South Carolina
Medical Countermeasures Plan

Appendix 17
South Carolina Emergency Operations Plan

September 2017

APPROVAL, IMPLEMENTATION, AND PROMULATION
SOUTH CAROLINA MEDICAL COUNTERMEASURES PLAN

The purpose of the South Carolina Medical Countermeasures Plan is to provide a framework for the receipt and distribution of critical life-saving pharmaceuticals and medical supplies for the citizens and visitors of South Carolina during a public health emergency.

The South Carolina Medical Countermeasures Plan was developed for use by Department of Health and Environmental Control (DHEC) and supporting state agencies to ensure mitigation and preparedness, appropriate response and timely recovery from hazards that affect the State of South Carolina. This plan is predicated upon the concept that emergency operations will begin at the level of government most appropriate to provide effective response.

This publication, dated September 2017, supersedes the Strategic National Stockpile Plan (Annex 1) of the SC Mass Casualty Plan dated July 2014.

I delegate authority to the following Bureau of Public Health Preparedness (BPHP) personnel to make specific modifications to the plan without my signature.

1. Michael A. Elieff, Director
2. Jamie Blair, Deputy Director
3. David A. Harbison, Director of Plans
4. Jason A. Block, State Medical Countermeasures Coordinator

The South Carolina Medical Countermeasures Plan was reviewed and updated in accordance with state and federal provisions. This plan is effective upon the date of signature and will be activated by the Director, Bureau of Public Health Preparedness when directed by the Director of DHEC.

Signed:

//Signature on File// 11/20/2017
David E. Wilson, Jr. Date
Acting Director
SC Department of Health & Environmental Control

RECORD OF CHANGES

This plan should be reviewed and/or updated:

- Annually
- To reflect new developments
- As required by lessons learned during emergency exercises, state public health organizational changes, revisions in federal or state planning guidance or as events warrant.

Note: A revised version will need to be distributed to those agencies that do not have a current version of the plan each time the plan is substantively updated.

Change Number	Change	Date of Change	Change Made By
1	Removed "Security" and replaced with "Protective Measures"	12/01/17	J. Block
2	SCEOP Appendix number assigned	1/26/2018	J. Block

RECORD OF DISTRIBUTION

Recipient	Type	Quantity
Health and Environmental Control, Department of		
Agency Coordination Center	Hard Copy	1
State MCM Program Coordinator	Hard Copy	2
Lowcountry Public Health Region	Electronic PDF	2
Midlands Public Health Region	Electronic PDF	2
Pee Dee Public Health Region	Electronic PDF	2
Upstate Public Health Region	Electronic PDF	2
South Carolina Emergency Management Division	Electronic PDF	1
CDC Office of Public Health Preparedness and Response	Electronic PDF	1
South Carolina Law Enforcement Division	Hard Copy	1

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Basic Plan

I. INTRODUCTION

A. Medical countermeasures, or MCMs, are US Food and Drug Administration (FDA) - regulated products (biologics, drugs, devices) that may be used in the event of a potential or actual public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, a naturally occurring emerging disease, or a natural disasters. MCMs can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear (CBRN) threats, or emerging infectious diseases. MCMs can include:

1. Biologic products, such as vaccines, blood products and antibodies.

2. Drugs, such as antimicrobial or antiviral drugs.

3. Devices, including diagnostic tests to identify threat agents, and personal protective equipment (PPE), such as gloves, respirators (face masks), and ventilators.

B. Medical countermeasure response operations consist of two separate but integrated components:

1. Medical material management and distribution consists of the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical material (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical material, as necessary, after an incident.

2. Medical countermeasures dispensing consists of the ability to provide medical countermeasures in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines or directives.

C. The South Carolina Department of Health and Environmental Control (DHEC), has the lead role in conducting a medical countermeasure (MCM) response during events impacting public health.

D. Authority for operations in response to a public health emergency necessitating a countermeasure response is derived from four main sources:

1. Powers conferred upon the Governor to declare a state of emergency and/or public health emergency and to direct the State's response to such emergencies.

2. South Carolina law which authorizes emergency operations under the South Carolina Emergency Operations Plan (SCEOP).

3. Traditional health powers authorities held by the Director of DHEC. Powers include, but not limited to, the issuance of Public Health Orders and recommending to the governor to declare a Public Health Emergency.

