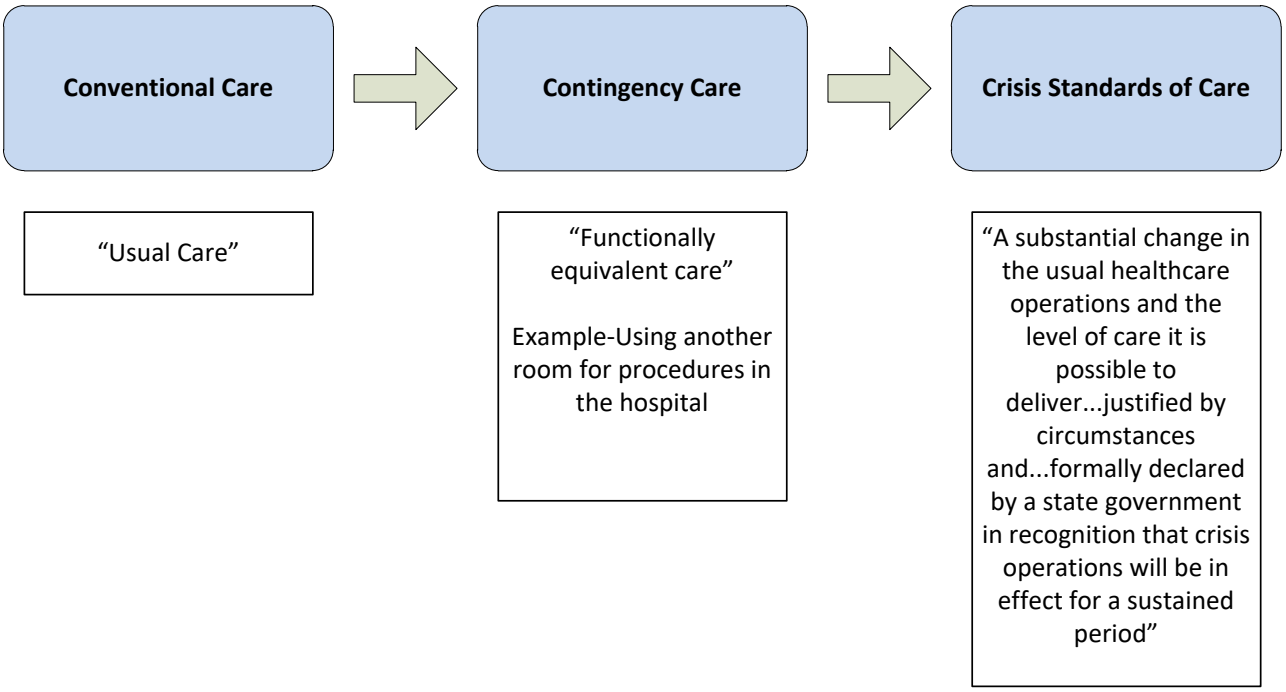
Crisis Standards of Care Overview

Levels of Care



Crisis Indicators for Healthcare

Crisis indicators for space, staff, supplies, and emergency operations are not consistent with provision of usual standards of care but provide sufficiency of care in the context of a catastrophic disaster (i.e., the best possible care given the circumstances and available resources). The patient care areas and practices listed in Table 4 would be used during a severe (higher than usual mortality or morbidity) influenza pandemic or other catastrophic disaster severely impacting the healthcare system (i.e., multiple healthcare access points within a region or the State).

Category	Indicators
Space	• State of facility is severely impacting hospital operations • Non-patient care areas (classrooms, etc.) used for patient care
Staff	• Staff unavailable or unable to adequately care for volume of patients even with extension techniques • Absenteeism of staff that severely impacts healthcare operations
Supplies	• Critical supplies lacking and no resupply is foreseeable for at least 96 hours • Possible reallocation or redistribution of life-sustaining resources
Emergency Operations	• Ongoing coordination between HICS and local emergency management with utilization of external resources.

