***Just a little… Crisis***

# Introduction to Crisis Care for EMS Providers

***What is crisis care and how does it fit with disaster/surge planning?***

Crisis care occurs when a disaster results in sustained resource shortages that are severe enough to require a change in the usual manner in which health care is delivered. Of necessity, it takes into account the considerations of the community, and not just the individual, when making medical and health care delivery decisions. Crisis Care is on the end of a spectrum where conventional care is the first and best option, contingency care (functionally equivalent care – perhaps using a different medicine to accomplish the same goal) is the next best, and crisis care occurs when the resource shortfalls cannot be addressed without a risk of poor outcome to individual patients. Crisis situations may be temporary (although these will not be likely to require a change in health care operations), lasting hours, or persisting, lasting days to weeks as in a pandemic. In all cases, planning for a crisis situation is far preferable to trying to figure it out at the time of response request or at the patient’s side.

***How will a disaster and crisis response unfold?***

EMS providers may recognize a disaster event and request activation of disaster plans. They may also have to make some initial triage decisions. Incident command should be implemented and mutual aid agencies should understand how to integrate into the response. City and county emergency managers, hospitals, and the State may need to provide support and resources to meet the demand. In a prolonged event, specific emergency orders and patient care guidance may need to be issued at the State level to facilitate the EMS agency responses.

***What is the Crisis Standards of Care Framework?***

Catastrophic disasters like the 2011 Joplin Tornado, or Hurricane Katrina overwhelmed their impacted communities. Disasters like these have impacted day-to-day health care operations and the level of care possible to deliver since the demand exceeds available resources. During a severe crisis, the way health care is delivered may need to be altered to shift focus from individual patients to the good of the community. The Minnesota CSC Framework was developed to describe the systems, processes, and procedures that will be implemented to manage a catastrophic disaster that impacts the health care system.

***Why is coordination within the region important?***

Awareness of the situation across the region is critical to understanding both the demand for care and the resources available. This promotes a consistent level of care which is the primary goal of a disaster response. Agencies should never be in the position of providing crisis care without requesting regional assistance to improve the situation. Also, as a disaster scales up, regional resources will be used and EMS may ask for resources from neighboring regions. When these resources are used up, EMS may ask for assistance from the state or other bordering states though requests through their local emergency management agency.

***What are some resources that may be in shortage?***

Dispatch may not be able to manage call volumes or prioritize calls effectively, ambulances may not be available, staff may not be available, or specific drugs or supplies may not be available.

***How can those shortfalls be addressed?***

Planning to accommodate a large surge in demand for care is important – the better equipped agencies are with plans and resources, the less likely a crisis situation is to arise. Considerations may include: specific dispatch criteria (prioritization for resources, assigning single agency when multiple might normally be assigned), increased discretion to leave patients at the scene, transport to the closest hospital, encouraging private transport in some situations, and initiating strategies that include conservation and substitution of supplies.

***What is my role as an EMS provider?***

EMS providers should:

* Understand that in the context of crisis care delivery, population-based, and not individual, outcomes will be prioritized
* Be aware of treatment and triage recommendations for disasters, as well as any care guidance circulated specific to the current incident
* Communicate the need to make difficult resource allocation decisions to both their patients and health care providers
* Understand the principles of triage in disasters (see separate sheet on this topic), and how

A key overarching goal is to assure to fairly allocate scarce medical resources under crisis conditions consistency in decision making by ambulance services in the region and not just within the agency.

***What else can I do?***

* Understand your role in disaster response and your agency plan
* Understand the potential resource decisions that may rest on you
* If you may have a role in triage, understand the principles of ethical triage and the potential goals of triage
* Participate in disaster exercises
* Assure your supervisors and medical directors understand and are working with your regional (health care coalition) coordination system and designated regional EMS system to assure consistent regional and inter regional planning.

***What are some resources that are available?***

* MDH Crisis Standards of Care plan EMS annex (weblink)
* Just a little Crisis – Triage (weblink)
* Institute of Medicine – Crisis Standards of Care Report 2012 - <https://www.nap.edu/catalog/13351/crisis-standards-of-care-a-systems-framework-for-catastrophic-disaster>
* IOM 2013 Indicators/Triggers report - <https://www.nap.edu/read/18338/chapter/1>