IDAHO DEPARTMENT OF HEALTH & WELFARE

CRISIS STANDARDS OF CARE FAQS

What are crisis standards of care?

Crisis standards of care are guidelines that help healthcare providers and healthcare systems decide how to deliver the best care possible under the extraordinary circumstances of a disaster or a public health emergency. Crisis standards of care guidelines would be used when resources are insufficient to provide the usual standard of care to people who need it. The goal of crisis standards of care is to save as many lives as possible.

During a disaster, such as an earthquake or a pandemic, healthcare systems may be so overwhelmed by patients, or resources may be so scarce, that it may not be possible to provide all patients the level of care they would receive under normal circumstances. In those situations, crisis standards of care would guide decisions about how to allocate scarce resources, such as hospital beds, medications, or breathing machines.

When would the crisis standards be activated?

Crisis standards of care are ONLY activated during a disaster that overwhelms the healthcare system across a broad geographic region and ONLY if resources cannot be obtained quickly enough to address the shortage. Resource limitations may involve space, supplies, or staff needed to adequately care for all patients.

How long are crisis standards of care in effect?

Crisis standards of care are in effect only until enough resources are consistently available to return to the usual standard of care.

Who will declare that crisis standards of care are in effect?

Per temporary administrative rule, IDAPA 16.02.09, the Director of the Department of Health and Welfare will declare the activation of crisis standards of care after careful consideration and upon recommendation of the Crisis Standards of Care Activation Advisory Committee.

How would crisis standards of care affect me and my care?

When crisis standards of care are in effect, people who need medical care may experience care that is different from what they expect. For example, emergency medical services may need to triage (prioritize) which 9-1-1 calls they respond to. Patients admitted to the hospital may find that hospital beds are not available or are in repurposed rooms (e.g. a conference room) or that laboratory or radiology services are limited or unavailable.

In rare cases, ventilator (breathing machines) or intensive care unit (ICU) beds may need to be used for those who are most likely to survive, while patients who are not likely to survive may not be able to receive one. The goal in all cases is to provide the best medical care possible with the resources that are available and to save the greatest number of lives.

I have a disability. Will I be individually assessed for access to scarce resources?

Like other people in the community needing care, people with disabilities will be individually assessed for potential treatments using the best available objective medical evidence. The ethical framework in the “Strategies for Scarce Resource Situations” document states that persons with disabilities should not be denied access to healthcare resources based on stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities. This is in accordance with Federal nondiscrimination laws, such as the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act (ACA), which prohibit medical rationing measures when they result in the denial of care based on disability to an individual who would benefit from it.

CRISIS STANDARDS OF CARE FAQS

I live in the community and have my own ventilator. What will happen to my ventilator if I go to the hospital?

A person who lives in the community and uses their own ventilator will not lose access to that ventilator if they go to the hospital. However, if that person needs a new or hospital-grade ventilator, and there are not enough ventilators for everyone who needs one, they will enter the triage algorithm and be individually assessed for allocation like any other patient. Like other personal belongings, privately owned ventilators should be inventoried with patient belongings and should be returned to the patient upon discharge. Privately owned ventilators should not be reallocated to other patients.

Will the hospital provide someone, or can I bring someone, to help me communicate my needs and wants when I go to the hospital?

Yes, a family member, friend, or care provider may help you communicate with medical personnel. The ethical framework in the "Strategies for Scarce Resource Situations" document states that communication assistance should be provided to all patients or families who request it during all phases of evaluation and treatment. You, or the person with you, should tell medical personnel that you need help communicating by requesting a reasonable modification to policies that might prohibit your helper from staying with you. This includes people who understand what you're saying so they can relay your responses to medical staff, or someone who can help you understand the information medical staff are giving you or questions they ask.

Medical facilities are required to provide American Sign Language and other language interpreters. However, accommodations under civil rights laws must be reasonable. Given the shortage of language interpreters, especially in rural areas, time sensitivity, and the risk of infection, language interpretation through Video Relay Services (VRS) may be the only option, if you do not have a family member, friend or staff who is able to help you. Other options could include the use of a white board, note pad, or smart device when written communication in English or other language common to an area is an option.

The right to effective communication is protected by Federal nondiscrimination laws, such as the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act (ACA).

Is it possible for hospitals to share resources instead of implementing crisis standards of care?

Yes. Before crisis standards of care are implemented, every effort will be made to secure resources from local, regional, and federal sources. Crisis standards of care will ONLY be implemented if sufficient resources cannot be obtained quickly enough to provide adequate care for patients.

If crisis standards of care are implemented during the COVID-19 pandemic, will all medical care be affected, or just COVID-19-related care?

If crisis standards of care are implemented during the COVID-19 pandemic, all types of medical care may be affected. If, for example, a patient needs ICU level care for the treatment of a severe infection or a traumatic accident, and there are not enough ICU beds available to treat all the patients who need one, that patient would enter a triage algorithm just like patients with COVID-19 who need an ICU bed.

Has Idaho ever had to utilize crisis standards of care?

Crisis standards of care was activated in northern Idaho (Panhandle and North Central Health Districts) on September 6, 2021 and for the rest of the state on September 16, 2021. The Idaho Crisis Standards of Care Plan was developed in 2020 and, prior to the September 2021 activations, had never been utilized.