



ASSOCIATION FOR PROFESSIONALS IN  
INFECTION CONTROL AND EPIDEMIOLOGY, INC.



### Mass Casualty Disaster Plan Checklist: A Template for Healthcare Facilities

Emergency management for healthcare facilities includes elements of mitigation, preparedness, response, and recovery. These plans should take into account such factors as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems.

The checklist is designed to provide facilities with questions that stimulate assessment and dialogue with key stakeholders both within the facilities as well as at the local level and beyond. Utilizing this checklist process, the Infection Control Practitioner can assist in identifying both thought and action leaders. Although the checklist divides the assessment into sections, many of them overlap and may be grouped in differing manners according to the organization and operation of individual facilities. Although comprehensive, the facility assessment will undoubtedly identify new questions and considerations.

Key players should include the city or community agency that deals with community emergencies. This agency may be known as the Emergency Management Agency (EMA). First responder groups are also essential and they are named Emergency Medical Services (EMS) in this document.

1. FOUNDATIONAL CONSIDERATIONS:	Assessment	Action Plan	Accountability Contact
A. Does the facility have a disaster plan?			
B. Is there a disaster planning committee? Is it multidisciplinary and include administrative members?			
C. Is there currently a collaborative relationship with the local Emergency Medical Services (EMS) Agencies, local Emergency Management Agency and the local Health Department as part of the planning operation?			
D. Does the plan detail actions to be taken for both internal and external disasters?			
E. Does the plan detail how it links with the local EMS Agencies and local Emergency Management Agency?			

F. Is the plan widely distributed and readily available throughout the hospital/healthcare facility? Distribution should include hard copies of the plan or an automated method that is readily available to all staff members.			
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<b>2. SURVEILLANCE</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the facility currently have a baseline established for numbers of patients seen in the facility Emergency Department, outpatient clinics, or via direct admission, stratified according to clinical symptoms?			
B. Is there currently a process to evaluate and track 100% of all microbiology results and stratify according to organism?			
C. Does a process exist to notify infection control 24 hours a day/ 7 days a week?			
D. Does the plan specify the number and location of isolation or protective environment rooms? Are their locations clearly identified in a document readily available to the disaster coordinator or command team? Are isolation facilities monitored to insure adequate airflow?			

<b>3. IDENTIFICATION OF AUTHORIZED PERSONNEL:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Is there an individual designated as a disaster coordinator on a 24-hour per day basis?			
B. Has the hospital/healthcare facility designated a physician medical commander who will be responsible for the hospital's medical responses during the time the plan is activated?			
C. Have other key position holders who have a role in disaster management been identified? This should be identified in the disaster plan. See #25 Incident Command for a guide to an Incident Command structure			
D. Is a notification system in place that can alert personnel to a potential disaster situation?			

E. Does the plan include lines of authority, role responsibilities, and provide for succession?			
F. Are those who are expected to implement and use the plan familiar with it?			
	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
G. Have job action sheets or role cards been developed for all personnel involved in disaster response?			
H. Does the plan designate how people will be identified within the hospital (e.g., hospital staff, outside supporting medical personnel, news media, clergy, visitors)?			
I. Can staff gain access to the hospital/healthcare facility when called back on duty?			
J. Is there designation of assembly points to which all personnel report and does it change if staff are involved in patient care or have administrative responsibilities?			

<b>4. ACTIVATION OF THE PLAN:</b>		<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan specify the circumstances under which the plan can be activated?				
B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan including nights, weekends, and holidays?				
C. Have activation stages been established and roles outlined with each stage?				
Alert	Disaster situation possible: there is an increased level of preparedness			
Stand by	Disaster situation probable: available for immediate deployment			
Call out	Disaster situation exists: there is deployment			
Stand down	Disaster situation is contained			

<b>5. ALERTING SYSTEM:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan provide for activation within 1-2 hours during normal as well as off hours including weekends and holidays?			
B. Does the plan specify how notification within the hospital/healthcare facility will be carried out?			
C. Does the plan specify the chain of command to notify internal staff and appropriate external personnel indicating the status of the hospital/healthcare facility?			
D. Does the plan detail responsibility to initiate a system for recalling staff back to duty?			
E. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?			
F. Does the plan provide mechanisms to ration staffing according to their skill levels and availability?			

