EMS Crisis Standards of Care

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Colorado’s EMS and Trauma System - By the Numbers

- EMS agencies annually respond to 750,000 incidents and transport 485,000 patients per year
  - ~25% trauma/injured
  - ~75% medical/behavioral/other conditions
- Approximately 200 licensed ambulance services
- More than 19,000 certified EMS providers
- 84 designated trauma centers
- 30 licensed and recognized air ambulance agencies
GEEERC
Governor’s Expert Emergency Epidemic Response Committee

• Created in 2000
  – After a pneumonic plague attack in Denver
• Advises Governor on disease threats and other epidemiological emergencies (natural & intentional)
• Membership includes experts from public health, medicine, mental health, emergency management, agriculture, law, pharmacy, wildlife, and military.
Colorado’s Crisis Standards of Care

- 2008 - Guidance for Alternations in the Healthcare System During an Influenza Pandemic
- 2018 - CDPHE: All Hazards Internal Emergency Response and Recovery Plan
Crisis Standards of Care

A Systems Framework for Catastrophic Disaster Response
Duty to Plan

“Note that in an important ethical sense, entering a crisis standard of care mode is not optional – it is a forced choice, based on the emerging situation. Under such circumstances, failing to make substantive adjustments to care operations – i.e., not to adopt crisis standards of care – is very likely to result in greater death, injury or illness.”
Crisis Standards of Care

This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period.
Crisis Standards of Care

The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for healthcare providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations.
Recommendations

1. Develop Consistent State Crisis Standards of Care Protocols with Five Key Elements

2. Seek Community and Provider Engagement

3. Adhere to Ethical Norms during Crisis Standards of Care

4. Provide Necessary Legal Protections for Healthcare Practitioners and Institutions Implementing Crisis Standards of Care

5. Ensure Consistency in Crisis Standards of Care Implementation

6. Ensure Intrastate and Interstate Consistency Among Neighboring Jurisdictions
COVID-19

• GEEERC Meeting, February 13, 2020
  – Discussed progression and unique aspects of COVID
  – Established a SME to advise GEEERC

• Fortuitous meeting with the Colorado Healthcare Ethics Resource (CHER)

• Already working to update the ethics framework for emerging infectious disease (EID)
COVID SME Advisory Group

• Multidisciplinary Advisory Group: ~30 Members
• Initial Focus, Create/Refine CSC for:
  – Hospitals: scarce resources
  – Emergency Medical Services
  – Personal Protective Equipment
• Expanded to include:
  – Palliative care, behavioral health, maternal and child health
  – Community Engagement Group
Rapid Progress - April 5, 2020

- COVID Pandemic Crisis Standards of Care
  - Hospitals
  - EMS
  - PPE
- Presented to the GEEERC on April 5, 2020
  - Approved
  - Forwarded to Governor
CSC for EMS

- Two Key Concepts:
  - Fluid document, incorporates all components of an EMS response
  - Depending on resources available in a community and EMS system, some or all of the measures in the SCS plan may be implemented
CSC for EMS

• Public Safety Answering Points
• Dispatch Centers
• EMS Agencies
• EMS Responders
• PPE for COVID-19
• Transport Destination / Criteria for non-transport
• Medical Care: On-Scene & During Transport
• Hospital Bypass and Divert

Download Colorado’s EMS CSC HERE
Adoption of COVID-19 CSC for EMS

• EMS Agencies Adopting the CSC for EMS Develop Their Own Trigger/Action Matrix
• Adopted by EMS in 46 of 64 counties
• CDPHE notified when agency adopts CSC for EMS or PPE
Questions?

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