

Definitive Care for the Critically Ill During a Disaster
Frequently Asked Questions

1. Why was the Emergency Mass Critical Care framework developed?

The US Department of Homeland Security National Preparedness Guidelines provide a vision for national preparedness and a systematic approach to prioritizing disaster preparation efforts across the nation. A major element of the guidelines is a set of 15 national planning scenarios which are meant to prioritize disaster preparedness and response activities at the institutional, local, state, tribal, and federal levels. At least two-thirds of these scenarios may cause hundreds or thousands of critically ill and injured patients. Currently, most communities would have extreme difficulty providing life-sustaining interventions to all those in need. Urgency to reduce this important gap in disaster preparedness has been stimulated by increasing concern for a severe influenza pandemic. To address this unmet need, the Task Force for Mass Critical Care developed *Definitive Care for the Critically Ill During a Disaster*, a framework intended to provide comprehensive guidance for clinicians, hospitals and public health authorities regarding the management of critically ill patients during a mass casualty critical care event. Emergency Mass Critical Care (EMCC) was developed to provide the best possible critical care for the most additional people, because development of such a framework in the midst of a disaster would be difficult if not impossible.

2. How is the new framework different from other disaster planning efforts?

The framework offers the most comprehensive guidance for clinicians, hospitals, and communities in planning for and implementing a coordinated and uniform response to mass critical care at the local, state, and federal levels. Recent disaster plans created and/or implemented by disaster planners in New York, Minnesota, and Ontario, Canada, have addressed mass critical care at the state level and have focused on specific areas of EMCC, including the allocation of mechanical ventilators. Although some elements of these EMCC plans have been incorporated into the current framework, *Definitive Care for the Critically Ill During a Disaster*, is the first to identify gaps in EMCC planning and utilize a broad representation of experts to address these gaps. It also is the first to address EMCC surge capacity and allocation of scarce resources at the local, state, and federal levels.

3. Which groups are included in the task force?

The task force consists of 37 senior-level participants with broad expertise relevant to EMCC in fields such as bioethics, critical care, disaster preparedness and response, emergency medical services, emergency medicine, infectious

diseases, hospital medicine, law, military medicine, nursing, pharmacy, respiratory care, and local, state, and federal government planning and response.

4. What is the goal of this framework?

The framework provides the necessary foundation to aid clinicians, hospitals, and disaster planners in providing a coordinated and uniform response to mass critical care. EMCC is intended to expand the capacity for people to receive life-sustaining interventions during a large-scale disaster.

5. What is surge capacity?

Medical surge capacity refers to the additional quantity of medical care that health-care systems can provide in response to increasing need.

6. Is the framework evidence-based?

The framework and suggestions cannot be based directly on evidence from mass critical care events, because modern health-care systems have not, to date, responded to such events. However, the predominant clinical syndromes anticipated during these events are similar to those seen everyday in ICUs. Any relevant data from previous disasters, as well as from typical work in ICUs, was used in the development of the framework. The framework ultimately represents expert opinion, so members of the task force were chosen for their extensive experience and knowledge across a number of fields relevant to critical care and disaster medicine. This selection ensures that the suggestions were derived from a broad range of expertise.

7. How is an EMCC event declared?

Before the decision to implement EMCC can be made, a trigger event must produce conditions necessitating EMCC, such that many patients who are critically ill may be harmed unless there is a change from everyday critical care protocol. Some jurisdictions may require a declared state of emergency. The decision to initiate EMCC, as well as the allocation of scarce resources, should occur in conjunction with the existing local and regional emergency management infrastructure. An example of a decision-making entity would be a public health department who can receive expert consultation from predesignated health-care institutional representatives.

8. Is this framework a mandate for hospitals to follow?

The task force suggestions were developed to guide disaster but are not intended as strict policy mandates.

9. What advance critical care preparations are suggested for hospitals?

The task force suggests that hospitals with ICUs aim to meet several standards, including the ability to provide sufficient critical care for at least triple the usual ICU capacity and the ability to sustain the surge capacity for 10 days without

external assistance. Suggested surge capacity requirements include ensuring sufficient medical equipment, including mechanical ventilators; optimizing medication use; designating auxiliary critical care areas; and augmenting critical care staff. A full description of suggested surge capacity goals is listed in *Definitive Care for the Critically Ill During a Disaster: Medical Resources for Surge Capacity*.

10. Will patients be denied care during times of mass critical care?

If everyday care is sufficient to meet every patient's needs, then EMCC will not be initiated. If additional surge capacity is needed, then EMCC will be implemented to increase the number of patients who have access to potentially life-sustaining critical care. If EMCC is still insufficient to meet everyone's needs, then prioritization of patients and allocation of scarce critical care resources will be instituted. During all circumstances, care processes to minimize pain and suffering, even for those unable to receive life-sustaining care, will be a priority.

11. Does allocation of scarce resources mean rationing?

Yes. However, the task force advises the rationing of scarce critical care resources only after the surge capacity has been exceeded and all attempts to use outside resources have been made. Rationing of critical care resources will be based on objective medical criteria.

12. Who manages the allocation of scarce resources?

The task force suggests that a triage officer and support team implement and coordinate the distribution of scarce resources. The triage officer assesses and prioritizes all patients and directs attention to the highest-priority patients. The triage officer is expected to make decisions that benefit the greatest number of patients, given potentially limited resources.

13. How will fairness be ensured during the rationing of critical care resources?

During EMCC, patients will be treated equally based on objective, physiologic criteria. When these criteria do not clearly favor a particular patient, "first-come, first-served" rules will apply. Preferential distribution of critical care resources for any population group, including health-care workers, is not advised.

14. What will be done for patients who do not qualify for immediate critical care?

During times of EMCC, patients who do not qualify for immediate critical care will be offered basic medical and palliative care.

15. Will clinicians and hospitals be legally protected for providing care during EMCC events?

The task force suggests that clinicians who follow accepted EMCC protocols be legally protected for provided care during times of EMCC. Even when following accepted protocols, clinicians are not guaranteed exoneration for patient care decisions made during EMCC. Government endorsement of EMCC planning, implementation, and resource allocation is needed in order to shield practitioners and institutions acting in good faith from liability.

16. What are the next steps for the framework?

The framework serves as the beginning of the EMCC planning process. Hospitals, communities, and government groups must take the next steps to implement the framework.