4. The Governor may invoke the Emergency Health Powers Act. The Emergency Health Powers Act gives additional powers to DHEC so it may issue Public Health Orders, including quarantine, isolation, school closings, and cancellation of public gatherings in order to protect the public from disease or other public health threats.

E. Under the direction of DHEC, four public health regions serve the citizens of South Carolina. Each public health region will develop plans (or SOPs) in cooperation with county and local government officials, health care providers, and private partners.

F. Under the direction of DHEC, state level response to a medical and/or a public health emergency would primarily involve coordination of the response among the health regions and arranging for support from state and federal assets as needed.

II. PURPOSE

A. This plan provides state assistance to existing distribution and dispensing capabilities.

B. This plan addresses responsibilities for state-level agencies to effectively deliver critical MCM material to the site of an emergency.

C. This plan addresses the types of public health emergencies likely to warrant a MCM response and the situations in which various MCM assets may be deployed.

III. SCOPE

A. This plan addresses supplemental assistance to local health and medical authorities in responding to medical material needs as a result of a public health emergency requiring the distribution of MCMs.

B. Activation of this plan assumes there is a potential, suspected or actual release of a biological, radiological, or chemical agent, a natural or man-made disaster, a disease outbreak, or other event/incident requiring medical countermeasures.

C. MCM operations may consist of the following functions:

1. Identify and initiate countermeasure strategies.

2. Receive, stage, store and distribute medical countermeasures.

3. Dispense medical countermeasures to identified populations

4. Report adverse events.

5. Demobilization and recovery operations.

IV. SITUATION

A. The SCEOP provides a detailed Hazards and Vulnerability Analysis based on population estimates by the U.S. Census Bureau. Points to be considered during events requiring a MCM response include the following:

1. The State of South Carolina is home to approximately 4,896,146 full-time residents (2015 estimate).

2. The South Carolina Department of Parks, Recreation and Tourism estimates that over 29 million people visit South Carolina annually.

3. A substantial majority of South Carolinians reside in urban areas and/or areas within the State's coastal plain that are subject to heavy flooding during thunderstorms, hurricanes, and other severe weather events.

B. Natural and man-made disasters, including those resulting from the use of weapons of mass destruction (WMD), have the potential to occur in South Carolina and to incur significant casualties and fatalities.

C. WMD that may be deployed in a terrorist event include chemical, biological, radiological, and nuclear agents and high-yield explosive devices (CBRNE).

D. Naturally occurring disasters that have the potential to cause catastrophic damage include hurricanes, floods, tornadoes, and earthquakes.

E. Technological hazards, such as those presented by fixed nuclear facilities or facilities with significant inventories of hazardous materials, have significant potential impacts on public health, property and the environment.

F. Naturally occurring infectious diseases, e.g. pandemic influenza, have the potential to cause significant illness and may require treatment and/or prophylaxis.

V. ASSUMPTIONS

A. Release of a biological, chemical, or radiological agent may be intentional or unintentional.

B. Detection of a biological or radiological agent could occur days or weeks after individuals have been exposed.

C. Existing public health surveillance systems and reporting establish timely detection of a potential threat.

D. DHEC, the South Carolina Law Enforcement Division, South Carolina National Guard, and the South Carolina Emergency Management Division (SCEMD), as appropriate and within relevant authorities, will coordinate and share information related to Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE), epidemiological and environmental surveillance activities.

E. Mass prophylaxis operations may be implemented with or without a laboratory confirmation if surveillance systems warrant.

F. State and local law enforcement personnel will make protection of personnel a priority, and will protect assets, facilities and processes, within resource capability.

G. Many communities have non-English speaking populations. The need for interpreters may be crucial for outreach and information dissemination.

H. In any emergency, individuals with functional and access needs are often disproportionately affected. Response plans must consider the needs of individuals with functional and access needs at all levels of planning and be flexible enough to meet the particular needs of individuals when crafting client-specific responses.

VI. CONCEPT OF OPERATIONS

A. General

1. An emergency or disaster could quickly exceed available resources at the local level thus requiring additional resources from outside the affected jurisdiction. Local, regional and state supplies of pharmaceuticals and medical material will be immediately assessed and preventative medications will be used in an organized response. Supplies may become rapidly depleted, requiring considerations of requesting medical countermeasures.