NV CSC Plan Activation and Process

NV CSC Plan activation may occur suddenly due to a no-notice incident such as a catastrophic earthquake, or it may occur gradually during a pervasive response such as an influenza pandemic. In either case, the NV CSC Plan will support the timely activation, ongoing implementation, and deactivation of CSC. Some responses may suddenly escalate to CSC, while others may slowly transition from conventional standards of care, to contingency standards of care, and finally to CSC.

The State Chief Medical Officer, in consultation with the Governor's Office, the Attorney General's Office, local health officials, and DEM, has the authority to activate the NV CSC Plan and convene the SDMAT. Before or concurrently with the activation of the NV CSC Plan, DPBH will consult with DEM to ensure that applicable local and state emergency or disaster declarations are in place or requested. DPBH and DEM will also coordinate with federal partners to ensure that appropriate federal declarations have been requested or instated as appropriate.

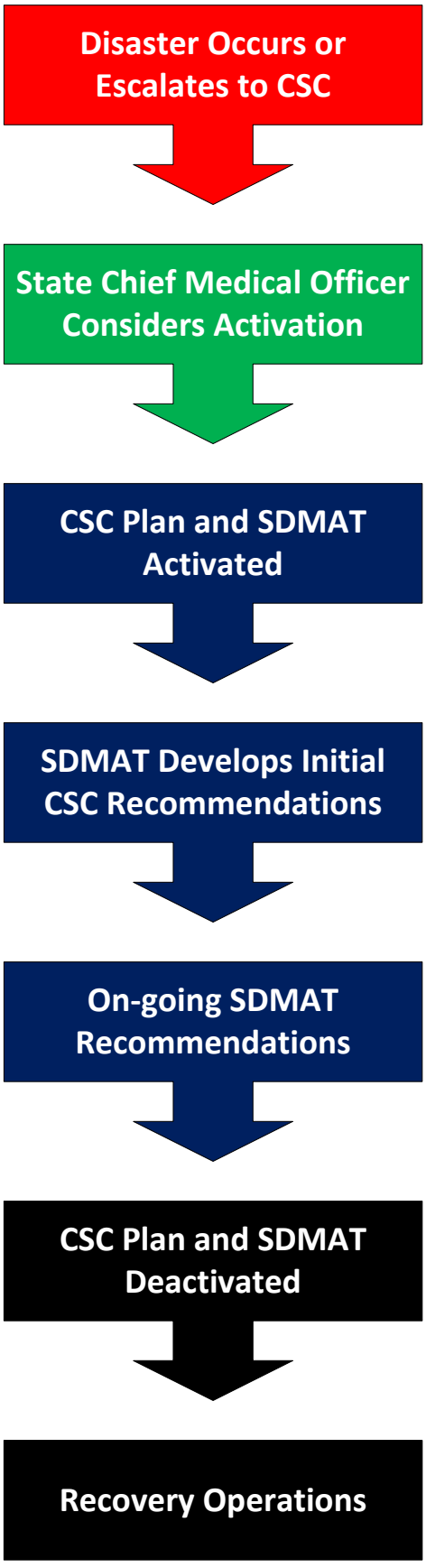
Once the NV CSC Plan is officially activated, the State Chief Medical Officer will work with DPBH and DEM staff to identify and notify appropriate personnel to staff the SDMAT. Each type of response (e.g., pandemic, earthquake, terrorist attack) will require a different set of medical professionals, public health staff, and subject matter experts. The State Chief Medical Officer or designee will identify the most appropriate individuals for the SDMAT and request their participation.

After the SDMAT participants have been notified, they will confirm their availability to serve on the SDMAT. The SDMAT will meet initially to receive a situation briefing from the State Chief Medical Officer or designee. This meeting can be held in-person, via conference call, or a combination thereof. Following the initial situation briefing, the SDMAT will begin the process of developing recommendations for the practical application and proper implementation of CSC.

