



ARIZONA DEPARTMENT OF HEALTH SERVICES

COVID-19 Implementing Crisis Standards of Care at Short-Term Inpatient Acute Care Facilities Guidance Approved by State Disaster Medical Advisory Committee (SDMAC) - 4/1/2020

Background

As the COVID-19 response escalates in Arizona, healthcare organizations should be aware of the Arizona Statewide Disaster Medical Advisory Committee (SDMAC). This committee is comprised of healthcare professionals, state and local officials, and other subject matter experts. As the response progresses, the SDMAC will develop guidance and recommendations for healthcare providers, including hospitals, out-of-hospital providers, emergency medical services (EMS), and other health and medical partners. The [Arizona Crisis Standards of Care Plan](#) describes the role of the SDMAC and other response entities involved in the COVID-19 response.

In order to operationalize the SDMAC guidance, healthcare organizations will need to have staff available to review and implement the guidance. Organizations may choose to establish a clinical care committee to facilitate this process. The following excerpts, taken from the [Arizona Crisis Standards of Care Plan](#) (pages 68, 116 and 117) provide recommendations for healthcare entities implementing SDMAC guidance.

Clinical Care Committee Staff at Short-Term Inpatient Acute Care Facilities

During a statewide CSC response, healthcare facilities or systems will need to assign specific tasks to both clinical and incident command staff. The following staff descriptions can serve as a guide for healthcare facilities to use when developing or updating medical surge or CSC plans (see sample job action sheets for clinical care committee staff on pages 2 and 3 of this document). These can be modified as needed to fit the Incident Command System in place at individual healthcare facilities or healthcare systems. Small healthcare facilities may only have one person available to implement CSC, whereas a large hospital may have a team of staff. Planners should adjust these positions, as needed, but should separate the task of CSC triage from patient care, if possible. See the “Clinical Concept of Operations” in the [Arizona Crisis Standards of Care Plan](#) for additional information on primary, secondary, and tertiary triage.

Clinical Care Director

In larger healthcare facilities or systems, the Clinical Care Director will report to the facility or system Incident Commander and will coordinate CSC priorities and guidance within the incident command. The Clinical Care Director will liaise between the SDMAC and the healthcare facility or system to provide situational awareness and implement CSC at the facility level (see sample Job Action Sheet on page 2).

CSC Triage Officer

The CSC Triage Officer reports to the Clinical Care Director. He or she will triage patients according to CSC priorities and any guidance developed by the SDMAC. Healthcare facilities or systems should consider developing separate job action sheets for Primary, Secondary, and Tertiary Triage Officers, if possible. RNs usually perform primary triage, whereas physicians typically perform secondary and tertiary triage. Most importantly, to preserve objectivity, these Triage Officers should not be providing patient care, if possible (see Job Action Sheet on page 3).

Recommendation

- **Short-term inpatient acute care facilities or systems should immediately identify a staff member to serve as the Clinical Care Director**
- **Short-term inpatient acute care facilities or systems should immediately identify physician(s) or qualifying clinician(s) to serve as CSC Triage Officer(s) for the facility or system. Identification of facility-specific Triage Officer(s) is preferred.**

**CLINICAL CARE DIRECTOR
CRISIS STANDARD OF CARE SAMPLE JOB ACTION SHEET**

Qualifications and Training

- Physician
- Knowledge of healthcare system, public health emergency preparedness, and medical surge
- Familiarity with the Hospital Incident Command System (HICS)
- Familiarity with the *Arizona Crisis Standard of Care Plan* and CSC Code of Ethics

Overall Responsibilities

- Oversee the implementation of CSC priorities and guidelines at healthcare facility
- Coordinate between SDMAC and healthcare facility
- Coordinate CSC guidance and priorities with facility emergency operations (Incident Command)
- Provide situational awareness related to medical surge and CSC to SDMAC as appropriate

CSC Activation – First 12 Hours

- Confirm receipt of CSC guidance and priorities from SDMAC
- Identify and supervise Triage Officer(s)
- Brief Incident Command and clinical staff to inform them of CSC guidance and priorities
- Ensure that Triage Officers are in place so that clinicians providing patient care are solely focused on the treatment and survival of the patients under their care
- Develop report outlining CSC activities for initial operational period according to facility policy

CSC Operations – Ongoing

- Coordinate with Incident Command to provide situational awareness for local and state response agencies and the SDMAC
- Contribute to the development of facility status reports, meeting minutes and other documentation as needed
- Ensure separation of duties between Triage Officer(s) and clinicians providing patient care
- Consult with Incident Command staff regarding the need for critical incident stress management (CISM), psychological first aid, or other behavioral health support for Triage Officers and healthcare practitioners/professionals involved in CSC implementation
- Work with Incident Command Staff to determine incident-specific thresholds for de-escalating CSC into either contingency or conventional care

CSC TRIAGE OFFICER
CRISIS STANDARD OF CARE SAMPLE JOB ACTION SHEET

Qualifications and Training

- Physician or qualified triage nurse
- Knowledge of healthcare system and medical surge
- Familiarity with the Hospital Incident Command System (HICS)
- Trained in Critical Incident Stress Management (CISM), as needed
- Familiarity with the *Arizona Crisis Standard of Care Plan* and appended CSC Code of Ethics

Overall Responsibilities

- Reports to the Clinical Care Director
- Ensures patients are triaged according to CSC guidance and priorities developed and implemented by the SDMAC
- Reports space, staff, and supply needs to the facility emergency operations center
- Provide information to the Clinical Care Director for inclusion in status reports

CSC Activation – First 12 Hours

- Attend initial briefing with Clinical Care Director to discuss CSC implementation
- Perform primary (RN), secondary (ED Physician), and tertiary (intensivist or physician of comparable status) triage of patients as needed to support CSC operations
- Refrain from providing patient care to ensure objectivity

CSC Operations – Ongoing

- Attend regular briefings with Clinical Care Director, and facility incident command staff
- Ensure patients are being triaged as directed to support CSC operations
- Continue to refrain from providing patient care to ensure objectivity (if possible)
- Consult with Clinical Care Director regarding the need for critical incident stress management (CISM), psychological first aid, or other behavioral health support for healthcare providers involved in CSC implementation
- Work with Incident Command Staff and Clinical Care Director to determine incident-specific thresholds for de-escalating CSC into either the contingency or conventional care