Incident Planning Guide: Mass Casualty Incident

## Definition

This Incident Planning Guide is intended to address issues associated with a mass casualty incident and subsequent patient surge, regardless of the precipitating event, that taxes a hospital’s ability to provide care to all patients. Mass casualty incidents can come from many situations, such as transit incidents, mass gatherings, building collapse, and others. Hospitals may customize this Incident Planning Guide for their specific requirements.

## Scenario

Late one afternoon, breaking news on the waiting room television shows reports of a bridge collapse over a nearby river as rush hour begins. Secondary fires have erupted and there are victims in the river. Your hospital is the closest to the incident. 911 dispatch notifies area emergency departments of the mass casualty incident and projects greater than 100 victims. The county Emergency Operations Center is activated. Your hospital’s emergency department is at 90% capacity and is holding 16 inpatients waiting for beds. Several victims have begun to self-present on foot with minor injuries. In addition to casualties, you can anticipate a media onslaught, high telephone volume from families looking for relatives, licensed and non-licensed volunteers, and behavioral health counseling needs for patients, families, and staff.

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| **Does your Emergency Management Program address the following issues?** | |
| **Mitigation** | |
| 1. | Does your hospital address the threat and impact of a mass casualty incident in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics? |
| 2. | Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators , and other appropriate public and private organizations, including meetings and conference calls to plan and share status? |
| 3. | Does your hospital include mitigation strategies to reduce the risk from a mass casualty incident in your emergency management program? |
| 4. | Does your hospital have agreements with other hospitals to share resources and information? |
| 5. | Does your hospital have established mechanisms with emergency medical services to distribute patients to appropriate hospitals within the area to avoid overwhelming individual hospitals? |
| **Preparedness** | |
| 1. | Does your hospital have a Mass Casualty Incident Plan that includes:   * A procedure for canceling elective surgeries, procedures, and outpatient appointments? * A procedure for rapid patient registration? * A procedure to track and identify patients? * A procedure to facilitate patient discharge from the emergency department? * A system to quickly move patients waiting to be admitted out of the emergency department? * A procedure to utilize alternate treatment areas within your hospital for overflow victims? * A procedure to facilitate early discharges and transfers out of your hospital? * A system to obtain current bed status, availability, and a census of patients waiting to be admitted? * A procedure to alert relevant staff (emergency department, critical care, surgery, radiology, blood bank, etc.) that will need to be called in? * A mechanism for providing staff with information including notifying them when adequate staff have reported to your hospital? * A procedure to evaluate and activate emergency department diversion status? * A procedure to enforce patient discharge times and a holding area for discharged patients to wait until transportation arrives? * A plan for a staffed observation area for pediatric or other patients that have completed medical care but cannot be discharged? * Agreements with healthcare partners to provide nonessential services to patients? * A procedure to establish a family waiting area or reunification area? * A procedure to effectively manage special needs populations (i.e., deaf, blind, behavioral health, pediatric, and bariatric)? * A procedure to establish a media area? |
| 2. | Does your hospital exercise the Mass Casualty Incident Plan yearly and revise it as needed? |
| 3. | Does your hospital have a plan for prioritizing essential patient care, resources, and triggers for implementing crisis standards of care? |
| 4. | Does your hospital have a trigger and a process to change documentation and ordering of clinical studies during a mass casualty incident? |
| 5. | Does your hospital have a plan to increase emergency department capacity (e.g., doubling rooms, medical gas outlets, point-of-care testing)? |
| 6. | Does your hospital have a process for secondary triage of patients for resources such as computed tomography (CT scan) or operating room (OR) availability? |
| 7. | Does your hospital have a plan to supplement staffing, including use of registry nurses and other licensed healthcare professionals? |
| 8. | Does your hospital have a Volunteer Utilization Plan for the use of solicited and unsolicited volunteers that includes verification of licensure and certification? |
| 9. | Does your hospital have a plan to quickly deploy staff, supplies, equipment, and medications for a mass casualty incident? |
| 10. | Does your hospital have a plan to contact medical staff to support emergency department physicians (e.g., hospitalists, intensivists, surgeons)? |
| 11. | Does your hospital have a procedure for requesting resources and assistance from the local emergency medical services? |
| 12. | Does your hospital have plans to supplement supplies, equipment, and medications for long-term operations with community-wide, regional, state, or national impact? |