<b>6. RESPONSE:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Has the hospital/healthcare facility developed internal disaster plans for internal emergencies?			
B. Has the hospital/healthcare facility developed internal plans to respond to an external disaster? Does this plan indicate how the hospital will respond to an abnormally large (greater than >10% of the licensed beds) influx of patients?			
C. Has the hospital/healthcare facility developed plans indicating how the hospital will be able to supply resources and personnel in response to an external disaster? Is there an evaluation of current supply and equipment levels that are kept on hand during normal facility operation?			
D. Have provisions been made for activating a hospital disaster			

medical team in response to both internal and external disasters? Can this team be composed of physicians, nurses, and respiratory therapists?			
	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
E. Does the plan include procedures for incorporating and managing volunteers and unexpected medical services responders who want to help? Has risk management been involved to develop a process with the facility insurer to provide insurance, liability, and safety for volunteers?			
F. Has each department developed standard operating procedures to reflect how the department will continue to provide services in a timely and 24 hour manner? These services may include:			
1. Administrative			
2. Emergency			
3. Nursing			
4. Radiology			
5. Infection Control/Hospital Epidemiology			
6. Occupational Health			
7. Laboratory			
8. Pharmacy			
9. Critical Care			
10. Central Supply			
11. Maintenance and Engineering			
12. Biomedical Engineering			
13. Respiratory Therapy			
14. Security			
15. Food and Nutrition			
16. Housekeeping			
17. Social Services			
18. Pastoral Counseling			
19. Mortuary			
20. Physician services including Medicine and Surgery			

G. In the Emergency Department section of the plan, are the following detailed?:			
	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
1. Is there a separate entry to the Emergency Department for contaminated patients, if necessary?			
2. Is there a dedicated facility, area, or portable device for decontamination, if necessary?			
3. Is there a hot and cold water supply to the decontamination area?			
4. Can water run-off from the decontamination area be contained?			
5. Can the ventilation system in the Emergency Department be isolated from the rest of the facility, if necessary?			
6. Is a communication method established within the Emergency Department so communication can be established and maintained with the local EMS Agencies, Emergency Management Agency, Federal Bureau of Investigation, and the local Health Department?			
H. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside law enforcement assistance is requested or required?			

<b>7. HOSPITAL DISASTER CONTROL COMMAND CENTER:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan indicate where the hospital Disaster Control Command Center is to be located with preference given to an area away from the Emergency Department?			
B. Has an alternate location been determined?			
C. Have standard operating procedures been developed for the Command Center?			
D. Do the procedures for the Command Center specify chain of command and communication channels for the key position			

holders within the Command Center? Key position holders should be determined at the initiation of the disaster plan. See Section 25 for additional help in determining roles.			
	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
E. Is there provision for alternative communication arrangements in the event the hospital communication system fails or is overloaded?			
F. Have special communication networks been established and tested that will maintain communication between the facility and the local Emergency Management Agency?			
G. Have provisions been designated (e.g., space, equipment, communications) for extra people who may come to the hospital to provide services (e.g., volunteers and outside agencies) should assistance be requested by the local, or federal agencies responding for disaster assistance?			

<b>8. SECURITY</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the facility have the ability to lock down so entry and exit to all parts of the facility can be controlled? Has this process been tested?			
B. Have steps been taken to minimize and control points of access and egress in buildings and areas without utilization of lock down procedures?			
C. Is there a plan to control vehicular traffic and pedestrians?			
D. Have arrangements been made to meet and escort responding emergency service personnel?			
E. Does the facility have the ability to communicate with individuals immediately outside the facility in the event lock down is initiated?			
F. Does the plan designate how people will be identified within the			

hospital (e.g., hospital staff, outside supporting medical personnel, news media, clergy, visitors)?			
G. Can staff gain access to the hospital/healthcare facility when called back on duty?			
	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
H. Is there designation of assembly points to which all personnel report and does it change if staff are involved in patient care or have administrative responsibilities?			
I. Does the facility security plan recognize the extent of the security problems for the individual facility? These considerations include the uniqueness of the physical plant, geographic location, entrances, etc.			
J. Does the facility have an established process to credential healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?			

