

# Disaster Planning for a Mass-casualty Event

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Most healthcare providers will never experience a disaster. However, every provider should have a plan in place in case one occurs. Certainly since the events of September 11, 2001, healthcare organizations and public health agencies have focused more closely on preparation for disasters and epidemics.<sup>1</sup> Examining the lessons learned from disasters provides opportunities for healthcare providers to anticipate and prepare for situations previously unimagined. This practice brief will provide advice to help your organization prepare to take action in a mass-casualty event.

## Legal and Accreditation Requirements

HIPAA requires health plans, healthcare clearinghouses, and healthcare providers that maintain or transmit health information electronically to provide reasonable and appropriate administrative, technical, and physical safeguards to ensure that information's integrity and confidentiality. These covered entities protect the information against any reasonably anticipated threats or hazards to its security, integrity, or unauthorized use and disclosure.<sup>2,3</sup> HIPAA also allows a covered entity to use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts to coordinate family notification efforts.

The Joint Commission has published standards that require accredited facilities to develop a management plan that addresses emergency preparedness. The plan addresses four phases of emergency management: mitigation, preparedness, response, and recovery.<sup>4</sup> In addition, the Joint Commission requires that all personnel be oriented to, educated about, and in possession of the information and skills necessary to perform their responsibilities under the emergency preparedness plan.<sup>5</sup> Finally, the Joint Commission requires that health information be protected against loss, destruction, tampering, and unauthorized access or use.<sup>6</sup>

## Recommendations

According to the Joint Commission, organizations should plan for common elements of three kinds of external emergencies: natural events (such as floods and earthquakes), unintentional events (such as plane crashes), and intentional events (such as terrorist incidents).<sup>7</sup> The *Internet Journal of Rescue and Disaster Medicine* points out that most hospitals overestimate their capacities for treating seriously injured persons and should organize for large numbers of admissions.<sup>8</sup>

## General Planning

An interdisciplinary team should develop the disaster plan, with input from organization leaders and medical staff. It should describe the relationships with the local Emergency Management System (EMS) agencies and identify the key personnel (coordinator and physician) in charge. The plan must be widely distributed and easily accessible throughout the organization. The personnel notification system should be described in detail.

## Organizing and Staffing

Every employee must know his or her role in a disaster. Departmental plans should be updated and available to employees. Employees should be trained, and training should be reviewed at specified times. Organizations should also conduct departmental and facility-wide drills.

Establish and maintain relationships with equipment and supply vendors. The relationships will streamline the process of obtaining equipment and supplies during a disaster.

The organization must also decide if there are roles for volunteers from the community. The following should be addressed:

- Will the organization use volunteers and, if so, in what roles?
- Will the organization use professional volunteers (nurses and physicians) unknown to the organization?
- How will volunteer credentials be checked? The organization may want to plan for identifying professionals who are known in the area but not credentialed at their facility

## Facilities for Treatment of Patients

The following steps should be taken to ensure preparedness in the event of a disaster:

- Determine the process for clearing the treatment areas of nonemergent patients and visitors. This may include moving them to local ambulatory care centers, long-term care facilities, or other clinical providers
- Establish the procedure for canceling nonemergent procedures and the determination of current patients who can be transferred or discharged
- Plan disaster patient traffic. They will arrive at all entrances, not just the emergency entrance
- Plan the process for triaging patients from both ambulatory and nonambulatory entrances and moving them to the appropriate treatment area
- Determine bed availability and where to put patients when beds are full. The number of patients needing treatment will not depend on the number of beds or the admission capacity of the facility. The number of people needing treatment might exceed capacity, so your organization should plan accordingly
- Determine where beds might be available locally in surgery centers, ambulatory care centers, and long-term care facilities

## Security

Several security measures should be taken in the case of an emergency situation:

- Secure driveways for emergency vehicles only. Direct unnecessary vehicles belonging to those such as the press, visitors, and staff to defined areas
- Restrict and control entry to the facility. Require identification and purpose from each individual not seeking treatment
- Direct entry for authorized persons such as media and relatives to appropriate areas, away from treatment areas
- Plan parking access for the press, visitors, and incoming staff
- Plan identification procedures for employees and other authorized personnel such as area EMS personnel

## Communications and Media

Communication planning is critical. An organization should develop the following:

- A communication team with a plan for each member, including the CEO
- An off-site, alternative location for a disaster control center response
- Back-up communications in case normal systems are down:
  - Internal communications might include messenger systems and radio systems such as two-way and ham as well as cell phone systems. They might also include use of e-mail
  - Staff communications regarding expected admissions, arrival times, and frequent updates must be addressed. Also, incorporate the ability for staff to communicate with their own families during the crisis
  - External communications should include developing relationships with telephone and communication companies able to bring in mobile equipment
- Communication procedures should be shared among area treatment facilities to consolidate the location of disaster victims

Planning for media is important to the communication process. The media must have their own space away from treatment areas. The facility should identify a media-relations person responsible for communicating with the media who is also linked to the EMS' communications department.