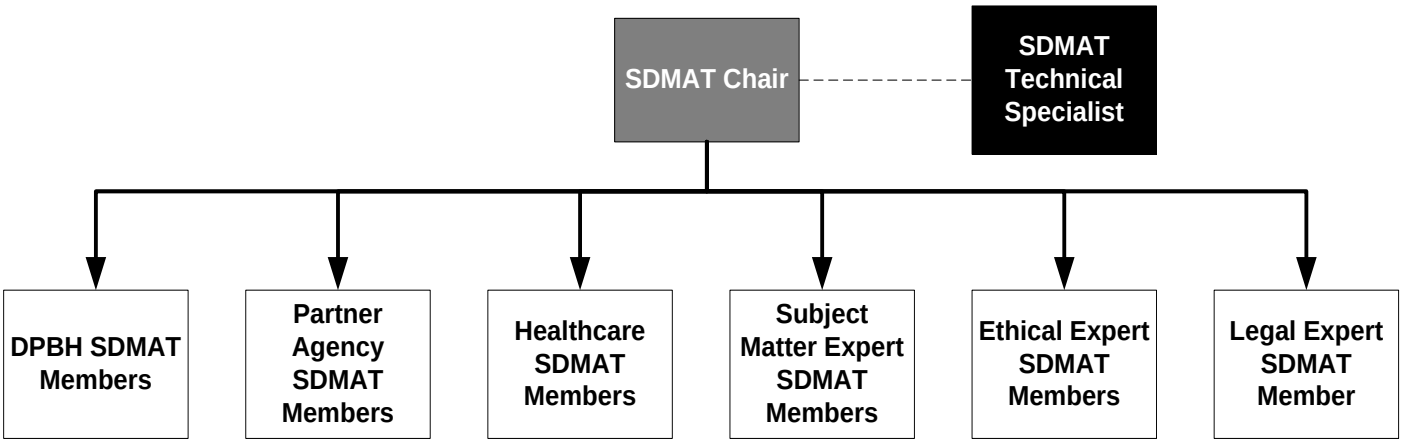
Assumptions Surrounding Crisis Standards of Care

- State or federal disaster declarations have been requested (e.g. Stafford Act, Public Health Services Act)
- Patient transfer to other facilities is not possible or feasible, at least in the short-term
- There are disruptions to the healthcare supply chain
- Access to medical countermeasures is limited
- Trained healthcare staff are unavailable or unable to adequately care for a volume of patients
- Available local, regional, state, and federal caches (of equipment, supplies, pharmaceuticals) have already been distributed and **no resupply is foreseeable for at least 96 hours**

NV CSC Plan Activation and Deactivation



SDMAT Organization Chart



SDMAT Job Positions

1. SDMAT Chair
2. SDMAT Technical Specialist
3. DPBH SDMAT Members
4. Partner Agency SDMAT Members
5. Healthcare SDMAT Members
6. Subject Matter Expert SDMAT Members
7. Ethical Expert SDMAT Members
8. Legal Expert SDMAT Members

SDMAT Responsibilities

All job descriptions for the SDMAT members are listed in Appendix B of the CSC Plan

- **The SDMAT Chair** will be responsible for overseeing the SDMAT and the development and dissemination of recommendations;
- **The SDMAT Technical Specialist** will report to the SDMAT Chair and will coordinate the development of timely, incident-specific recommendations;
- **DPBH SDMAT Members** will coordinate and advise on CSC recommendations from their assigned program areas;
- **Partner Agency SDMAT Members** will contribute to the development and implementation of CSC recommendations and interface between their respective partner agencies and the SDMAT;
- **Healthcare SDMAT Members** will contribute to the development and implementation of CSC recommendations and interface between their respective facilities or agencies and the SDMAT;
- **Subject Matter Expert SDMAT Members** will provide and interpret technical information and data related to the response and contribute to the development and implementation of CSC recommendations statewide;
- **Ethics Expert SDMAT Members** will advise on ethical healthcare-related issues related to the response and contribute to the development and implementation of CSC recommendations; and
- **Legal Expert SDMAT Members** will advise on legal issues related to the response and contribute to the development of CSC recommendations.