2. Depending on the event/incident, personnel identified as state and local level responders including staff critical for continuity of operations/government may be at risk of exposure and as such may be among the first to receive medical countermeasures to counteract the effects of the identified hazard. Distribution of medical countermeasures to family members of responders also will be included when appropriate and as available.

3. Inadequate resources and supplies may be distributed based on epidemiological data, response priorities, or federal guidance.

B. MCM Resource and Response Capabilities

1. DHEC may employ various resources and capabilities to provide support to health and medical authorities.

2. Resources can include, but not limited to, a combination of the following approaches depending on the severity of the incident, in any order:

   a. State Emergency Procurements: Emergency procurements shall be limited to those supplies and/or services necessary to meet the emergency. DHEC may utilize emergency procurement in situations in which conditions create an immediate and serious need for supplies and/or services that cannot be met through normal procurement methods and the lack of which would seriously threaten:

      i. The health or safety of any person;

      ii. The functioning of State government, or;

      iii. The preservation or protection of property.

   b. 12-Hour Push Packages – Strategic National Stockpile (SNS) material will arrive by air or ground in 12-hours or less, following the federal decision to deploy. Contents include:

      i. Medical/surgical supplies

      ii. Oral and pediatric suspension antimicrobials

      iii. Intravenous supplies and medications

      iv. Respiratory Supplies

      v. Pediatric Supplies

   c. Managed Inventory (MI) – Can be either a first or second-phase shipment depending on the response. Generally deployed within 24-36 hours once the state has identified a threat agent.

   d. Vaccines – Vaccine management and distribution operations will be dictated by the incident, and as directed by the Centers for Disease Control and Prevention (CDC).

   e. CHEMPACK – Federally owned nerve agent antidotes that are strategically placed throughout the state. These containers fill a gap for health and medical

authorities since emergency vehicles and hospitals maintain limited supplies of these antidotes, and the 12-hour Push Package response time is inadequate.

3. Capabilities to distribute resources to support health and medical authorities and the public can include:

   a. Distribution Facilities – DHEC uses two level of distribution facilities to support the movement of medical material during a public health emergency. These identified locations allows DHEC to receive, stage, store, distribute and track medical material from receipt of assets to final end user.

      i. Receipt, Staging and Storage (RSS): Serves as the primary entry into DHEC emergency supply-chain system during public health emergencies and centrally located within the state. Medical material received at this location is entered into inventory and distributed to end users (Hospitals, RDS, PODs, etc.).

      ii. Regional Distribution Site (RDS): Serves as an intermediary site within DHEC's emergency supply-chain system during public health emergencies and centrally located with each Public Health Region. RDS serve as temporary pharmaceutical staging areas to support multiple Points of Dispensing sites that may be active during an emergency. Medical material received at this location is updated in the inventory system and distributed to end users (PODs).

   b. Point of Dispensing facilities – Point of dispensing facilities is a fixed (or mobile) identified public facility in which MCMs are given to people in response to a public health threat or emergency. South Carolina has identified four (4) models to support emergency dispensing/vaccination operations during Public Health Emergencies.

      i. Open POD

         - (Total Population): Emergencies requiring the prophylactic countermeasures which will require each individual to be present at a Point of Dispensing site to receive such prophylactic countermeasure.

         - (Head of Household): Emergencies requiring the prophylactic countermeasures to allow for a representative from each household (residential address) to pick up prophylactic countermeasures for all household members.

ii. Drive-Thru: The drive-thru models allows populations to drive to an announced location to obtain prophylactic countermeasures without exiting their vehicle. Such model allows for either total population or head of household operations.

iii. Closed POD: Closed POD pushes prophylactic countermeasures to a defined population in a congregate point, such as a large business or residential facility. Closed POD facility must meet certain requirements to participate in a Closed POD program.

iv. Mobile: Mobile units bring prophylactic countermeasures to the community through the use of designated vehicles. Mobile units are intended to focus on individuals who are unable to visit a POD site due to mitigative circumstances.

C. Activation

1. This Plan and its supporting annexes can be partially or fully activated with or without a gubernatorial emergency declaration and/or public health emergency declaration.

