

Appendix G – Excerpt from Altered Standards of Care in Mass Casualty Events

(Chapter 3, pp. 15-18)

Source: Agency for Healthcare Research and Quality. 2005. Altered Standards of Care in Mass Casualty Events: Bioterrorism and Other Public Health Emergencies. Washington, DC, Agency for Healthcare Research and Quality.

A Framework and Guiding Principles When Planning for Health and Medical Care in a Mass Casualty Event

A framework for planning should take into account the ways in which response to a mass casualty event is both similar to and different from responses to current surge capacity issues. The goal is to devise a framework that is applicable to both ordinary (daily routine) and extraordinary situations. To this end, plans for a medical care response to a mass casualty event should:

- Be compatible with or capable of being integrated with day-to-day operations;
- Be applicable to a broad spectrum of event types and severities;
- Be flexible, to permit graded responses based on changing circumstances; and
- Be tested, to determine where gaps in the framework exist.

AHRQ articulates five principles that should steer the development of pandemic influenza clinical guidelines. Incorporating these five principles will ensure that standards of care are altered sufficiently to respond to issues arising from a mass casualty event, such as pandemic influenza.

Principle 1: In planning for a mass casualty event, the aim should be to keep the healthcare system functioning and to deliver acceptable quality of care to preserve as many lives as possible.

Adhering to this principle will involve:

- Allocating scarce resources in order to save the most lives.
- Developing a basis for the allocation of resources that is fair, open, transparent, accountable and well understood by both professionals and the public.
- Ensuring, to the possible extent, a safe environment for the provision of care, and placing a high priority on infection control measures, and other containment processes.

Principle 2: Planning a health and medical response to a mass casualty event must be comprehensive, community-based, and coordinated at the regional level.

Effective planning should:

- Be done at the facility level. However, facility-level planning alone is not sufficient.
- Integrate facility-level planning into a regional systems approach.
- Involve a broad array of public and private community stakeholders.
- Begin with the agreement on shared responsibility among all partners in the planning process. It is not adequate for individual institutions and systems to have emergency response plans unless those plans are coordinated into a single unified response system.
- Be consistent. Planning also should be integrated with Federal, State and local emergency plans.

Principle 3: There must be an adequate legal framework for providing health and medical care in a mass casualty event.

An adequate legal framework for providing health and medical care in a mass casualty event would do the following:

- Include a designation of the authority to declare an emergency and implement temporary alterations in standards of care.
- Define the conditions for temporary modification of laws and regulations that govern medical care under normal conditions.
- Be simple, clear, and easy to communicate to providers and the public.
- Be flexible enough to accommodate the demands of events that vary in size and velocity, such as an explosive or biological event.

Principle 4: The rights of individuals must be protected to the extent possible and reasonable under the circumstances.

The rights of individuals must be protected to the extent possible and reasonable:

- In establishing and operationalizing an adequate legal framework for the delivery of care.
- In determining the basis on which scarce resources will be allocated.
- When considering limiting personal freedom through quarantine or isolation as well as the conditions for release.
- When privacy and confidentiality may have to be breached.

Principle 5: Clear communication with the public is essential before, during, and after a mass casualty event.

It may be necessary to vary the modes of communication according to the type of information to be communicated, the target audience for which it is intended, and the operating condition of media outlets, which may be directly affected. Variations that illustrate this point but that do not reflect expert discussion include the need to use languages other than English and the need to use alternatives to usual media outlets in the

affected area. Also, national audience messages would be less detailed and specific than messages to the affected area.