

DISASTER RESPONSE AND RECOVERY

Staff may return to practice location when authorities have deemed it appropriate to do so. Staff should follow all warnings and guidelines, such as boil orders or orders to remain in the area during the daylight only. Consider the following during a response and recovery period. In some cases, the following may also be considered prior to evacuation, but remember that it is more important to save lives than property.

Respond to public health authorities/other health care providers

Physicians may receive requests for patient information related to disaster preparedness activities or related to the care of patients following a disaster. Your written plan should address how you or the rescuers will access patient records. How does HIPAA work in these situations?

For information on disclosure decisions related to disaster preparedness, visit the U.S. Department of Health and Human Services. (<http://www.phe.gov/emergency/pages/default.aspx>)

For help with disclosure decisions following a disaster, the Office of Civil Rights has provided the following guidance:

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

TREATMENT: Health care providers can share patient information as necessary to provide treatment.

Treatment includes:

- sharing information with other providers (including hospitals and clinics),
- referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
- coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death. The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones. In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public—consistent with applicable law and the provider's standards of ethical conduct.

FACILITY DIRECTORY: Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

HIPAA Breach—Unfortunately, HIPAA rules still apply in the event of an emergency.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html>

“Covered entities must notify affected individuals following the discovery of a breach of unsecured protected health information. Covered entities must provide this individual notice in written form by first-class mail, or alternatively, by email if the affected individual has agreed to receive such notices electronically. If the covered entity has insufficient or out-of-date contact information for 10 or more individuals, the covered entity must provide substitute individual notice by either posting the notice on the home page of its web site or by providing the notice in major print or broadcast media where the affected individuals likely reside. If the covered entity has insufficient or out-of-date contact information for fewer than 10 individuals, the covered entity may provide substitute notice by an alternative form of written, telephone, or other means.

These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect

themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.”

In the case of a large scale event such as a tornado, it would be possible for a group of physicians in the area to take out one ad in the local paper that lists all of the providers and inform the readers that a possible breach occurred due to the disaster prior to the 60 days notification period. To draft the ad it would be necessary to contact the state for any state specific requirements on breach notification and it might be necessary to consider a legal opinion on the wording. It will still be necessary to notify the government in the annual report of the disaster and breach of information.

Secure the structure

Before allowing staff into the building to begin clean-up operations after a disaster, be sure that the building is safe and that there is no gas leak or exposed electrical wiring. If gas supply was shut off, a professional from the gas company or a contractor must turn it back on and check for leaks. Make sure that everyone entering the practice wears heavy gloves, eye protection, masks, and hard hats if appropriate. Staff should assume that all flood water contains sewage waste and mold is present. Remind workers to practice good hygiene methods. Clothes should be disinfected when leaving the area so as not to contaminate others. Clean-up team should watch for allergic reactions, such as runny eyes and nose, sneezing, congestion, fatigue and rash. Air the facility out as much as possible, open drawers, cabinets, etc. Remove and consider replacing wet carpets, furniture, and drapes. Discard wet and soiled supplies. Scrub floors and woodwork within 48 hours and allow to air dry. If walls have become saturated, open and allow water to drain out. Walls may have to be replaced. Check with local vendor on anti-mold and fungus products.

Secure the landscape

Check for downed power lines and other hazards. Remove debris as soon as possible. Post warning signs if certain hazards cannot be immediately removed or repaired.

Account for people

Account for the people in your practice before, during, and after a disaster. By having a plan in place prior to evacuation, staff should be aware of how to maintain communication and be updated regarding recovery efforts. Local newspapers, radio stations, and websites are good communication venues for maintaining communication with patients.

Assess and report loss

Inventory and document any losses after a disaster. Videotape or take photographs (digital images are recommended) of damaged assets. Inventory lists can be used to compare losses with what you have available now. Take these documentations and the financial and insurance information when you meet with your insurance agent and file claims as appropriate. Do not forget to keep receipts for all of the additional expenses that you have incurred, such as food, lodging, and clean-up supplies.

Recovery assistance and funds

Federal disaster assistance is provided in the form of Small Business Administration loans. Loans are available for property loss and economic injury caused by disasters. Your practice and personal financial information will be needed to complete the process. The three step process with information necessary to complete the online loan application and associated forms is found on <http://www.sba.gov/content/applying-disaster-loan>.

Review your disaster preparedness plan's effectiveness

How effective was your disaster preparedness plan? Do you need to make adjustments for future events? Did you encounter unexpected barriers to full implementation of your plan? How will you handle emergencies in the future? What can be improved? Shortly after a disaster recovery is the opportune time to document what went well and what you would do differently in the future. Talk to staff members and document ideas on what additional preparedness activities might be considered and what, if any, changes should be made to your preparedness and response plans.

Preserve the history

After reviewing your plan's effectiveness, document items that require immediate attention and items for discussion in future planning sessions.

If the disaster resulted in an unrecoverable loss of important data or documents, create a listing of what was lost for future reference. This information may be important for future staff members to be aware of and will also serve as a reminder of what specific information was lost. Otherwise, information that is still available might be considered lost in the disaster when it is not readily found.

Resources

American Academy of Family Physicians (AAFP) Resources

- <http://www.aafp.org/online/en/home/clinical/disasterprep.html>
Links to information and resources you need to be prepared for disasters of many kinds.
- <http://www.aafp.org/fpm/990900fm/26.html>
Article about how medical practices can prepare for disasters from *Family Practice Management*, a publication of the American Academy of Family Physicians.

Business Recovery

- <http://www.score.org/>
Business mentors to help in the rebuilding process.

Business Preparedness

- <http://www.ready.gov/business/index.html>
The Department of Homeland Security offers information on how you can prepare your business to protect assets and survive a disaster.
- <http://www.sba.gov/node/4633>
Resources related to disaster preparedness from the U.S. Small Business Administration.

Disaster Response Organizations

- <http://www.redcross.org>
The American Red Cross includes information on disaster preparedness, disaster response activities, and volunteer opportunities and training.

General Preparedness Information

- <http://www.disastercenter.com>
The Disaster Center offers information on a wide array of threats, including fire, air quality, avian flu threat, flight information, possible storm threats, and more. The site provides links to National Weather Service (NOAA), Federal Emergency Management Agency (FEMA), Federal Aviation Administration (FAA), U.S. Environmental Protection Agency (EPA), state transportation websites, and the World Health Organization (WHO).
- <http://www.fhwa.dot.gov/webstate.htm>
Links to state transportation websites. Learn more about transportation issues affecting your state and possible evacuation routes in case of a disaster.

Recovery

- <http://www.fema.gov>
The Federal Emergency Management Association includes planning resources, information on recovery aid, and information for those recovering and rebuilding after a disaster.

Storm and Hurricane Preparedness

- http://www.nhc.noaa.gov/HAW2/english/disaster_prevention.shtml
The National Hurricane Center provides predictions, forecasts, and preparedness information for disasters related to tropical storms.