2. This Plan may be activated under any of the following conditions:

a. Data collected from an epidemiological investigation that demonstrates an adverse event requiring MCMs.

b. Reports from federal, state and/or local law enforcement (Emergency Support Function (ESF)-13) of a credible threat of release of a CBRNE agent, or evidence that a CBRNE release has occurred.

c. A neighboring state reporting that a public health outbreak has occurred and that such an outbreak might affect the health of South Carolina residents.

d. An incident in which local health and medical authorities report a medical surge beyond their capability and local supplies of pharmaceuticals and medical supplies and equipment are or may be insufficient to meet incident objectives.

e. Non-pharmaceutical interventions are ineffective against the current threat environment.

f. CDC notifies DHEC they are shipping SNS material to South Carolina.

D. Response Phases

1. Emergency operations necessary for the performance of this plan include, but are not limited to the following;

a. Phase 1– Normal Operations

i. Update plans, exercise and train for public health emergencies.

ii. Pre-identify essential facilities for medical material management and mass prophylaxis operations.

iii. Coordinate with public health regions, state and county departments and agencies.

b. Phase 2 – Elevated Threat

i. Assess and confirm the hazard.

ii. Determine the appropriate response in coordination with state and local health and medical authorities.

iii. Identify appropriate countermeasures.

iv. Develop protocols and guidance to utilize identified countermeasures appropriately.

v. Select, implement, and continuously evaluate mitigation strategies.

c. Phase 3 – Incident Response

i. Activate emergency supply-chain system.

ii. Procure, distribute and track inventory.

iii. Coordinate with ESF-1 to identify transportation resources and/or implement contingency contracts.

iv. Coordinate with ESF-13 to implement protective measures.

v. Collaborate with health and medical authorities to develop allocation strategies in the event of resource scarcity.

vi. Activate public and private Points of Dispensing (PODs) as needed.

vii. Determine and request appropriate federal declaration in accordance with the Stafford Act and/or Public Health Service Act Section 319.

d. Phase 4 – Post Incident/Recovery

i. Recover durable assets.

ii. Replenish private resources used.

iii. Determine disposition of medical material.

iv. Extend prophylaxis operations as needed.

v. Conduct long-term population monitoring.

E. MCM Response Tiers

1. South Carolina MCM response tiers identify the operational process of synchronizing all elements of the MCM distribution and dispensing system. The tier system was developed with an all hazards approach based upon the magnitude of an event and is designed to be flexible and fluid to an incident's ongoing development and needs.

2. The tier system takes in consideration time sensitivity, pre-determined response priorities, strategies for allocation, distribution, and transportation of received medical material, mass prophylaxis to identified population, and protective measures.

3. The response tiers leverage utilization of state-owned resources to support federal, state and local MCM distribution and dispensing requirements.

a. Green Tier – Minimal impact area that may be restricted to a few individuals. Low health and threat risks due to early threat detection that can be handled under normal agency operations without Agency Coordination Center (ACC) and/or State Emergency Operations Center (SEOC) activation. No emergency declaration needed; Federal support may be distributed directly to the end user (i.e. hospital).

b. Yellow Tier – Small scale, dispensing to defined target group within the required window of time is probable with available resources. Low health and threat risks due to early threat detection that can be handled under normal agency operations with an ACC activation, but without the SEOC activated. A State emergency declaration may not be warranted; Federal support may be distributed directly to the end user (i.e. hospital).

c. Orange Tier – A public health event or disaster occurring in one or two regions, or large metropolitan area. High health and moderate to extreme threat risks, ACC and SEOC activated. State Emergency and/or Public Health Emergency declaration is warranted; federal declaration may not be warranted, but use of federal owned resources may be required. Dispensing to the defined target group within the required window of time.

d. Red Tier – Statewide impact. High health and extreme to severe threat risks, ACC and SEOC activation. State and federal declaration is warranted for deployment of state and federal owned resources which may be limited for distribution to RDS, PODs, and hospital.

VII. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. South Carolina Department of Health and Environmental Control (ESF-8 and ESF-10)

1. Serve as the lead state agency on health and environmental issues.

2. Coordinate with ESF-13, ESF-16, and ESF-1 in pre-determining potential delivery routes from designated receiving sites to end users.

