EMS Focus
A Collaborative Federal Webinar Series
Crisis Standards of Care and COVID-19: What EMS Needs to Know
Today

► Crisis Standards of Care, EMS and the Law
► Minnesota EMS Crisis Standards of Care Plan
► The Local Perspective – Operationalizing Crisis Standards of Care
► Questions
Today’s Speakers

► James G. Hodge, Jr, JD, LLM
  ▶ Director, Center for Public Health Law and Policy, Arizona State University
  ▶ Professor, Sandra Day O’Connor College of Law

► Aaron Burnett, MD, FACEP
  ▶ EMS Medical Director, State of Minnesota
  ▶ Associate Professor of Emergency Medicine, University of Minnesota

► John L. Hick, MD
  ▶ Deputy Chief EMS Medical Director and Medical Director for Emergency Preparedness, Hennepin County Medical Center
Implementing Crisis Standards of Care in Response to COVID-19: Legal & Policy Issues

James G. Hodge, Jr, JD, LLM
Purposes

► Emergency Declarations – Federal, State, Local
► Emergency Powers and Waivers
► Core Legal Issues
► Focus on Crisis Standards of Care Legal Concerns
Multi-Level Emergencies

Public health authorities, powers, liabilities and immunities vary depending on the type of emergency declared at each level of government.
Federal Emergencies/Invocations

1. HHS Public Health Emergency - January 31
4. Defense Production Act - March 20

FEMA
Select Emergency Waivers

- **EMTALA** sanctions re: patient relocation
- **HIPAA Privacy Rule** regulations following implementation of hospital disaster protocol
- **Licensure requirements** for HCWs in the state where they are providing services
- **Certain conditions of participation** in Medicare, Medicaid and SCHIP
- **Telehealth allowances** to facilitate healthcare services and payments when visiting physical facilities
## Select State Emergency Powers

This table tracks select, express authorities referenced via state emergency declarations (link on each state acronym for access). Additional emergency powers may be authorized under state law through which the declarations are issued.

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Legal Triage in Emergencies

**Legal Triage:** Efforts of legal actors and others during declared emergencies to build a favorable legal environment by prioritizing issues and solutions facilitating legitimate public health responses.
Emerging Legal Issues
CSC Legal Issues

Practical, Ethical, and Legal Challenges Underlying Crisis Standards of Care

James G. Hodge, Jr., Dan Hanfling, and Tia P. Powell

CSC: substantial change in usual healthcare operations and level of care due to a pervasive or catastrophic disaster

- Coordination
- Allocation
- Reimbursement
- Licensure
- Scope of Practice
- Patient’s Interests
- Duty to Care
- Uniformity
- Liability

Click on article image to access
Prospective Civil Liability Claims

- Negligence/Malpractice
- Intentional Torts
- Privacy Infringements
- Discrimination
- Worker’s Compensation
Despite risks, many legal liability protections apply in routine events and declared emergencies, especially concerning health care volunteers, workers and entities.
Acknowledgements

► Special thanks to Leila Barraza, JD, MPH, and Erica White at our Network - Western Region Office for their research and assistance

► Ask the Network re: questions/comments

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Minnesota EMS Crisis Standards of Care Plan

Aaron Burnett, MD, FACEP
Minnesota

- Population 5.6 million
  - 3.2 million in Twin Cities metro

- Level 1 Trauma Centers
  - 6 total (1 in across border in SD)
  - 3 in Twin Cities

- Regionalized systems for:
  - Stroke
  - STEMI
  - Trauma
  - Peds +/-
  - Psych +/-
Minnesota EMS Regulatory Board

- Emergency Med. Physician
- Minn. Hospital Rep.
- Fire Chief
- Full-time Firefighter
- Volunteer Firefighter
- EMS Provider
- EMS Service Manager
- Minn. Sherriff Rep.
- Local Board of Public Health
- Regional EMS Program Reps. (2)
- Emergency Dept. RN
- Pediatrician
- Family Practice Physician
- Public Member
- OTHERS:
  - Commissioner of Public Safety Rep.
  - Commissioner of Health Director Rep.
  - State Senator
  - State Representative
Medical Direction Standing Advisory Committee

“A forum for physicians to discuss prehospital care and work toward the improvement of medical direction statewide. Its membership includes physician members of the EMSRB, medical directors from the eight EMS regional and other interested emergency physicians”
Minn. CSC Development

► EMSRB and State Dept. of Health (MDH) work independently but in partnership

► Crisis Standards of Care first developed in 2010 for H1N1

► Reviewed and endorsed by MDH as well as EMSRB

► Unified front for patient care in Minn.
Suspension of EMS Regulations

Emergency Suspension of Ambulance Service Requirements
Minn. Statute 144E.266

The requirements of the following statutes are suspended in the geographic areas of the state affected during a governor's declared peacetime emergency:

- 144E.10: Staffing, 24-hr response, BLS/ALS licensure, EVOC-drivers, PSA suspension, equipment
- 144E.121: Air ambulance licensure and staffing requirements
- 144E.123: Prehospital care data submission
- 144E.127: Interfacility transfer staffing requirements
- 144E.15: Relocating a base of operations
The Local EMS Perspective: Operationalizing Crisis Standards of Care

