



Nevada Crisis Standards of Care

What is the goal?

The main goal to create a Nevada Crisis Standards of Care (CSC) Plan is to minimize serious illness and death and to maximize appropriate care for the largest number of patients during a pandemic or other catastrophic disaster.



Why must the standard of care be altered during a major crisis?

- A pandemic or other catastrophic disaster may strain medical resources
- A crisis will require a shift in care from the individual patient to doing the most good for the greatest number of people
- In a disaster, it will be necessary to reallocate scarce resources to save as many lives as possible
- By **no means** will crisis care imply “substandard” care

Please refer to the [Institute of Medicine \(IOM\) description of the Continuum of Care, Resources, and Operations during a crisis in the tables below:](#)

What are the assumptions associated with CSC implementation?

- Resources are unavailable or undeliverable to healthcare facilities
- A severe shortage exists (i.e., healthcare providers, equipment, supplies, and pharmaceuticals) with an overwhelming demand of services
- Access to medical countermeasures (i.e., vaccines, medications, antidotes, and blood/plasma) is limited
- Most, if not all, of the community infrastructure is impacted
- Local officials are unable to perform their usual roles
- Most, if not all, of the community functions and services are disrupted
- Surrounding communities are affected, therefore no regional resources exist
- Local, regional, state and federal resources (i.e., equipment, supplies, and medications) have been distributed and there is no short-term resupply

The Continuum of Care				
	Effects Standards of Care	Constrained Resources	Prior Experience	Focus of Care
Conventional	No	No	Yes	Individual Patient
Contingency	Slightly	Slightly	Yes	Individual Patient
Crisis	Yes	Yes	Probably No	Community

* IOM Report 2011 *Crisis Standards of Care A Systems Framework for Catastrophic Disaster Response*



Nevada Crisis Standards of Care

Resources and Levels	Conventional	Contingency	Crisis
Space	Usual patient care space is used	Patient care areas repurposed	Facility damaged, unsafe, packed or alternative areas are used
Personnel	Usual staff	Brief deferral of non-emergent services	Trained staff unavailable or unable to provide adequate care
Supplies Equipment	Used as needed	Used more than usual	Critical supplies lacking
Standards of Care	Usual	Functionally equivalent care	CSC (e.g., no electives)

IOM Report 2011 Crisis Standards of Care A Systems Framework for Catastrophic Disaster Response

Surge Capacity	Description
1) Conventional	Business as usual. May include seasonal increases in service (e.g., Burning Man visitors, flu season).
2) Contingency	Conventional care continues until demands for care outpace available resources. Capacity to surge is maximized and eventually may lead to a crisis.
3) Crisis	Overwhelming demand for service marked by shortages of equipment, supplies, pharmaceuticals, and personnel. Requires substantial operational adjustments.

The Nevada CSC Planning will be...

- Transparent
- Public Health evidence-based
- Meeting the ethical and moral values of Nevada communities
- Driven by the healthcare system
- Resultant in care standards suitable during catastrophic disaster situations
- Collaborative with community, local health authorities, and the State health authority
- A locally driven plan for delivering rapid care during disasters
- Inclusive of all preparedness partners: Clinical/Healthcare, EMS/Fire, Tribal, Legal/Ethical, Mental/Behavioral Health and Public Community Engagement

Next Steps:

If you are interested in contributing to this important planning process of Crisis Standards of Care for the health and wellbeing of all Nevadans and visitors to our state, please forward your contact information to:

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