3. Coordinate the investigation and control of communicable disease or other threats.

2. Conduct epidemiological surveillance and investigation.

3. Implement quarantine and isolation, if appropriate.

4. Allocate, distribute and/or dispense medical resources.

5. Issue health advisories and Non-Pharmaceutical Intervention (NPI) guidance to the public.

6. Conduct public health laboratory testing.

7. Coordinate the state public health communication response.

8. Maintain the South Carolina Health Alert Network.

9. Maintain the tactical communication capability for public health emergencies.

B. South Carolina Emergency Management Division (ESF-5)

1. Implement the SCEOP when activated.

2. Assess the situation and adjust operational condition.

3. Coordinate with the Governor's Office to attain emergency declaration as required.

4. Support public information and rumor control efforts.

5. Coordinate with DHEC and other agencies to implement the Federal Emergency Management Agency's (FEMA) reimbursement process, if necessary.

C. Office of the Governor

1. Issue an emergency and/or public health emergency declaration as warranted.

2. Formally submit a request (if needed) for either a presidential declaration under the Stafford Act, a Public Health Service Act (PHSA) Section 319 determination or both.

3. Designate the State Coordinating Officer (SCO).

D. South Carolina Highway Patrol – Emergency Traffic Management (ESF-16)

1. In coordination with ESF-8, ESF-13, and ESF-1 assist with determining potential delivery routes from the designated receiving sites to end users.

2. In coordination with SCDOT, monitor traffic conditions along designated routes and provide route deviation instructions to law enforcement escorts.

3. Report traffic flow information to DHEC (ESF-8 if SEOC is activated) to include out-of-state flows.

E. South Carolina Department of Transportation (ESF-1)

1. In coordination with ESF-8, ESF-13, and ESF-16 assist with determining potential delivery routes from the designated receiving sites to end users.

2. Make available traffic control equipment and resources to assist with traffic management at point of dispensing sites.

F. South Carolina Law Enforcement Division (ESF-13)

1. Upon request from local law enforcement, and in collaboration with DHEC, assist local and county law enforcement in providing technical assistance in conducting threat assessments and developing site plans for PODs and RDSs.

2. In coordination with ESF-8, ESF-1, and ESF-16 assist with determining potential delivery routes from the designated receiving sites to end users.

3. Assist the US Marshal Service in escorting federal assets from the state line to designated storage site.

4. Coordinate state law enforcement resources to escort federal resources from designated storage site to end user.

5. Coordinate the sharing of critical information with ESF-8 partners to ensure continuous MCM operations.

G. South Carolina Air National Guard (ESF-19)

1. Provide building space and infrastructure to receive, stage, store medical material and distribution vehicles.

2. Provide protective measures and access control to designated building space.

3. Provide equipment and manpower, if available, to assist with the loading and offloading of federal resources.

H. South Carolina Department of Administration

1. Make available additional communication devices if needed for MCM Operations.

2. Make available additional radios, voice and data lines at the Receiving, Staging, and Storage site.

3. Make available and maintain situational awareness of inventories and status of availability of state-owned transportation assets.

I. South Carolina Educational Television Network

1. Make available the South Carolina Healthcare Emergency Amateur Radio Team (SCHEART).

J. Department of Labor, Licensing, and Regulations – Division of Professional and Occupational Licensing

1. Assist with the temporary licensure of drug distribution and dispensing facilities.

2. Coordinate with DHEC to verify volunteer medical personnel through the South Carolina ESAR-VHP program.

3. Review and approve policies and procedures used at point of dispensing sites are consistent with the Board of Pharmacy.

VIII. DIRECTION, CONTROL, AND COORDINATION

A. Command and Control

1. Refer to the SC Emergency Operations Plan.

2. The Governor may be asked to declare a State of Emergency and appoint a State Coordinating Officer, who will likely be the Director of SCEMD. State agencies will be responsible in executing tasks assigned to this plan and those assigned to their corresponding ESF Annex as outlined in the SCEOP.

3. The Governor, in consultation with the Public Health Emergency Plan Committee, may declare a Public Health Emergency in accordance with the Emergency Health Powers Act. State agencies will be responsible in executing tasks assigned to this plan with DHEC as the state lead agency.

4. The Director of DHEC may implement traditional health powers in accordance with the public health code.

5. As the lead agency for MCM Management, DHEC will initiate ICS, assume Incident Command and provide initial state interagency coordination for "health-specific" actions through the ACC until other state-level agencies are activated.

6. DHEC's ICS structure will be dependent upon the type and level of assistance requested from health and medical authorities. Some MCM response operations can be handled by DHEC and support agencies as part of normal disaster operations.