## Visitors and Relatives

Visitors and relatives should be located in a designated area apart from the treatment area and the media. The facility should make sure staff members trained in regulatory privacy requirements are in charge of information dissemination. The facility should also have trained professionals scheduled to provide support for counseling, grief, and victim location.

## **Post-disaster Recovery**

Planning the post-disaster recovery serves several key purposes. Evaluating the crisis and the response is helpful not only to the organization but also serves as a learning tool for other facilities. The organization must also have follow-up plans to assist in the recovery of the organization and also the participants in the crisis response. The need for counseling and grief support for respondents to a crisis has been proven in past disaster situations. The recovery plans should include the following:

- Designating a person in charge of recovery
- Facility cleanup and support
- Record preservation and financial billing of individuals treated
- Salvage, waste, and garbage disposal
- Stress debriefing for all those participating in the response
- Employee assistance or counseling for employees requiring longer-term psychological help

## **Major Issues for HIM**

In the wake of a disaster, the HIM department must be prepared to handle patient information in adherence with guidelines, even in the most intense situations. The following is advice on how to handle HIM functions in an emergency situation.

### **Identifying Patients**

Patient identification during a mass-casualty event must be well planned. Gathering information from the patient and determining a way for this information to remain attached to the patient are the difficult issues. A simple and ready-to-use system for admission and registration is a necessity. Consider the following options:

- Prenumbered tags that can be attached to the patient in multiple ways (clipped or tied) will save time
- The use of check boxes on the tag for information gathering will also save time. Check boxes for gender, hair color, race, eye color, and age (child, adolescent, adult) are easy ways to gather this information
- A consistent process to identify unknown patients (unable to speak, comatose, etc.) must be in place

### **Tracking Tests and Specimens**

The organization must plan tracking test results with patient identification. One solution is to attach corresponding prenumbered stickers to the patient identification tag for use in identifying samples, records, and order sheets.

### **Collection of Patient Valuables**

Patients may have valuables that will need to be collected and tracked. Organizations should determine the best manner of collection and storage of such valuables within their facilities and what personnel should be in charge of this process.

### **Release of Information**

Family, friends, and the press will understandably require more care and help in locating and determining the status of patients. HIPAA (Sec. 164.510) allows for disclosure for the purposes of notifying a family member of a patient's location, general condition, or death. Also, the state health department is allowed access to private health information in a disaster if next of kin cannot be located. Privacy protections are still in place for health information during a disaster.

### **Formal Discharge of Patients**

Unless there is a formal process in place for discharging patients during a disaster, the organization will not know the disposition or location of patients. While a discharge process does not initially seem important during a disaster, location and disposition need to be tracked. Doing so will prevent the organization from having to locate these patients at a later date.

## Record Preservation and Billing

HIM departments must plan for the processes of going back and updating records with patient identifiers and assisting with the billing process. As the normal admission and discharge procedures will have been abbreviated, this plan will assist in recovering any funds due the organization by insurance or state funds.

## Notes

1. Joint Commission on Accreditation of Healthcare Organizations. "Mobilizing America's Health Care Reservoir." *Joint Commission Perspectives* 21, no. 1 (2001).
2. "Health Insurance Portability and Accountability Act of 1996." Public Law 104-191, Title II, Subtitle F, Section 262, Part C, Section 1172. August 21, 1996. Available at <http://aspe.hhs.gov/admsimp/>.
3. *Ibid*, Section 1173.
4. Joint Commission on Accreditation of Healthcare Organizations. "Standard EC.1.4." *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2002.
5. *Ibid*.
6. *Ibid*, "Standard IM 2.1."
7. Joint Commission on Accreditation of Healthcare Organizations. "Preparing For a Mass Casualty Event." *Joint Commission Perspectives* 21, no. 1 (2001).
8. Hersche, B., and O. C. Wenker. "Principles of Hospital Disaster Planning." *Internet Journal of Rescue and Disaster Medicine* 1, no. 2 (2000). Available online at [www.ispub.com/ostia/index.php?xmlFilePath=journals/ijdm/vol1n2/hosp.xml](http://www.ispub.com/ostia/index.php?xmlFilePath=journals/ijdm/vol1n2/hosp.xml).

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## Prepared by

Jill Burrington-Brown, MS, RHIA

## Acknowledgments

Beth Hjort, RHIA  
Gwen Hughes, RHIA  
Harry Rhodes, MBA, RHIA

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