

# Incident Response Guide: Mass Casualty Incident

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## **Mission**

To ensure a safe environment for staff, patients, visitors, and the facility when the number of patients severely challenges or exceeds the capability and capacity of the hospital.

## **Directions**

Read this entire response guide and review the Hospital Incident Management Team Activation chart. Use this response guide as a checklist to ensure all tasks are addressed and completed.

## **Objectives**

- Identify, triage, and treat patients
- Provide safe and appropriate patient care, based on scope of response
- Maintain patient tracking
- Provide continuity of care for non-incident patients
- Maintain communications with healthcare and public safety response partners

## Immediate Response (0 – 2 hours)

Section	Officer	Time	Action	Initials
Command	Incident Commander		Activate Emergency Operations Plan, Mass Casualty Incident Plan, Hospital Incident Management Team, and Hospital Command Center.	
			Establish operational periods, objectives, and regular briefing schedule. Consider use of Incident Action Plan Quick Start for initial documentation of the incident.	
			Notify hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.	
	Public Information Officer		Conduct media briefings and situation updates, in conjunction with Incident Commander.	
			Maintain communication with patients, staff, and families regarding current situation and what's being done to address the situation.	
			Monitor media outlets for updates on the incident and possible impacts on the hospital. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
	Liaison Officer		Notify community partners in accordance with local policies and procedures (e.g., consider local Emergency Operations Center, other area healthcare facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, estimates of casualties, and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
			Communicate with local emergency medical services for local, regional, and state bed availability.	
	Safety Officer		Complete HICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
			If nontraditional areas are used for patient care and other services, ensure they follow health and safety standards.	

			Direct implementation of safety practices (e.g., sharps disposal, linen control, trash control, biohazard materials control, electrical safety, water, temperature, etc.) in nontraditional areas.	
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<b>Immediate Response (0 – 2 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Refer to Job Action Sheet for appropriate tasks.	
	<b>Medical Care Branch Director</b>		Review hospital census and determine if patient discharges and appointment cancellations are required.	
			Establish a staffing plan for medical direction and nursing care in alternate care sites or nontraditional patient care areas.	
			Identify inpatients for immediate discharge or transfer to other facilities and direct staff to expedite patient discharges.	
			Establish a patient discharge area to free beds until patients can be discharged or transferred and transported.	
			Provide for the rapid clearing and turnover of patient care beds and areas to expedite patient discharge and admission.	
			Consider extending outpatient hours to accommodate additional patient visits.	
			Consider cancellation of all planned surgeries and outpatient procedures.	
			Prepare for fatalities in conjunction with Medical Examiner or Coroner and local emergency medical services.	
		<b>Security Branch Director</b>		Consider use of facility lockdown to restrict access.
			Consider establishing alternate traffic routing to facilitate triage and arrival of multiple victims.	

<b>Planning</b>	<b>Section Chief</b>		Assess, in collaboration with Operations Section, current staffing and project staffing needs or shortages for the next operational period.	
			Establish operational periods, incident objectives, and the Incident Action Plan in collaboration with Incident Commander.	
			In conjunction with Operations Section, review all surgeries, outpatient appointments, and procedures for cancellation or rescheduling, and make recommendations to Incident Commander.	
	<b>Resources Unit Leader</b>		Initiate personnel and materiel tracking.	
	<b>Situation Unit Leader</b>		Initiate patient and bed tracking in collaboration with Operations Section (HICS 254–Disaster Victim/Patient Tracking).	
			Gather situational assessment and response data from internal and external sources.	
		Collect and collate patient, bed, personnel, and materiel tracking status and project future resource needs.		
<b>Logistics</b>	<b>Section Chief</b>		Coordinate with Planning and Operations Sections to determine, obtain, and transport additional supplies, equipment, medications, and personnel as required.	
	<b>Support Branch Director</b>		Establish Labor Pool and Credentialing Unit if needed.	
			Register, credential, assign, and mobilize solicited and unsolicited volunteers per Volunteer Utilization Plan.	
			Assist the Operations Section with establishing alternate care or nontraditional care sites.	

### Intermediate Response (2 – 12 hours)

<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		Update hospital Chief Executive Officer, Board of Directors, and other appropriate internal and external officials of situation status.	
			Monitor and ensure that communications and decision-making are coordinated with external agencies and healthcare facilities, as appropriate.	

