



ARIZONA DEPARTMENT OF HEALTH SERVICES

COVID-19 Pandemic: Crisis Standards of Care Activation Recommendation from State Disaster Medical Advisory Committee (SDMAC) and ADHS Final Determination - 6/26/20

Situation

- The COVID-19 pandemic is spreading in Arizona.
- Data reported to EMResource shows that hospitals continue to see increased use of hospital resources along with decreasing bed availability.
- Data from the Arizona Surge Line shows that staffing may be a constraint within some Arizona facilities, further limiting hospital capacity.
- Remdesivir, a promising therapeutic for moderately ill, hospitalized patients with COVID-19 is insufficient in supply and future increase in supply is not secured.
- Dexamethasone, a potentially life-saving drug, has also been reported from at least one hospital to be in insufficient supply.
- Reporting during stakeholder meetings reveals that personal protective equipment is being reused regularly, patient transfer times are increasing, and staff availability is decreasing due to prolonged hours and the increased physical demands of caring for critically ill COVID-19 patients.

Background on [Arizona Crisis Standards of Care 3rd edition](#)

- The *Arizona Crisis Standards of Care, 3rd edition*'s mission is to provide a response and recovery framework for catastrophic disasters, enabling optimal community resilience across the statewide healthcare system. It draws heavily from the Institute of Medicine's *Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response* (2012).
- The SDMAC-approved Triage Protocol for COVID-19 is an addendum to the *Arizona Crisis Standards of Care, 3rd edition*, and other SDMAC activities and recommendations are also driven by this document.

Importance of Establishing Statewide Standards of Care

- Establishing statewide standards of care ensures that all hospitals are providing the same level of care and patients are not treated by different standards.
- Establishing statewide contingency or crisis standards of care allows the use of the SDMAC-approved triage Protocol.
- Executive Order 2020-27: The "Good Samaritan Order" Protecting Frontline Healthcare Workers Responding to the COVID-19 Outbreak provides civil liability protections to healthcare providers who are following the SDMAC-approved Triage Protocol for COVID-19. In order for a facility to use triage, they must be in contingency or crisis standards of care.

Legality of Contingency and Crisis Standards of Care

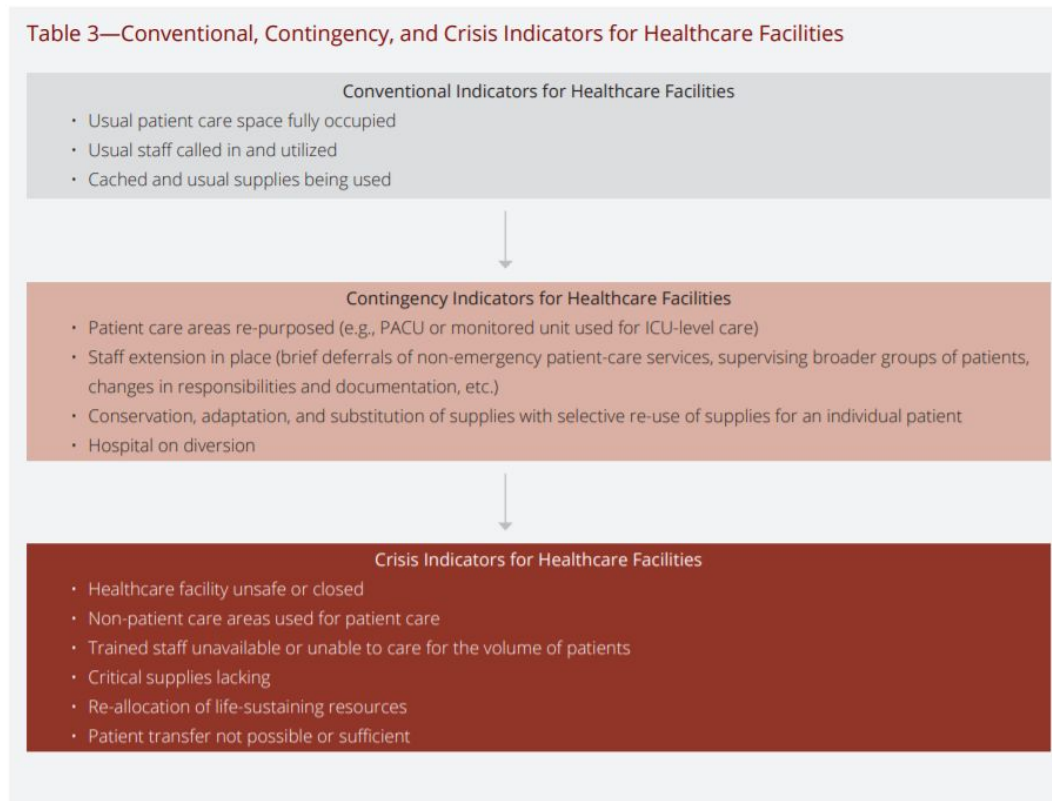
Legal protections help to assure healthcare practitioners, who act in good faith, will not be held liable during emergencies:

- According to the Good Samaritan Act (see ARS §36-2263), persons and entities are not subject to civil liability for any personal injury that results from any act or omission that does not amount to willful misconduct or gross negligence.
- The federal Public Readiness & Emergency Preparedness (PREP) Act provides immunity from liability for any loss caused, arising out of, relating to, or resulting from administration or use of countermeasures for diseases, threats and conditions determined in the Declaration to constitute a present or future credible risk of a public health emergency.
- That federal PREP Act provides tort liability protections for public and private sector employees and entities that manufacture, test, develop, distribute, administer, or use Covered Countermeasures.
 - Covered Countermeasures are any drug, biologic, diagnostic, device, or vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, or any device used in the administration of any such product.
 - The Administration of Covered Countermeasures means the physical provision of the countermeasures to recipients, or activities and decisions directly relating to public and private delivery, distribution and dispensing of the countermeasures to recipients, management and operation of countermeasure programs, or management and operation of locations for purpose of distributing and dispensing countermeasures.

Entity liability protections create incentives for private and nonprofit entities to join with government agencies as they prepare for, and respond to, public health emergencies. Despite these protections, healthcare practitioners must act within the scope of practice allowed them, and not act in a negligent way or commit an intentional tort, an act of misrepresentation, or abandon a patient.

Indicators for activation of Crisis Standards of Care

See pages 18 and 19 of the *Arizona Crisis Standards of Care, 3rd edition*. Indicators for Health Care Facilities are included in Table 3 on page 19.



SDMAC Recommendation

SDMAC recommends ADHS officially declare crisis standards of care.

- Prepare for hospital surge and anticipate all licensed beds and all surge beds will need to be functional and fully staffed.
- Request waivers from ADHS, collaborate with hospital associations where feasible.
- Activate Hospital Incident Command and meet with increasing frequency.
- Activate triage officers as described in the *Crisis Standards of Care* plan and April 1, 2020 SDMAC guidance “[Implementing Crisis Standards of Care at Short-Term Inpatient Acute Care Facilities](#)”.
- Establish regular communication with local health jurisdiction.
- Convene SDMAC frequently to reassess crisis status.

ADHS Final Determination

Based on the recommendation from SDMAC and information provided to the Department the week of June 22, 2020 through required reporting in EMResource, discussions with hospital leaders, ADHS Division of Licensing outreach, Arizona Surge Line outcomes, and formal resource requests submitted by local health departments on behalf of hospitals, ADHS has determined that some hospitals in Arizona may meet crisis standards of care indicators.

ADHS is officially activating crisis standards of care in Arizona with the recognition that an individual hospital's status may fall within the continuum of contingency and crisis standards of care.

ADHS urges all hospitals do the following:

- Activate tactics identified in the *Arizona Crisis Standards of Care, 3rd edition* and recommendations previously set forth by SDMAC to address space, staff, and resource constraints as necessary for the hospital's current situation.
- Prepare for surge and anticipate all licensed beds and all surge beds will need to be functional and fully staffed.
- Limit surgeries to only those cases that are emergent or that are non-emergent, essential procedures that do not impair the care of other patients.
- Activate Hospital Incident Command and meet with increasing frequency.
- Establish regular communication with local health jurisdiction.

ADHS intends to frequently reassess the need for contingency and crisis status in Arizona.