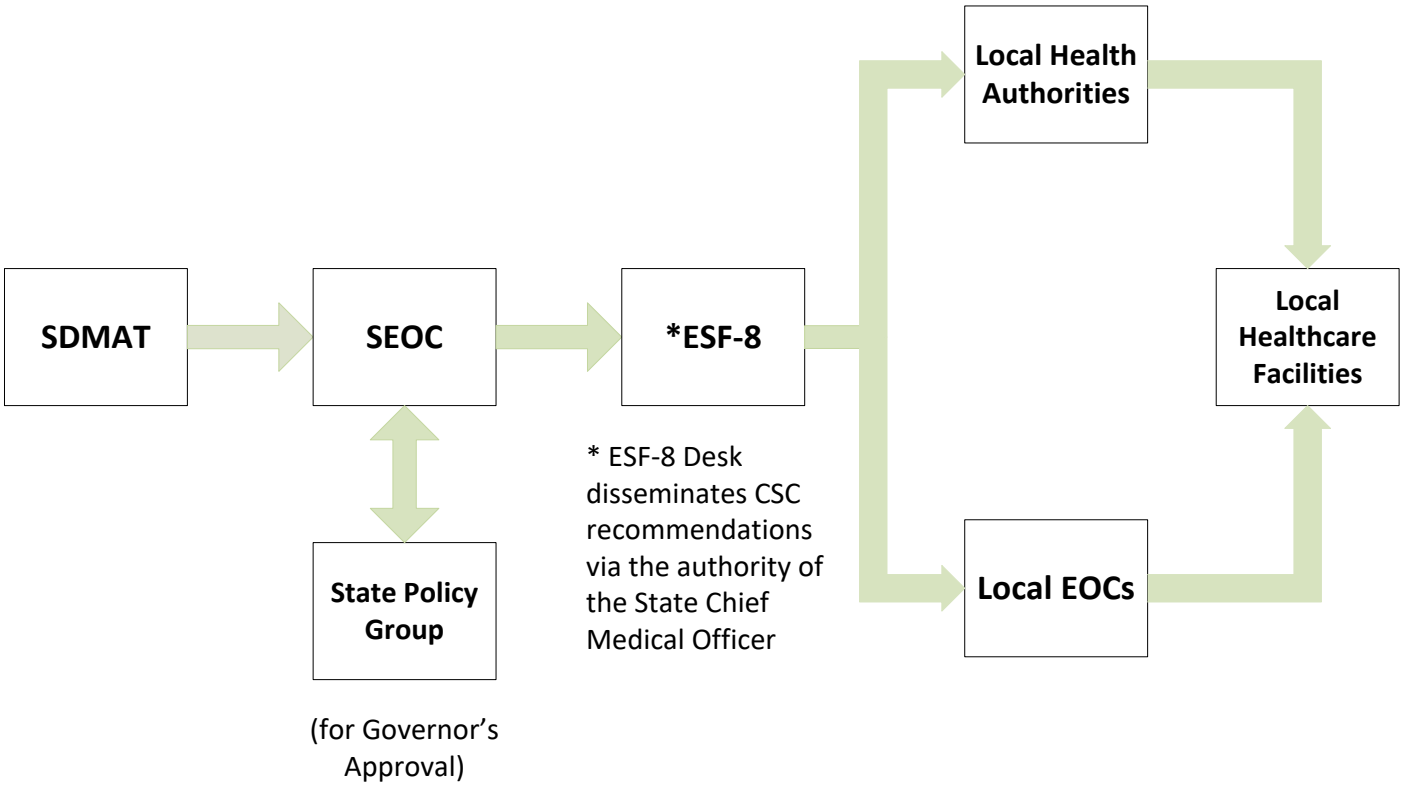
SDMAT Scope

Assisting the Division Operations Center (DOC) at the Division of Public and Behavioral Health (DPBH), the SDMAT can be activated during a catastrophic healthcare crisis to develop ongoing recommendations for healthcare and public health stakeholders in Nevada. Additionally, the SDMAT will support the emergency management and incident command system (ICS) established throughout the state. SDMAT recommendations may include but are not limited to the following:

- Guidelines for the provision of EMS;
- Primary, secondary, and tertiary triage guidelines for healthcare facilities;
- Expanding scopes of practice for healthcare professionals, as approved by regulatory authorities;
- Priorities for allocation and utilization of scarce medical resources, including space, staff, and supplies; and
- Guidelines for healthcare access points, including hospitals, out-of-hospital facilities, and alternate care sites.

SDMAT Recommendation Flow

The SDMAT will send the recommendations to the SEOC. The SEOC will then send the recommendations to the State Policy Group for the Governor's approval. Once approved, the SEOC will send the recommendations to ESF-8 for dissemination to local public health authorities, EOCs, and healthcare facilities.



At the healthcare facility level, a Clinical Care Committee (CCC) will receive the CSC recommendations and work with healthcare professionals to implement the recommendations. Each CCC will work under its hospital's or healthcare facility's Incident Command (IC). The main functions of the CCC are to interpret the recommendations for its healthcare facility, implement triage standards, and make resource allocation decisions, thereby allowing clinicians to focus on patient care. This facilitates the transition from individual to population-based care.

Liability

In a declared disaster, federal and state laws protect the actions of employees and volunteers. NRS 414.110 provides recognition of immunity and exemption for governmental workers relating to emergency management, except in the case of willful misconduct, gross negligence, or bad faith. It also may waive requirements for a license to practice any professional, mechanical or other skill for any authorized worker who in the course of performing his or her duties as such, practices that professional mechanical or other skill during an emergency or disaster. As used in this section, "worker" includes, without limitation, any full-time or part-time paid, volunteer or auxiliary employee of this State, of any political subdivision thereof, of other states, territories, possessions or the District of Columbia, of the Federal Government, of any neighboring country, or of any political subdivision thereof, or of any agency or organization, performing services for emergency management at any place in this State subject to the order or control of, or pursuant to a request of, the State Government or any political subdivision thereof.

If identified as a part of the SDMAT, an individual would be considered an agent of the state of Nevada and be protected under NRS 414.110. For further information on NRS 414.110, please refer to page 59 of the plan.

SDMAT Plan Deactivation

In most cases, deactivation will start with a move from CSC to contingency standards of care, followed by reinstatement of conventional standards of care. As with plan activation, the NV CSC Plan may be deactivated quickly or may be gradually deactivated over a sustained period of time. The State Chief Medical Officer, based on SDMAT recommendations, and in consultation with the DHHS Director and the Governor's Office, the Attorney General's Office, local health officials, and DEM, has the authority to deactivate the NV CSC Plan. Deactivation will only occur when all healthcare facilities are able to return to contingency or conventional standards of care. The following steps will help ensure consistent deactivation of CSC statewide:

- The SDMAT will maintain situational awareness of impacted healthcare;
- When a significant number of facilities, as determined by the SDMAT, may be able to return to conventional or contingency standards of care, the SDMAT will inform the State Chief Medical Officer that deactivation is anticipated;
- The State Chief Medical Officer will work with the SEOC State Policy Group to evaluate the situation and obtain consensus for deactivation of CSC;
- Upon approval of the State Chief Medical Officer, the SDMAT will work with the SEOC ESF-8 to prepare messaging for deactivation; and
- The SEOC ESF-8 disseminates deactivation messaging to local and regional public health authorities, emergency operation centers, and healthcare facilities.