			Establish a schedule to regularly update and revise the initial Incident Action Plan, in collaboration with the Planning Section.	
	<b>Public Information Officer</b>		Continue to provide information to patients, staff, visitors, families, and media regarding situation status and facility measures taken to meet demand.	
			Coordinate information release with the Joint Information Center.	
	<b>Liaison Officer</b>		Continue to communicate with local emergency medical services regarding local, regional, and state bed availability and updating on hospital situation status and critical issues or needs.	
	<b>Safety Officer</b>		Continue to implement and maintain safety and personal protective measures to protect patients, staff, visitors, and the facility.	

<b>Intermediate Response (2 – 12 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Refer to Job Action Sheet for appropriate tasks.	
	<b>Medical Care Branch Director</b>		Continue patient care and management activities. <input type="checkbox"/> Provide re-triage and observation of all patients waiting for further care <input type="checkbox"/> Provide crisis standards of care guidelines, if necessary, and prioritization of resources (coordinate with Planning Section)	
			Expedite patient discharge medication processing and dispensing.	
	<b>Patient Family Assistance Branch Director</b>		Establish a family reunification area and provide support staff to facilitate the flow of information.	
			Consider activating a patient information center.	
<b>Planning</b>	<b>Section Chief</b>		Update and revise the Incident Action Plan, and distribute to Command Staff and Section Chiefs.	
			Coordinate with Operations Section for continued consideration of canceling or rescheduling surgeries and elective procedures.	

	<b>Resources Unit Leader</b>		Continue staff and equipment tracking.	
	<b>Situation Unit Leader</b>		Continue patient and bed equipment tracking.	
	<b>Demobilization Unit Leader</b>		Begin planning for demobilization and system recovery.	
<b>Logistics</b>	<b>Section Chief</b>		Refer to Job Action Sheet for appropriate tasks.	
	<b>Support Branch Director</b>		Continue to call in additional staff to supplement operations, as directed.	
			Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations Section (Medical Care Branch) to ensure safe patient relocation, if necessary.	
			Obtain needed supplies, equipment, and medications to support patient care activities.	
			Establish an employee dependent care area, as appropriate.	
			Rapidly investigate and document injuries or employees exposed to illness; provide appropriate follow-up.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Implement procedures to authorize expedited procurement of emergent supplies, equipment, and medications to meet patient care and facility needs.	
			Track all costs and expenditures of response and estimate lost revenues due to canceled procedures and surgeries and other services.	
	<b>Time Unit Leader</b>		Track hours associated with the emergency response.	

<b>Extended Response (greater than 12 hours)</b>				
<b>Section</b>	<b>Officer</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Command</b>	<b>Incident Commander</b>		Establish priorities for restoring normal operations using the facility's Business Continuity Plan.	
	<b>Public Information Officer</b>		Conduct briefings for media, in cooperation with the Joint Information Center.	

			Address social media issues as warranted; use social media for messaging as situation dictates.	
	<b>Liaison Officer</b>		Communicate facility status, report of patient conditions and location to emergency medical services.	

<b>Extended Response (greater than 12 hours)</b>				
<b>Section</b>	<b>Branch/Unit</b>	<b>Time</b>	<b>Action</b>	<b>Initials</b>
<b>Operations</b>	<b>Section Chief</b>		Refer to Job Action Sheet for appropriate tasks.	
	<b>Medical Care Branch Director</b>		Review current patient census, capability to continue services, and timeframe to return to normal operations. Provide recommendations to Incident Commander.	
	<b>Patient Family Assistance Branch Director</b>		Provide behavioral health support and community services information for patients and families.	
<b>Planning</b>	<b>Section Chief</b>		Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Ensure the Demobilization Plan is being readied.	
	<b>Documentation Unit Leader</b>		Collect, organize, secure, and file incident documentation.	
<b>Logistics</b>	<b>Section Chief</b>		Refer to Job Action Sheet for appropriate tasks.	
	<b>Support Branch Director</b>		Monitor health status of staff, and provide appropriate medical and behavioral health follow-up.	
			Collect unused supplies distributed to alternate care and non-traditional care sites. Restock and redistribute all supplies and medications.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Continue to track all costs and expenditures of response and estimate lost revenues due to canceled procedures and surgeries and other services.	
	<b>Time Unit Leader</b>		Continue to track hours associated with the emergency response.	

