



Department of Health and Social Services

Crisis Standards of Care & State of Alaska Support to Alaska's Health Care System and Providers

Frequently Asked Questions, Updated Sept. 23, 2021

Q: What are crisis standards of care?

A: Crisis standards of care are peer-reviewed guidelines that help health care providers and health care systems decide how to deliver the best care possible under the extraordinary circumstances of a disaster or public health emergency. Crisis standards of care guidelines can be activated when resources are insufficient to provide the usual standard of care to people who need it. For example, during times of crisis, such as a pandemic, health care 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. Crisis standards of care help health care providers and health care systems triage patients and resources to do the most good for the most people.

Q: When would crisis standards be activated?

A: Hospitals routinely make clinical decisions on how to best use their resources for patient care. Crisis standards of care provide a structured framework for making those decisions during times of crisis and are **ONLY** activated statewide during a disaster that overwhelms the health care system across a broad geographic region while experiencing a severe resource limitation and **ONLY** if resources cannot be obtained quickly enough to address the shortage. Resource limitations many involve space, supplies or staff needed to adequately care for all patients. The State of Alaska continues to work with hospitals and our health care system to prevent the need for health care facilities to use crisis standards of care. The more work we can do to prevent COVID-19, the less likely crisis standards of care will be needed.

Q: Is it possible for hospitals to share resources instead of activating crisis standards of care?

A: Yes. This occurs routinely already. Before crisis standards of care are needed, every effort will be made to secure resources from local, regional and federal sources. Crisis standards of care will **ONLY** be activated within a health care facility if sufficient resources cannot be obtained quickly enough to provide adequate care for patients.

Q: What else is the State of Alaska doing to support hospitals and prevent crisis standards of care from being needed by Alaska's health care providers?

A: The State's COVID-19 response continues to be focused on all manner of COVID-19 prevention, including COVID-19 vaccinations and [nonpharmaceutical interventions \(NPIs\)](#). To support hospitals now, the State of Alaska is taking many steps including, but not limited to:

- 1) **Calls to coordinate patient transfers and allocate resources:** A daily call each morning led by DHSS helps load balance patient surge among hospitals and regions.

- 2) **Background Check Unit:** The State is working to remove the administrative burden and/or delay of the Medicaid Background Check for staff being hired at Alaska State Hospital and Nursing Home Association (ASHNHA) hospitals and nursing homes. The DHSS commissioner has waived background checks for ASHNHA member facilities in these categories:
 - Health care providers licensed and/or certified under Title 8
 - Non-Title 8 licensed individuals, i.e. environmental services, cooks, etc.For individuals with existing or current Alaska background checks that are transferring between facilities or providers, they are waived from applying for a new background check.

- 3) **General Services Administration Contract:** DHSS is signing a \$87 million 90-day contract with DLH Solutions, who will deploy a team to Anchorage to coordinate on-site management and onboarding of contracted health care workers to work at hospitals and skilled nursing facilities across Alaska. The contracted health care workers will go through Alaska emergency licensing and expedited background checks. These workers will begin to be deployed to requesting facilities through a phased rollout over a few weeks beginning Sept. 27. The expense of this contract is 100% reimbursable through the Federal Emergency Management Agency (FEMA). The contract allows for three 30-day renewals. The request was made for the following health care professionals:
 - 297 registered nurses (variety of preferred specialties)
 - 2 licensed practical nurses
 - 114 certified nursing aides/patient care technicians
 - 17 surgical technicians (scrub techs)
 - 15 respiratory therapists
 - 11 social workers/case managers
 - 2 radiology technicians
 - 14 medical laboratory personnel
 - 1 physician

- 4) **Changes to Certified Nurse Aide (CNA) Training:** The Alaska Board of Nursing passed emergency regulations to address the critical shortfall of CNAs by offering flexibility for the CNA training program. The regulation change aligns Alaska CNA training requirements with the federal requirements for 120 days. This reduces the number of training hours from 140 to 75 and requires programs to meet only the federal training requirements. A federal CMS waiver allows facilities to employ temporary nurse aides for up to 120 days during the federal COVID emergency. These two changes create an opportunity for facilities to hire nurse aides and provide most of their training on-the-job while the nurse aide trainees provide care to residents.
- 5) **Alaska State Hospital and Nursing Home Association Contract to Support Expansion of Alaska's CNA Workforce:** ARPA funding will be used to support the expansion of the CNA workforce. The four elements of the contract include:
- Expand nurse aide training
 - CNA communication and marketing campaign to recruit new workforce
 - CNA incentive payment for recruitment and retention
 - Develop apprenticeship program in partnership with Alaska Department of Labor and Workforce Development.
- 6) **Mobile Integrated Health for Emergency Medical Services (EMS):** The State Emergency Medical Services (EMS) Office is working with local EMS agencies on strategies to alleviate overcrowding in hospitals. Strategies will look different in each community but include providing services that facilitate early discharge of hospital patients to open those beds for others. Other strategies include transporting patients to alternate destinations or treating on scene. American Rescue Plan Act Section 604 funds will be used to implement this new system.

Q: How long are crisis standards of care in effect?

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

Q: Who declares that crisis standards of care are in effect?