7. DHEC will provide situation awareness information and will coordinate and report on the actions of support agency liaisons and responders that are mobilized and dispatched to the Receipt, Staging and Storage (RSS) and Regional Distribution Site (RDS).

8. Acknowledging that State-level response to a large scale public health or medical emergency will be in a supporting role to local health and medical authorities, coordination between State- and local-level operations will be facilitated within the Regional Coordination Centers (RCC).

9. Personnel and equipment will not be required under this plan to enter into, deliver MCM and/or conduct operations in areas of the state that have been determined to be hazardous to life safety. Appropriate methods of MCM delivery to a hazardous area will be determined through the ACC.

B. Coordination

1. Federal Coordination

a. Appendix 2 to Annex C: Public Health and Medical Services, Response Federal Interagency Operational Plan, July 2014 serves as the federal planning counterpart to this plan.

b. DHEC, in collaboration and consultation with the US Department of Health and Human Services (HHS) Regional Emergency Coordinator, will identify the type of federal assistance needed to respond and recover from the incident.

2. County Coordination

a. In conjunction with DHEC's Regional Coordination Centers (RCCs), local health and medical authorities will determine if local medical supplies will be (or have been) exhausted and assistance is needed.

b. DHEC's RCC, after consultation with local health and medical authorities, will submit a request for assistance with corresponding justification to DHEC's ACC.

IX. INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

A. Critical Information Requirements

1. Senior-level decision makers will require information regarding:

a) Location, time, and characteristics of the emergency;

b) Current and projected population affected and/or exposed and to what degree, including any fatalities;

c) Location of Point of Dispensing (POD) sites;

d) Countermeasures' effectiveness and burn rate;

e) Dispensing performance;

f) Status of requests for assistance;

g) Composition and disposition of MCM materials (e.g. Push Packs, Managed Inventory, vaccines, and deployable teams);

h) State of DHEC staff and volunteers;

i) Current countermeasure inventory on hand;

j) Transportation capacity;

k) Protective Measures of MCM materials, current protective measure capability within the affected jurisdiction(s), and measure of public order; and

l) Overall situational awareness at the local, regional, state, national, and international level.

2. Through the use of situation reports, each RCC will be responsible for the collection and reporting of information to the ACC. Information needed for efficient operational rhythm and common operating picture includes but is not limited to:

a) Available amount(s) of pharmaceuticals, medical supplies and equipment;

b) Estimated number of people needing a prophylactic countermeasure;

c) Number of distributed regimens or vaccinations;

d) Estimated or actual usage ("burn") rate of pharmaceuticals or supplies;

e) Status of personnel working the response;

f) Status of shipments;

g) Number of individuals transferred to hospitals or other treatment centers;

h) Number of fatalities reported;

i) Approximate number of individuals still requiring a prophylactic countermeasure;

j) Medications and supplies transferred to treatment centers;

k) Additional resources needed by treatment centers; and

l) Unmet needs.

B. Public Information Dissemination

1. In a local critical incident where there is no emergency declaration, the Office of Communications and Public Affairs will work in coordination with the impacted jurisdiction's Public Information Officer to disseminate public information.

2. When an emergency declaration has been issued by the Governor, DHEC's Division of News and Internal Communications will coordinate with the Joint Information Center to release public information:

a) The type of information that may be disseminated to the public through the media may include but not be limited to:

(1) What is happening;

(2) What the public should do;

(3) Where the public should go;

(4) How the public can get the medication;

(5) Who can pick up medications;

(6) How long the public should take the medication;

(7) Is there enough medicine for all of the public;

(8) Is the medicine safe;

(9) Whether children can take the medication;

(10) How much the medication costs;

(11) Where to get more information;

(12) Required follow-up information; and

(13) Any other information that is in the interest of the public's safety.

X. COMMUNICATIONS

A. A communication network has been developed to allow the ACC to provide operational and information support to its RCCs through established communication pathways.

1. Communications with DHEC's internal and external response partners are coordinated through the ACC and the RCCs.

    a. DHEC maintains an established network to communicate with agency staff (e.g. email, Dashboard, information lines, etc.).

2. Emergency communications with all stakeholders outside of DHEC are conducted in accordance with the SCEOP and DHEC's Risk Communication Plan.

3. All public communications will be done in accordance with DHEC's Risk Communication Plan and SCEOP ESF-15 Annex.

4. Specific MCM-related technical information, locations, and operational procedures determined to be sensitive or confidential are not released to the public.

