

**Pondera Medical Center  
Administrative Policy/Procedure**

**Policy Number:** 84.01.2013.OP.42

**TITLE:** Mass Casualty / Fatality

**AREAS AFFECTED:** All Departments

**PURPOSE:**

The purpose of this policy is to identify response actions to be taken by Pondera Medical Center in the event of a mass casualty/fatality incident. A mass casualty/fatality incident results in a surge of injuries and or deaths above what is usually managed by normal systems. Preparing for mass fatality events requires Pondera Medical Center to collaborate with local, state and federal agencies and organizations.

**DEFINITIONS:**

**Mass Fatality Event:** An event that causes more deaths than can be adequately managed by intact community resources and processes. Such an incident can be acute or long term.

**Acute or Immediate Mass Fatality:** Limited in duration, usually a single event in one location. The number of deaths is usually immediately known.

**Long-Term Mass Fatality:** Unknown in duration, extended over a large geographical area. Incident will likely be a disease process (pandemic), an act of terrorism or natural disaster.

**PROCEDURE:**

**Situation:**

1. A “mass casualty/fatality” incident is any event that causes more fatalities than can be adequately managed by Pondera Medical Center. This number is relatively small and could be reached even by a minor emergency causing deaths.
2. Pondera County is subject to a variety of natural and technological emergencies or disasters. Any or all hazards have the potential to cause mass fatalities.
3. Pondera Medical Center will activate its external disaster plan when five or more patients are received from any one incident or any time the medical provider determines that additional resources are needed to appropriately manage the situation.
4. If victims become casualties as a result of a hazardous materials incident or an infectious disease, they may be contaminated. Special considerations must be taken into account in such a situation. In the event of this type of emergency, directions will be provided by the Hospital Emergency Operation Center (EOC) and/or local Fire & Rescue.
5. PMC is not equipped to store bodies. However, in the event of a true mass fatality, multiple considerations are to be given regarding time of year as well as cooperation with local City and County Disaster & Emergency Services (DES).
6. Pondera Funeral Home – Miser Mortuaries, Inc., (406-278-3333) which also serves as the local morgue, has storage for two bodies. A number of other victims may be placed there on gurneys, but cannot be kept there for long periods of time.
7. The National Disaster Medical System has the ability and authority to provide mortuary containers, body bags and other related equipment to the site of a mass fatality incident. Their contact number is 1-800-872-6367 (1-800-USA-NDMS). The Federal Disaster Mortuary Operational Response Team (DMORT) could be used if necessary and will be activated by the Pondera County DES.
8. Under extreme conditions PMC has unfinished rooms, designated as “dirt rooms”, which could be utilized to temporarily store bodies. These rooms are not in any way intended for this type of use

and would only be used under extreme conditions. The use of these rooms would necessitate strict security and control over the space.

**Assumptions:**

1. A mass casualty / fatality incident can occur at any time and could involve building failure, severe weather events, industrial accidents, terrorism, or rail, road or aircraft transportation.
2. Local resources will likely be overwhelmed very quickly in a mass casualty/fatality event. If it is a sustained event, assistance will be needed from outside the jurisdiction.
3. While it is likely that mutual aid and/or requested state resources will become available in a mass fatality incident, it is unlikely that those resources will arrive in the critical first hours. It will, therefore, be critical that PMC maximize the efficiency of its response.
4. Infectious diseases and trauma incidents will be viewed differently by individuals outside the jurisdiction. In the case of a trauma incident, only one jurisdiction is likely to be affected and the event will probably not spread as time goes on. It will, therefore, be much easier to recruit volunteers and resources from other jurisdictions in such a situation. An infectious disease may keep or prevent many people from responding to assist the jurisdiction.
5. Decontamination and care of injured but surviving victims, mitigation of the disaster and maintaining the security of contaminated areas will likely take precedence over decontamination of the deceased.
6. When possible, body preservation will be done with consideration that the body or bodies may be viewed by family and friends but that a long period of time may take place before final disposition of the remains.
7. In some situations, identification of remains may be difficult. PMC will make every attempt to carefully document all information to ensure that all remains are correctly identified. No names will be released to the media until the bodies are positively identified and the families of the deceased have been notified.
8. Whenever an event results in mass casualties/fatalities, the media and families of the victims will be carefully watching the actions of responders. It is, therefore, of critical importance that responders be respectful of the victims at all times.
9. Site security in a mass fatality incident may be more difficult and more important to maintain than in a non-fatality incident. Building Engineers, as well as local authorities, will be used as security in the event of a mass fatality incident.