A: Because Alaska does not have a statute that addresses these standards, the Alaska Department of Health and Social Services commissioner is enabling the use of crisis standards of care by Alaska's health care providers via an [addendum](#) to Alaska's Public Health Emergency Order No. 1 (authorized under HB76). Hospitals and health care facilities often have their own crisis standard of care committees as well as internal processes to enact crisis standards of care within their health care systems. This allows multiple specialists, as well as medical ethicists, to

evaluate challenging situations to support frontline health care workers. The State of Alaska has established a 15-member Crisis Standards of Care Committee to support health care facilities as they decide to enact crisis standards of care. The State of Alaska and the CSC Committee do not decide the care patients receive. Those decisions remain with health care providers and facilities. The addendum to Public Health Emergency Order No. 1 (PHEO 1) enables and supports health care providers to provide the best care they can. The committee is like a safety net for providers, helping hospital teams to work collaboratively and collectively to allocate resources effectively and if needed, to work through ethical considerations when using crisis standards of care.

Q: What is the scope of the statewide crisis standards of care enacted via the addendum to Public Health Emergency Order No. 1?

A: The crisis standards of care adopted through the addendum to PHEO 1 are available statewide to any facility who needs them. Hospitals will often also have their own crisis standards of care, along with standard operating policies and protocols. The addendum is an enabling document for health care providers, systems, hospitals and regions to use as they deem necessary to support triage in times of scarce resources.

Q: How will crisis standards of care affect Alaskans and their care?

A: When crisis standards of care are in effect, people who need medical care may experience care that is different than 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), dialysis machines, or intensive care units (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. Again, the goal is to achieve the best outcome for as many people as possible in times of scarce resources.

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

A: 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 patients who need one, that patient would enter a triage algorithm just like patients with COVID-19 who need an ICU bed.

Q: What does this mean for everyday Alaskans?

A: This is serious; if crisis standards of care are implemented your ability to receive care in a hospital will likely be affected. It may look very different than how you received care in the past and it may look very different in different regions. Surgeries may be postponed, emergency departments may be full, and there may not be any beds for patients admitted to the hospital.

Q: What can Alaskans do to prevent this?

A: This crisis is being caused by the massive influx of COVID-19 patients who need hospitalization. The best thing you can do to help is to GET VACCINATED if you have not done so already. It is safe and effective and the best defense we have against COVID-19. From Jan. 16 – Sept. 11, 2021, 80% of all cases, 88% of all hospitalizations, and 87% of deaths among Alaska residents aged 12 years or older were in people who were not fully vaccinated. Other COVID-19 prevention measures are also important, including masking in public, washing hands, keeping social bubbles small, practicing social distancing, testing when needed, and staying home if infected with the virus or quarantining if exposed. Equally important is continuing to take care of our physical and mental health – and each other. Please be safe and well.

Q: What will it look like if a hospital implements crisis standards of care?

A: Hospitals may implement changes to care that could include:

- Treating and housing patients in a hospital room that was previously used as a classroom, or in a hallway or other makeshift areas.
- Fewer doctors and nurses taking care of more patients.
- Waiting many hours for care or being transferred to another hospital for care.
- Not being prioritized for limited resources (such as a bed or a ventilator) or for available treatments. Patients with a greater likelihood to survive their illness may be given a critical care bed or ventilator over patients less likely to survive.

Q: What if I have a disability? Will I be individually assessed for access to scarce resources?

A: Like others in a community needing care, people with disabilities will be individually assessed for potential treatments using the best available objective medical evidence, based on their current condition requiring hospitalization. Persons with disabilities should not be denied access to health care 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.

Q: What ethical principles are crisis standards of care grounded in?

A: Crisis standards of care must uphold the following core principles:

1. Fairness (e.g. ensure consideration to vulnerable groups);
2. Duty to care (aided by distinguishing triage decision-makers from direct care providers);
3. Duty to steward resources (balances duty to community with duty to individual patient);
4. Transparency in decision making (candor and clarity about available choices as well as acknowledgement of the painful consequences of resource limitation);
5. Consistency (treating like groups alike through institution/system/region policies, with careful deliberation and documentation when local practices do not follow common guidance);
6. Proportionality (burdens should be commensurate with need and appropriately limited in time and scale); and
7. Accountability (maximizing situational awareness and incorporating evidence into decision-making).

Q: Do crisis standards of care provide immunity to health care providers?

A: Crisis standards of care do provide good-faith immunity, but do not apply to acts or omissions that constitute gross negligence, reckless misconduct, or intentional misconduct.

Additional resources

- Office of Governor Mike Dunleavy Press Release: [Hundreds of Health Care Workers Coming to Alaska as State Provides Support to Hospitals and Health Care Providers](#)
- DHSS: [Patient Care Strategies for Scarce Resource Situations](#)
- [Addendum to the Public Health Emergency Order](#)
- DHSS: [Info Sheet to the Addendum](#)
- DHSS: [Hospital Capacity Actions](#)
- DHSS: [Response to ASHNHA's Sept. 1 Letter Requesting Support](#)

Sources for this FAQ include:

- [COVID-19 Crisis Standards of Care: Frequently Asked Questions for Counsel](#), last updated December 18, 2020, AAMC
- [Rapid Expert Consultation on Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic \(July 29, 2021\)](#), the National Academies of Sciences, Engineering and Medicine
- [Rapid Expert Consultation on Crisis Standards of Care for the COVID-19 Pandemic \(March 28, 2020\)](#), the National Academies of Sciences, Engineering and Medicine

- [Idaho Department of Health & Welfare Crisis Standards of Care webpage](#) (Sept. 16, 2021)
- [Idaho Department of Health & Welfare Crisis Standards of Care FAQ](#) (Dec. 8, 2020)

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