XI. ADMINISTRATION, FINANCE AND LOGISTICS

A. The Office of Public Health Preparedness will be responsible for obtaining and/or managing any funds received from HHS and/or CDC to support a medical countermeasures response.

B. All requests for emergency response products and services that come to ESF-8 will be processed in accordance with existing DHEC and state policies and procedures.

C. DHEC will be responsible for managing the financial matters related to resources that are procured during an event or an incident in accordance with agency, state, and federal procurement policies and regulations.

1. Personnel hours will be recorded in accordance with the protocols established within each responding agency.

2. During a response, DHEC and support agencies must record and track expenditure reimbursement from the appropriate resource after the event or incident.

3. The ACC will work closely with RCCs to ensure that procurements and staff hours are properly documented and processed for potential reimbursement and payment.

4. For Stafford Act declarations, MCM operations will be considered a Category B expense (Emergency Protective Measures) under the Public Assistance Program. Documentation of all expenses will be kept in order to seek proper reimbursement from the FEMA (Public Assistance).

    a. If a Stafford Act declaration exists, DHEC and support agencies will coordinate with the South Carolina Emergency Management Division (SCEMD) to implement FEMA's reimbursement process.

XII. PLAN DEVELOPMENT AND MAINTENANCE

A. The development of this Plan is the responsibility of DHEC.

B. Departments and agency head are encouraged to review this plan annually and update assigned annexes and SOPs to meet current department policies and organization. Revisions must be compatible with the policies set forth in the SCEOP.

C. Annual review and update of the Plan will be conducted by the DHEC OPHP.

XIII. AUTHORITIES AND REFERENCES

A. Federal

1. The Public Health Service Act, Public Law 78-410

2. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188

3. Pandemic and All – Hazards Preparedness Reauthorization Act of 2013, Public Law 113-5

4. Public Readiness and Emergency Preparedness Act, Public Law 109-148.

5. Receiving, Distributing, and Dispensing SNS: A guide to Preparedness, Centers for Disease Control and Prevention, Version 11 – January 2014

6. CDC – RFA-TP17-1701: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements

7. CDC – DHEC Memorandum of Agreement (to transfer SNS assets from the CDC to DHEC for use in responding to public health emergencies)

8. The Robert T Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended (41 USC 5121, et seq.)

9. Homeland Security Presidential Directive/HSPD-21, Public Health and Medical Preparedness

10. Response Federal Interagency Operational Plan, Federal Emergency Management Agency, July 2014

B. State

1. South Carolina Emergency Operations Plan, State of South Carolina, April 2016

2. South Carolina Code of Laws

   a. Title 1, Chapter 3, Article 7; Sections 420 thru 460 (Maintenance of Peace and Order)

   b. Title 44, Chapter 1, Section 80 (Department of Health and Environmental Control – Duties and Powers of Board as to Communicable or Epidemic Disease)

   c. Title 44, Chapter 4, Article 1; Section 100 thru 570 (Emergency Health Powers Act)

   d. Title 40, Chapter 33, Article 1; Section 5 thru 1365 (Nurse Practice Act)

   e. Title 40, Chapter 43; Section 10 thru 200 (South Carolina Pharmacy Practice Act)

   f. Title 40, Chapter 47; Article 1; Section 5 thru 1620 (Physicians and Miscellaneous Health Care Professionals)

3. Governor's Executive Order 2015-14 (Updating State Emergency Operation Plan)

XIV. FUNCTIONAL ANNEXES

A. Command and Control (To Be Published)

B. Communication and Information Management (To Be Published)

C. Public Information and Warning (To Be Published)

D. Protective Measures (To Be Published)

E. Logistics, Warehousing, and Distribution (To Be Published)

F. Mass Prophylaxis (To Be Published)

G. Hospital/Healthcare Coalition Coordination (To Be Published)

H. Training, Exercises, and Evaluation (To Be Published)

XV. SUPPORT ANNEXES

A. Strategic National Stockpile (To Be Published)

B. CHEMPACK (To Be Published)

C. Federal Medical Station (To Be Published)

D. Potassium Iodide Distribution (To Be Published)

E. DTPA (To Be Published)

F. Antiviral Distribution (To Be Published)

G. USPS Biohazard Detection (To Be Published)