| 13. | Does your hospital have a plan to provide employee food, water, and rest areas throughout a prolonged incident? |
| 14. | Does your hospital’s Business Continuity Plan include a line of succession when administrative staff are unavailable? |
| 15. | Does your hospital have a plan to provide dependent care for staff to encourage them to report for duty? |
| 16. | Does your hospital have a process to provide accurate and continuous incident documentation, computerized or manual, that includes:   * Patient care? * Incident management (Incident Action Plan, Hospital Incident Command System forms, etc.)? * Incident related expenses? |
| 17. | Does your Mass Casualty Incident Plan address communications including:   * Pre-incident standard messages for communicating the risks associated with this incident and recommendations to the public and media? * Participation in the Joint Information System or Joint Information Center in cooperation with local, regional, or state emergency management partners? * Use of social media for communication, including: * Who can use social media? * Who approves the use of social media? * When is use of social media not appropriate? * Procedures for notification of internal and external authorities (local, county, region, state)? * A plan to distribute radios, auxiliary phones, and flashlights to appropriate people and areas? * A plan for rapid communication of weather status (watch, warning)? * A plan for rapid communication of the situation to local emergency management and area hospitals? * A process to identify patients and to notify family members? |
| **Immediate and Intermediate Response** | |
| 1. | Does your hospital have a Triage Plan that includes:   * Criteria for when to institute triage? * Designated areas for each victim type? * Procedures for mass traumatic injury? * Procedures for biological agent exposure or contamination or both? * Procedures for screening infectious patients? * Procedures for chemical exposure or contamination or both? * Procedures for radiation exposure or contamination or both? * Segregation of exposed versus contaminated patients? * Behavioral health services for anxious or asymptomatic patients? |
| 2. | Does the Mass Casualty Incident Plan include:   * Procedures to obtain additional medical support? * Procedures to hold or cancel pending surgeries and outpatient procedures? * Determination of “fitness for duty” (temperature checks, symptom review, etc.)? |
| 3. | Does your hospital have a Fatality Management Plan that addresses:   * Integration with local or state Medical Examiner or Coroner? * Preservation of evidence and chain of custody? * Religious and cultural concerns? * Management of contaminated decedents? * Family notification procedures? * Behavioral health support for family and staff? * Documentation? |
| 4. | Does your hospital have a process to facilitate rapid discharge of patients to home or alternate sites? |
| 5. | Does your hospital have a process to track patients who are transferred to other facilities? |
| 6. | Does your hospital have a process to notify family members when patients are moved to other facilities? |
| 7. | Does your hospital have a plan to regularly communicate with patients, staff, and families about the hospital’s status? |
| 8. | Does your hospital have the ability to expedite the cleaning of patient care areas? |
| 9. | Does your hospital have an Alternate Care Site Plan that includes:   * Criteria and rapid decision making processes for determining the need to activate? * Provision of appropriate supplies, equipment, and staffing? * Provision of adequate communications and information technology capability once established? * Notification of local emergency medical services of location, type, and acuity of patients to be diverted from the hospital's emergency department? |
| 10. | Does your hospital have a Volunteer Utilization Plan that includes:   * Verification of license and identification? * Providing orientation to the facility and work area, including safety and infection control? * Confidentiality agreement? * Chain of command or supervision? * Assignment of duties? * Communication? * Documentation? |
| **Extended Response and System Recovery** | |
| 1. | Does your hospital have a process to determine the need for canceling elective procedures and surgeries and other nonessential services (e.g., gift shop) and activities (e.g., conferences, meetings)? |
| 2. | Does your hospital have a process to reschedule canceled surgeries, procedures, and services in a timely but graduated manner? |
| 3. | Does your hospital have a plan and procedures to ensure continuation of patient care services? |
| 4. | Does your hospital have a continuing process to capture all costs and expenditures related to operations? |
| 5. | Does your hospital have a Demobilization Plan that includes criteria for deactivation of positions, reactivation of services, and the return to normal operations? |
| 6. | Does your hospital have a plan to provide behavioral health support and stress management debriefings to patients, staff, and families, including obtaining services of local or regional resources? |
| 7. | Does your hospital have procedures for reporting and documenting staff exposures and injuries? |
| 8. | Does your hospital have Hospital Incident Management Team position depth to support extended operations? |
| 9. | Does your hospital’s Business Continuity Plan address long term events? |
| 10. | Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan? |