insure that all agencies maintain records of their activities and costs during the event.
 - 2. Region 4 Health District: Continue to monitor and coordinate communication of medical information, disease surveillance, vaccine delivery, distributions of medications, public health authority and disease control.
 - 3. Coroner: Continue deceased identification and mortuary services until all victims have been located, identified, the appropriate record and/or death certificate issued, remains have been released to the families and a final fatality report has been issued to the EOC.

4. EMS Coordinator: Continue the provision of EMS care and activities until normal conditions are restored.
5. Insure that all agencies develop plans for consolidation and/or demobilization of activities.

D. Mitigation Phase (Interpandemic (primarily Phases 1 and 2)):

1. Support and plan for mitigation measures.
2. Document matters that may be needed for inclusion in emergency plans.

V. Administration and Logistics:

A. Administration: Situation reports will be submitted to the Region 4 Health District Coordinator or the EMS Coordinator as required. Reports will be consolidated and submitted to the Director, Darlington County Emergency Preparedness Agency in the EOC for analysis. These reports will include:

1. Agencies or activities activated and the type of emergency.
2. Type of activities implemented.
3. Number of people treated, released, hospitalized, critical, non-critical and deceased.
4. Nature and extent of additional assistance or support requested or anticipated.

B. Logistics: All activities will utilize organic supplies, operational aids and transportation. Additional supplies, transportation and personnel will be requested through the EOC.

VI. Annex review and maintenance: This appendix will be reviewed annually in accordance with the provisions of this annex, specifically paragraph VI, Annex review and maintenance.

VII. Coordinating Instructions: This annex is effective for planning upon receipt and execution upon order.

Tab A, (Influenza Vaccine and Medication Priority List for Darlington County personnel) to Appendix 3 (Pandemic Influenza Plan) to ESF-8-Health and Medical Services to the Darlington County Emergency Operations Plan

A. Vaccines and Medications available for Healthcare Providers and First Responders only:

1. **Tier 1A:** All SC Certified EMT-B/I/P with the County EMS and volunteer Rescue Squads. Selected drivers and first responders with the volunteer Rescue Squads subject to the approval of the Squad Captain and EMS Director. All nursing staff of the two local hospitals that are involved in face-to-face patient care.

NOTE: This Tier should involve only the hospital nursing staff and EMS personnel providing face-to-face patient care and those Rescue Squad EMT-B/I/P's and drivers that are **actively involved** in direct patient care. This does not include staff personnel nor Supervisors performing duties in the EOC!

Tier 1B: All Detention Center and Prison Farm Officers involved in the daily care and control of personnel housed in the Detention Center or Prison Farm.

NOTE: Short-term and Long-term care facilities such as detention centers and prisons are called "**incubators**". One symptomatic inmate introduced into the facility population can result in the influenza spreading through the entire facility and staff.

Tier 1C: All Employees of the Darlington County Coroner's Office and then employees from local funeral homes that will be involved in the embalming and preparation for burial of deceased victims of pandemic influenza.

2. **Tier 2:** All SC Certified law enforcement officers that routinely work in a patrol capacity that would normally be required to enter residences in order to respond to calls.

Tier 2A: All SC Certified law enforcement officers that would be assigned to perform security in and around isolation and quarantine zones, traffic control points, medical facilities, vaccine storage sites and vaccination sites.

Tier 2B: All Environmental Services employees that would be handling household waste products from homes inside isolation or quarantine zones. All DSS and Red Cross personnel involved in shelter operations should it become necessary to conduct shelter operations.

3. **Tier 3:** All Fire Service personnel. All remaining law enforcement personnel and

other first responders that have not been vaccinated.

B. Vaccines available for the general populace:

1. **Tier 1:** Personnel with illnesses or conditions that would inhibit or compromise their immune system such as people with cardiac conditions, respiratory conditions, cancer survivors that have gone through radiation or chemotherapy, diabetes and **All children** under the age of **6 years**.
2. **Tier 2:** All citizens on a first come-first served basis depending on the availability of the vaccines and medications.