<b>9. COMMUNICATIONS SYSTEMS:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan include provisions in the event that normal systems (e.g., telephone, facsimile, cellular phones, and paging) may be overloaded and rendered unserviceable during disasters?			
B. Is there provision for alternative communication arrangements in circumstances where the hospital communication system fails/overloads (e.g., unlisted numbers, pay phones, walkie-talkie sets)?			
C. Is there an organized runner, messenger system as back-up for communication system and power failures?			
D. Has a plan been developed to utilize runner personnel and have they been provided with schematic area layout maps showing key areas for disaster operations? Do these schematics currently exist and are readily available in hard copy?			
E. Has the hospital established communication networks with the local EMS Agency and Emergency Management Agency?			

<b>10.INTERNAL TRAFFIC FLOW AND CONTROL:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Have provisions been made for internal traffic that allow for movement of patients through corridors and staff movement throughout their areas?			
B. Have egress routes for patients and staff been provided for evacuation purposes?			
C. Will elevators be manned and controlled?			
D. Has elevator usage been prioritized (e.g., casualties, supplies)?			
E. Have movement routes been designated within the hospital and have traffic flow charts been prepared and posted?			

<b>11.EXTERNAL TRAFFIC FLOW AND CONTROL:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Have arrangements been made for both vehicular and people entrance to and exit from the hospital premises?			
B. Have the following been established:			
1) Uninterrupted flow of ambulances and other vehicles to casualty sorting areas or emergency room entrances			
2) Access and egress control of authorized vehicles carrying supplies and equipment to a dock area			
3) Authorized vehicle parking			
4) Direction for authorized personnel and visitors to proper entrances			
C. Have arrangements been made for police support in maintaining order in the vicinity of the facility?			
D. Does the plan include a method to impact the management of vehicle and people convergence upon the facility?			

<b>12. VISITORS:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan include mechanism to deal with anticipated increases in visitors and curious onlookers seeking to gain entrance during disasters?			
B. Has provision been made to establish waiting areas, with supportive counseling, away from the Emergency Department to minimize unwanted access to the relatives and friends of disaster victims?			
C. Has provision been made to handle medical and emotional situations resulting from the anxiety and shock of the disaster situation? This includes dealing with the worried well.			
D. Has a position holder been designated to control and take care of housekeeping issues that arise due to visitors?			

<b>13. MEDIA:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Do the media have a designated area?			
B. Has this been located as not to be in close proximity to the Emergency Department, Command Center, and waiting areas for relatives, family and friends?			
C. Has a position holder been designated to control and take care of the housekeeping needs of the media?			
D. Does the plan designate an internal spokesperson as a media contact?			
E. Does the plan determine the communication tree connecting the internal spokesperson with the external spokespersons for the Emergency Management Agency or other lead agency?			
F. Have provisions been made to identify the procedures for handling requests for information from the media? Have these provisions been made to work in concert with the State Health Department and the FBI?			

G. Have locations been identified for press briefings?			
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<b>14. RECEPTION OF CASUALTIES AND VICTIMS:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Is there a precise plan of action whereby at short notice (within 1 hour), multiple casualties can be received and:			
1) Identified			
2) Triage			
3) Registered			
4) Treated in designated treatment areas			
5) Admitted or transferred			
6) Transported as needed			
B. In the confirmation notification of a disaster, does the plan provide for:			
1) Clearance of all non-emergency patients and visitors from the emergency department			
2) Cancellation of all elective admissions and elective surgery			
3) Determination of rapidly available or open beds			
4) Determination of space that can be converted to patient care areas			
5) Determination of number of patients who can be transferred or discharged			
C. Is the receiving and sorting area accessible and in close proximity to the areas of the hospital in which definitive care will be given?			
D. Is the reception area equipped with portable auxiliary power for illumination and other electrical equipment, or can power be supplied from hospital emergency power (generator) circuits?			
E. Does the reception area allow for retention, segregation and processing of incoming casualties?			
F. Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?			
G. Can radiological monitors and radiation detection instruments be assigned to the area, if required?			

