



# CRISIS STANDARDS OF CARE

Quick Guide  
for Emergency  
Planners

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## When do crisis standards of care (CSC) occur?

- CSC are defined as a substantial change in usual health care operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster.
- Thinking on CSC has evolved—rather than a state government "declaring" CSC, crisis conditions at hospitals drive strategies to adapt to resource shortages. When these cannot be resolved in cooperation with other hospitals, states should be engaged and provide legal, policy, regulatory, and other support to relieve the situation and support the strategies being employed by hospitals to address the demand.
- Hospitals should always implement strategies necessary to adapt to the situation and support clinicians in their crisis decision-making—there is no such thing as "avoiding" CSC or "waiting until CSC are declared."
- CSC strategies may vary depending on whether it is possible to address the need by bringing more resources to the affected region to support patient care, or by moving patients out of the affected region to areas with more resources.
- Broad declarations of CSC by a region or state are probably not helpful and may pave the way for triage decisions that are not necessary.

## What resource shortfalls might lead to crisis conditions during COVID-19?

- **Supplies**, such as medications, N95 masks, and dialysis equipment. Ventilator stocks, both locally and nationally, have dramatically increased since spring 2020.
- **Staff**, particularly those with specialized training like critical care and respiratory therapy.
- **Space**, particularly in smaller communities that have been hit hard by the virus and cannot move patients to other hospitals fast enough.

## What should hospitals be doing to prepare for and implement CSC?

- Implement strategies to prevent a "trigger" threshold from being crossed (e.g., increase staff-to-patient ratios to > 150% normal; use COVID-19-exposed or positive staff to care for patients; substitute for shortages of key materials, medications, or equipment).
- Define at what point a "crisis" exists where there is considered to be a real risk of poor patient outcomes—by that point, all elective procedures should have stopped and all other services need to be directed to supporting acute patient care.

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- Ensure that the facility is participating in regional Medical Operations Coordination Cells (MOCC) or other patient distribution strategies that aim to load-balance patients across hospitals in an equitable way.
- Ensure that the facility is implementing best practices and guidelines for care and is anticipating shortages and issues—ideally developing regional best practices for consistency.
- Provide a critical care consultant, chief medical officer, or other on-call expert to be contacted whenever a provider faces an allocation decision that is unusual for them or for which they do not have good guidance (as well as any potential "triage" decision that could result in death—this may need participation of other providers/structures). Access to such a consultant ensures that:
  - Issues at the provider level are raised to the system level for monitoring and action as they may represent broader issues requiring policy development or a regional response.
  - Development of a plan informed by more than one provider—including one not at the bedside to reduce bias, improve decisions, and reduce provider distress.
- Provide education on ethical decision-making. Make sure that clinicians understand their role and how to ask for help with making decisions.

## What should states be doing to prepare for and implement CSC?

- Take action to reduce hospital demand through population-based interventions such as masking, physical distancing, and closure/restrictions on locations where spread is occurring.
- Ensure that providers have adequate legal protections for actions taken when practicing in non-traditional roles or locations, or when providing services and advice that are outside of usual practices but consistent with the response strategy. Work with federal and state regulators and stakeholders, including people with disabilities, to develop CSC plans that take into account applicable civil rights law.
- Identify regulatory barriers that may need to be suspended to support the strategies hospitals are using (e.g., suspension of bed restrictions or staff-to-patient ratios).
- Prepare and circulate risk communications on the crisis situation to the media and general public, including via social media, so that expectations of the public are managed.
- Convene a State Disaster Medical Advisory Council (or similar advisory construct) to provide guidance on best practices as required by the situation and consistent with national guidance from specialty societies and government agencies.
- Operate or support a Medical Operations Coordination Center (MOCC) or similar entity to facilitate patient distribution across available resources. This center may also match transportation resources and help coordinate staffing in some areas.
- Ensure situational awareness and sharing of essential elements of information to enable relative consistency in practices (e.g., patient loads, acuity, staffing adaptations) across the hospitals and track available beds and resources.
- Ensure that smaller hospitals have a mechanism to obtain critical care consultation for assistance with care decisions, particularly when there may be delays moving a patient to a higher level of care.
- Submit resource requests to state and federal partners so that all available resources (e.g., the Strategic National Stockpile) are requested to address the crisis situation. In the event that resources are not available, provide or seek technical assistance to solve issues of CSC policy.

This document was authored by **Dan Hanfling, John Hick, Rick Hunt, and Eric Toner**, drawing on evidence-based reports from the Institute of Medicine (now National Academy of Medicine). To learn more, visit [NAM.edu/CSC](https://nam.edu/CSC)