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Standards of Care During a Mass Casualty Event—A Series of Regional Workshops

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Upon completion of this course, the participant will be able to:

1. List three mass casualty scenarios that would likely involve potential altered standards of care protocol for the emergency department;
 2. Name four possible standards of care issues related to surge capacity during a catastrophe;
 3. Describe legal and ethical considerations in a catastrophic event; and
 4. Discuss efforts underway to establish local, state, and regional standards of care protocols.
- I. Introduction and Framing the Problem
- A. Scenario
 1. Existing limited medical resources
 2. Pandemic
 3. Hurricane Katrina
 - B. Regional workshop description
 1. Participants
 2. Locations
 3. Objectives
 4. Agenda
- II. Workshop Topics Addressed
- A. Related work on crisis standards of care
 1. Altered Standards of Care in Mass Casualty Events (AHRQ)
 2. Mass Medical Care with Scarce Resources – A Community Planning Guide (AHRQ)
 3. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report (IOM)
 - B. Crisis standards of care protocol development
 - C. The surge capacity continuum-of-care related to standards of care
 1. Conventional capacity
 2. Contingency capacity
 3. Crisis capacity
 4. The North Dakota plan example
 - D. Clinical operations are discussed in outline number three below
 - E. Provider involvement and engagement
 1. EMS
 2. Physicians
 3. Hospital officials
 - E. Public engagement and education
 1. Challenges
 2. Culture of preparedness
 3. Elected officials and media
 - F. Developing intrastate and interstate cooperation and consistency



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- 4. Approaches by states
 - a) Massachusetts
 - b) Virginia
- 5. FEMA regions
- 6. All-hazards consortium
- G. Role of the Federal government and national leadership
 - 1. AHRQ/ASPR
 - 2. VHA
 - 3. DOD
- H. Ethical considerations
- I. Legal issues for crisis standards of care
 - 1. Liability
 - 2. Addressing the problem
 - a) Deputize physicians
 - b) Enact liability protection
 - 3. Credentialing and scope-of-practice
 - 4. EMTALA and HIPPA
 - 5. Legal triage
 - 6. Education and training

III. Clinical Operations

- A. Indicators
 - 1. Actual or impending resource shortfalls
- B. Triggers
 - 1. Consistent
 - 2. Based on disaster declaration
 - 3. Driven by front-line providers
- C. Triage
 - 4. Triage algorithm incorporating the Sequential Organ Failure Analysis (SOFA)
 - 5. Across the health system
- D. Alternate care facilities
 - 6. North Dakota alternate care facility planning
 - 7. Delaware
- E. Broadening the scope: emergency medical services, community health, and other components of the health system
 - 1. Considerations for
 - a) EMS
 - b) Community health
 - c) Private sector
- F. Resource availability and distribution
 - 1. Identifying resources
 - 2. Resource acquisition
- G. Pediatrics and other "at-risk" populations
 - 1. Challenges
 - 2. Matching with resources
- H. Palliative care
 - 1. Expected need
 - 2. Planning for care
- I. Mental health care



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1. Patients
 2. Care-givers
- J. Training
- IV. Conclusion
- A. Duty to plan for crisis standards of care

Resources:

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