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Tab B, (Influenza Screening Form for Darlington County personnel) to Appendix 3 (Pandemic Influenza Plan) to ESF-8-Health and Medical Services to the Darlington County Emergency Operations Plan



__ Human Influenza A (H5) Screening Form
__ Novel Human Influenza Virus (Pandemic) Screening Form

Reported By (Name): _____

Phone 1(office): 843-398-4441/4443 Fax (office): 843-398-4447 Address: 1625 Harry Byrd Hwy Darlington, SC 29532

Patient Information:

Patient Name: _____ Date of Birth: _____

Address: _____

County/State: _____ Race, Ethnicity(Hispanic, non Hispanic) _____

Phone 1: _____ Phone 2: _____

Screening Criteria

Clinical Criteria:

- a. Fever (>100.4F or 38C) (circle one): Yes No Feverish (no temperature taken)
- b. Date of fever onset: ____/____/____ (mm/dd/yyyy)
- c. Respiratory complaints (circle one) Yes No If YES, onset date ____/____/____
- d. Does the patient admit to a diagnosis of pneumonia, ARDS or history of respiratory illness (circle one)
 Yes No Unknown If known respiratory illness, list illness: _____

AND one of the following potential exposures within 10 days of onset of symptoms:

Epidemiological Criteria: (If Novel Human Influenza Virus screen SKIP items a, b, c and f)

- a. Travel history to avian Influenza documented countries? (circle one) Yes No Unknown
- b. Date of return to the U.S: ____/____/____ (mm/dd/yyyy)
AND at least one of the following exposures during travel:
- c. Direct contact with sick/dead poultry or poultry feces-contaminated surfaces (circle one) Yes No
- d. Close contact (circle one) Yes No Unknown
(Close contact is defined as being within three (3) feet of a person who was hospitalized or died due to a severe unexplained respiratory illness.)
- e. If yes to D, in which category does the patient fit? (check one):

___ Household contact ___ Healthcare worker ___ First Responder

___ Worked with live Avian Influenza A (H5) virus OR Novel Human (Pandemic) Influenza A virus in a laboratory ___ Other, specify: _____

OR

- f. Unavailable, unclear or suspicious exposures during travel (circle one): Yes No

Date: _____

Signature: _____

DHEC 0971 (07/2006)(Modified DARCO 09/2006)

County Health Department

**Human Influenza A (H5) and Novel Human Influenza Virus Screening Form Instructions
(DHEC 0971 (Modified DARCO 09/2006))**

Purpose: This form should be used in the initial assessment of a potential case of Avian Influenza A (H5) or Novel Human Influenza Virus (Pandemic). Positive clinical and epidemiological criteria should prompt the forwarding of this form to either the Hartsville or Darlington Health Departments or the Region 4 Health District Office in Florence. A copy of this form should be provided along with the Patient Care Report to the Emergency Room where the patient was transported.

Explanation and Definition: This form is to be completed by the EMT-B/I/P providing patient care during transport. If follow up contact with the EMT-B/I/P is required, the EMS office will contact the employee and direct them to immediately contact the appropriate office.

Item-by-Item Instructions:

Reported by Name section: Enter the name of the EMT-B/I/P providing patient care.

Patient Information: Enter patient's name, DOB, address, county, state, race and phone numbers.

Screening Criteria Section:

Clinical Criteria:

- a. Ask the patient if they had their temperature taken. If so was the measured temperature more than 100.4 or 38C. Circle Yes or No or feverish as consistent with patients response.
- b. Note the date of the fever onset.
- c. Ask the patient if they've experienced any cough, runny nose or sore throat. If he/she had any of the above circle Yes. If he/she had none of the above circle No.
- d. Ask the patient if they have been hospitalized.
- e. Ask the patient if they have been treated by a physician who has diagnosed pneumonia or bronchial problems recently. Ask the patient if they have a history or respiratory illness such as asthma, emphysema, chronic bronchitis, etc. If the patient admits to a history of respiratory illness, list the patients illness.

Epidemiological Criteria: (If screening for Novel Human (Pandemic) Influenza A SKIP items a, b, c and f):

- a. If the had a history of foreign travel to a country with documented Avia H5 Influenza A, circle Yes. If not, circle No.
- b. Note the date of US return from foreign travel.
- c. Circle Yes if the patient was in direct contact with sick or dead poultry or in contact with surface contaminated with poultry feces.
- d. Ask the patient if they were a close contact (within 3 feet) of a person with severe respiratory illness who was either hospitalized or died. If so, circle Yes. If Yes to Item D, then proceed to Item E.
- e. If the patient answered Yes to Item D, the check the type of close contact that this person had to the severely ill individual. Check other if none of the provided categories fit and specify the type of close contact experienced in the space provided.
- f. If the patient is unsure or does not know if they has an avian Influenza exposure during travel, circle Yes or No.

Provide a copy of this form with the Patient Care Report to the ER where the patient was transported. Attach the original copy to the Patient Care Report to be turned into the EMS business office.