	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
H. Has provision been made for a large influx of casualties to include such factors as:			
1) Bed arrangements			
2) Personnel requirements			
3) Extra resources such as interpretive services, linen, pharmaceutical needs, dressings, etc?			
I. Are the medical records and admission departments organized to handle an influx of casualties			
J. Is there a system for retention and safe-keeping of personal items removed from casualties?			
K. Is there a plan to segregate/isolate disaster victims from the rest of the hospital if those victims are contaminated (e.g., hazardous materials)?			

<b>15. HOSPITAL EVACUATION:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Is there an organized discharge routine to handle large numbers of patients upon short notice?			
B. Is it detailed that a position holder is responsible for removal and control of patient records and documents?			

<b>16. RELOCATION OF PATIENTS AND STAFF:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the hospital in the event the area must be evacuated or staff and patients relocated?			
B. Have agreements been made with other healthcare facilities for the relocation of patients should the facility be unable to support patient care?			
C. Have satellite locations been pre-determined and confirmed for the housing of patients and staff in the event of an evacuation?			

	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
D. Have transportation requirements been pre-designated for the movement of people?			
E. Have transportation resources been identified for patients that must be moved in hospital beds, on ventilators, and connected to specialized equipment?			
F. Has provision been made for the movement of patient records and documents?			
G. Is there a time sequence built into the plan designating appropriate moving times, assigned personnel including profession staff assignment, and priority of patients when moving to specific locations?			
H. Is there a sequence for patient transfers along pre-established routes?			
I. Are procedures established for the orderly disposition of patients to their homes, if applicable?			
J. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?			

<b>17. HOSPITAL OUT OF COMMUNICATION OR CUT OFF FROM RESOURCES:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. In the event the hospital/healthcare facility is completely out of communication or cut off from resources, has the plan assigned position holders responsible for the following:			
1) Auxiliary power?			
2) Rationing of food and water?			
3) Waste and garbage disposal?			
4) Rest and rotation of staff?			
5) Rationing of medication and supplies			
6) Laundry			
7) Staff and patient morale			

	Assessment	Action Plan	Accountability Contact
B. Has consideration been given to utilization of patients and visitors to assist staff with duties?			

<b>18. EQUIPMENT, SERVICES, FACILITY, AND LABORATORY ASSESSMENT</b>	Assessment	Action Plan	Accountability Contact
A. Current number of the following pieces of equipment readily available within the facility:			
1) Ventilators (adult)			
2) Ventilators (pediatric)			
3) Ventilators (neonate)			
4) IV pumps			
5) IV poles			
6) Suction Machines			
7) Beds			
8) Stretchers			
9) Wheelchairs			
B. Current level of medical supplies maintained and readily available within the facility (days), particularly items that provide personal protection (i.e., masks, gloves, eye protection)			
C. Are local suppliers of medical equipment identified? Are there 24-hour contact numbers for these suppliers?			
D. Current level of linen maintained and readily available (days)			
E. Does the facility have the ability to shut down air intakes?			
F. What is the current Biosafety Level capability of the hospital microbiology laboratory?			
G. Are shipping containers readily available to safely transport specimens as requested by agencies such as the CDC, FBI?			
H. Does the plan include measures to insure the ability to provide handwashing/hand sanitizing measures?			
I. Does the plan include measures to insure adequate amounts of personal protective equipment?			

<b>19. PHARMACEUTICALS:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. What is the current level of stock for the following pharmaceuticals:			
1) Ciprofloxacin, oral and intravenous			
2) Doxycycline, oral			
3) Bronchial dilators			
4) Other fluoroquinolones, oral and intravenous			
5) Bulk Atropine and Pralidoxime Chloride (2-PAM CL)?			
B. Does the pharmaceutical allocation plan make provision for prophylaxis of caregiving staff and their immediate family? Have these job categories been defined?			
C. Has the plan identified and established relationships with another hospital/healthcare facility outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff.			
D. Does the plan identify pharmaceutical warehouses within the local area?			
E. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?			