Demobilization/System Recovery				
Section	Officer	Time	Action	Initials
Command	Incident Commander		Approve the Demobilization Plan.	
	Public Information Officer		Conduct final briefings for media, in cooperation with the Joint Information Center.	
			Close the patient information center, if activated.	
	Liaison Officer		Communicate facility status, final report of patient condition and location to local emergency medical services	

Demobilization/System Recovery				
Section	Branch/Unit	Time	Action	Initials
Operations	Section Chief		Refer to Job Action Sheet for appropriate tasks.	
	Medical Care Branch Director		Deactivate alternate care sites and nontraditional patient care areas and safely close.	
			Reschedule canceled surgeries, procedures, and outpatient appointments.	
			Repatriate transferred patients, if applicable.	
	Business Continuity Branch Director		If record keeping included use of paper-based records, ensure all clinical information is entered into electronic medical records.	
Planning	Section Chief		Finalize and distribute the Demobilization Plan.	
			Conduct debriefings and hotwash with: <ul style="list-style-type: none"> <li><input type="checkbox"/> Command Staff and section personnel</li> <li><input type="checkbox"/> Administrative personnel</li> <li><input type="checkbox"/> All staff</li> <li><input type="checkbox"/> All volunteers</li> </ul>	
			Write an After Action Report and Corrective Action and Improvement Plan that includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of the incident</li> <li><input type="checkbox"/> Summary of actions taken</li> <li><input type="checkbox"/> Actions that went well</li> <li><input type="checkbox"/> Actions that could be improved</li> <li><input type="checkbox"/> Recommendations for future response actions</li> </ul>	

	<b>Documentation Unit Leader</b>		Collect, organize, secure, and file incident documentation.	
			Prepare summary of the status and location of all incident patients, staff, and equipment. After approval by Incident Commander, distribute to appropriate external agencies.	
<b>Logistics</b>	<b>Section Chief</b>		Inventory all Hospital Command Center and hospital supplies and replenish as necessary, appropriate, and available.	
<b>Finance/ Administration</b>	<b>Section Chief</b>		Compile summary of final response and recovery cost and expenditures, and estimated lost revenues.	

## Documents and Tools

### Emergency Operations Plan, including:

- Mass Casualty Incident Plan
- Triage Plan
- Patient, staff, and equipment tracking procedures
- Business Continuity Plan
- Behavioral Health Support Plan
- Alternate Care Site Plan
- Security Plan
- Lockdown Plan
- Fatality Management Plan
- Volunteer Utilization Plan
- Emergency Patient Registration Plan
- Risk Communication Plan
- Demobilization Plan

### Forms, including:

- HICS Incident Action Plan (IAP) Quick Start
- HICS 200 – Incident Action Plan (IAP) Cover Sheet
- HICS 201 – Incident Briefing
- HICS 202 – Incident Objectives
- HICS 203 – Organization Assignment List
- HICS 205A – Communications List
- HICS 214 – Activity Log
- HICS 215A – Incident Action Plan (IAP) Safety Analysis
- HICS 221 – Demobilization Check-Out
- HICS 251 – Facility System Status Report
- HICS 253 – Volunteer Registration
- HICS 254 – Disaster Victim/Patient Tracking
- HICS 255 – Master Patient Evacuation Tracking

Job Action Sheets

Access to hospital organization chart

Television/radio/internet to monitor news

Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication

## Hospital Incident Management Team Activation: Mass Casualty Incident

Position	Immediate	Intermediate	Extended	Recovery
<b>Incident Commander</b>	X	X	X	X
Public Information Officer	X	X	X	X
Liaison Officer	X	X	X	X
Safety Officer	X	X	X	X
<b>Operations Section Chief</b>				
Medical Care Branch Director	X	X	X	X
Security Branch Director	X	X	X	X
Business Continuity Branch Director				X
Patient Family Assistance Branch Dir.		X	X	X
<b>Planning Section Chief</b>				
Resources Unit Leader	X	X	X	X
Situation Unit Leader	X	X	X	X
Documentation Unit Leader			X	X
Demobilization Unit Leader		X	X	X
<b>Logistics Section Chief</b>				
Support Branch Director	X	X	X	X
<b>Finance /Administration Section Chief</b>				
Time Unit Leader		X	X	X