**Activation, Triggers, Procedures:**

As previously stated, a “mass casualty / fatality” incident is any event that causes more fatalities than can be adequately managed by Pondera Medical Center. This number is relatively small and could be reached when five or more patients present to the PMC Emergency Room. It should be noted that this number may actually be smaller than five, contingent upon other variables.

**Concept of Operations:**

In accordance with the Pondera County DES, a mass casualty incident within the city limits of Conrad will be managed by the Conrad Police Department. Incidents occurring in Pondera County outside of Conrad are the responsibility of the Pondera County Sheriff’s office.

Pondera Medical Center EMS personnel will be in charge of triage at the scene. Transport of patients will be the responsibility of Pondera Medical Center EMS personnel, with assistance from the fire department as appropriate. If more ambulance resources and/or air transport are needed, ambulance services in other areas may be utilized when necessary. Services closest to the facility, but are not involved in the event should be utilized.

Pondera Medical Center is considered the primary medical facility used in Mass Casualty events that occur within Pondera County. The Valier Clinic may also be used as a treatment facility if necessary. Other possible locations, if more locations are needed, include Prairie View School, the local dentist’s office and other school facilities. The names of those facilities and their locations would be provided by the Pondera County Emergency Management Office. If necessary, patients may be transferred to other medical facilities

in Great Falls and/or Kalispell. Additional medical supplies and equipment could also be obtained from those locations if needed.

The location and position of all bodies moved will be carefully documented. In the process of tagging bodies and personal effects, for identification and out of respect, responders should be careful not to allow severed limbs that are barely attached to be dropped or pulled off. Portions of remains not attached to the body should be placed in a separate bag. All bodies should then be moved on gurneys, stretchers or litters. If equipment is not available, bodies may be removed in pouches. Bodies should be covered and vehicles transporting them should travel in an orderly convoy, at moderate speed and without stops, to the morgue or temporary morgue. Trips should be timed to avoid a backup of idling vehicles at the morgue site.

If necessary, a temporary morgue may be set up in a refrigerator truck or railroad car to preserve bodies until embalming and disposition. If contamination is a concern, responders will decontaminate the deceased, if possible, before storage in the morgue or temporary morgue. In the case of infectious diseases, Public Health will advise the Coroner and responders according to the dangers and proper procedures for dealing with the disease in question.

Tight security will be maintained around the morgue site. The identities of deceased will be released to the media only after their families have been notified.

#### **Administration and Logistics:**

The Emergency Operations Center is responsible for maintaining adequate records of personnel and equipment costs. Extra costs, such as overtime for both personnel and equipment must be documented. The EOC will oversee and direct all aspects as well as maintain reports and records.

#### **Temporary Storage of Bodies:**

PMC is not equipped to appropriately store and/or manage bodies. However, in the event of mass fatality, and in the absence of availability from the local mortuary, PMC may utilize the unincorporated areas of the facility referred to as “dirt rooms” for the temporary storage of bodies and or body parts. If those areas are unavailable, other areas of the facility will be identified. Other considerations may be current weather conditions and outside resources available at the time of the writing of this document.

#### **Personnel Assigned:**

Personnel will be assigned to tasks by the Emergency Operations Center.

#### **Family Notification:**

During a catastrophic event, a hospital is often the first place family members will attempt to locate a loved one. The facility must, at all times, maintain the delicate balance between providing the much sought after information and the privacy and rights of the patients involved. The notification process can be varied in its approach dependent upon the severity of the event.

PMC will select an individual as the Public Information Officer and or designate an appropriate individual to coordinate with the American Red Cross for information regarding patients and/or victims.

The HIPAA Privacy Rule may be suspended during a national or public health emergency. The Secretary of Health & Human Services may waive certain provisions of the Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

Provisions that may be waived:

If the President declares an emergency or disaster and the Secretary declares a public health emergency, the Secretary may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the HIPAA Privacy Rule:

1. The requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care (45 CFR 164.510(b)).
2. The requirement to honor a request to opt out of the facility directory (45 CFR 164.510(a)).