<b>20. POST DISASTER RECOVERY:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan designate who will be in charge of recovery operations?			
B. Does the plan make provision for the following during recovery?			
1) Documentation			
2) Financial matters			
3) Inventory and resupply			
4) Record preservation			
5) Cleanup			

	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
6) Hazard removal and cleanup			
7) Salvage			
8) Garbage and waste disposal			
9) Utility and equipment servicing			
10) Physical plant restoration and renovation			
C. Does the plan address the following programs?			
1) Critical Incident Stress Debriefing Program			
2) Employee Assistance Program			
3) Group/Individual counseling services			
4) Family Support Program			

<b>21. EDUCATION AND TRAINING:</b>	<b>Assessment</b>	<b>Action Plan</b>	<b>Accountability Contact</b>
A. Does the plan specify who is responsible for the training program?			
B. Does the plan include methods for ramp up and extemporaneous training for new and altered roles?			
C. Do the hospital/healthcare facility departments have ongoing, mandatory disaster training programs?			
D. Has the hospital/healthcare facility considered adapting disaster procedures for application when dealing with routine procedures so personnel can become familiar with them?			
E. Does the program provide disaster education material at staff orientation to facilitate staff awareness?			
F. Does the program provide ongoing disaster education to facilitate staff awareness and currency of procedures?			
G. Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?			

<b>22. KEY INTERNAL PERSONNEL</b>	<b>TELEPHONE / BEEPER / MOBILE PHONE</b>
Facility CEO	
Administrator on call	
Emergency Department Physician, Chief	
Administrative Supervisor (House Manager)	
Director of Security	
Chief Nursing Officer	
Director of Engineering	
Director of Infection Control/Hospital Epidemiologist	
Chief of Microbiology/Laboratory Medical Director	
Chief of Medical Staff	
Risk Manager	
Public Relations	
Information Services/Communications	
Product Resources	
Director of Pharmacy	
Chaplain/Pastoral Counseling	
Social Services	
Ethics Officer	

<b>23. KEY EXTERNAL PERSONNEL/AGENCIES</b>	<b>TELEPHONE / BEEPER / MOBILE PHONE</b>
Local Emergency Management Agency	
Local EMS Agencies	
Local Health Department	
State Health Department	
Local Law Enforcement Agencies	
FBI Field Office	
Metropolitan Medical Response System (MMRS) Coordinator	
National Disaster Medical System (NDMS) Contact	
CDC Emergency Response Office	
CDC Hospital Infections Program (Healthcare Quality)	
Other area hospitals	

## 24. INCIDENT COMMAND SYSTEM

If utilizing the Hospital Emergency Incident Command System (HEICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual(s), to fill each role?

HEICS Position	Current Position	Job Action Sheet Completed? Y or N
Incident Commander		
Public Information Officer		
Liaison Officer		
Safety and Security Officer		
Logistics Chief		
Planning Chief		
Finance Chief		
Operations Chief		
Medical Care Director		
Ancillary Services Director		
Human Services Director		
Medical Staff Director		

25. EXERCISING THE DISASTER PLANNING PROGRAM	Assessment	Action Plan	Accountability Contact
A. Does the hospital safety program conduct an annual exercise?			
B. Does the exercise ensure all key participants are familiar with the contents of the plan?			
C. Are specific aspects of the plan tested?			
D. Is a formal critique performed with results distributed to all key individuals and participating groups?			

*The Center for the Study of Bioterrorism and Emerging Infections (CSB&EI) is part of Saint Louis University, School of Public Health. For further information on CSB&EI, please go to their website at: <http://www.bioterrorism.slu.edu/>.*

*Grateful acknowledgement is made to the Counter Disaster Unit, New South Wales Department of Health, particularly Ms Sue Kidson, Project Officer, for their willingness to share portions of an original disaster preparedness document.*

Revised Draft 10/1/01

<http://www.apic.org/bioterror/checklist.doc>