John L. Hick, MD
<table>
<thead>
<tr>
<th></th>
<th>Conventional (Few cases)</th>
<th>Contingency (Many cases)</th>
<th>Crisis (Overwhelming number cases)</th>
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</table>
| **Dispatch**           | • Travel and exposure screening  
• Communicate information to crews via CAD   | • Possible travel and exposure screening  
• Increased dispatch discretion for call/acute priority  | • No travel screening  
• Auto-answer system may be needed – emergency calls only – roll info and other calls to 311 or other hotline  
• Additional call triage – possibly with paramedic / MD assistance  
• Consider recommend private transport if delays >30min to answer priority calls |
| **Send**               | • Full response                                                                         | • May institute selective response (i.e. sending fire or EMS alone on certain responses to conserve resources – fire only on down, PI, EMS only for CP, SOB, etc. – see call code document) | • Consider community paramedic response?  
• Scheduled BLS provider? WC van?  
• Consider sending taxi/Uber/other?  
• Police or fire transport? |
| **Staffing**           | • Normal staffing                                                                       | • Curtail special event staffing?  
• Adjust shift duration?  
• Supervisors on streets?  
• MDs on streets?  | • Paramedic and EMT-B crews?  
• EMR drivers?  
• MFD / first response agency drivers?  
• Public works drivers?  
• National Guard? |
| **Destination**        | • Hospital of choice                                                                    | • Closest hospital  
• Batch transports?  | • Closest hospital  
• Alternate care location  
• Batch transports as appropriate |
| **Lefts**              | • Per SOP                                                                               | • Broaden discretion with call to MD  | • Broaden discretion for lefts (HC pandemic plan)  
• Consider restricting cardiac arrest resuscitations |
| **PPE**                | • Mask symptomatic patients  
• N95, barrier gown, eye protection, gloves for suspect cases | • Mask symptomatic patients  
• N95, barrier gown, eye protection, gloves for suspect cases  
• Simple mask, gloves, eye protection on all cells | • Wearing of simple masks by all patients encouraged  
• Staff may need to wear N95 all patients vs. selected  
• Daily temperature and symptom checks  
• Consider work when ill with mask / early return after illness |
| **Supplies**           | • Per usual                                                                             | • Conserve, substitute, adapt, re-use medications / supplies as required based on shortages | • Allocate medications / supplies to most likely to benefit (per MD guidelines) |
Hennepin Emergency Medical Services Crisis Contingency Strategies

Real Time Adaptations
Trigger:
- Code 3 calls in queue
- No mutual aid available
- Duty Chief Authorization

• Hold over crews
• Closest Hospital
• Limit responders – per call type, limit initial response to EMS or Fire only

Shift Adaptations
• Jump car(s)
• Adjusted shift duration / frequency (open additional shifts / ill calls)
• EMR / paramedic staffing
• FF / paramedic staffing (paramedic drives to scene, FF drives to hospital)
• Staff some ambulances BLS

>1h anticipated duration?
Yes
Notify MECC of change to limit responders and consider auto-answer
Request supervisor / MD / CP jump car to augment ambulances
Able to resume normal operations?
No

No
Resume Normal Operations

Yes
Medical Director consultation to approve:

- Discretionary ‘left’ SOP
- Batch transport
- Limit responses based on availability of private transport or patient complaint relative to resources available (may involve RN or MD call screening depending on duration)
- Coordinate alternate transportation – Metro Mobility, BLS, WC, ride-share, etc.
- Cardiac arrest – VF resuscitation only, consult with MD if no response to airway, initial meds, three shocks
- If further triage of calls needed may implement real-time MD review/calltaking subject to resources available

As system volumes allow, work backwards up algorithm to normal operations
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<td>Fire alone Consider hold EMS until confirmed injuries requiring ambulance transport</td>
</tr>
</tbody>
</table>
### 5. BLEEDING (LACERATIONS, ABRASIONS OR AVULSIONS):

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td>- Patient is on anticoagulant with significant ongoing bleeding or large hematoma</td>
</tr>
<tr>
<td><img src="image2.png" alt="Image" /></td>
<td>- Significant lacerations after bandaging – heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit – to emergency room</td>
</tr>
<tr>
<td><img src="image3.png" alt="Image" /></td>
<td>- Lacerations requiring simple repair – consider self-transport to physician’s office or urgent care center (however, some offices do not do procedures; patient will need to call ahead)</td>
</tr>
<tr>
<td><img src="image4.png" alt="Image" /></td>
<td>- Abrasions or avulsions not requiring suturing or repair, no significant contamination.</td>
</tr>
<tr>
<td><img src="image5.png" alt="Image" /></td>
<td>- Minor lacerations that do not require sutures</td>
</tr>
</tbody>
</table>
Questions?
Please submit questions through the webinar platform

Coronavirus/COVID-19 EMS Resources

Legal Emergency Preparedness Resources

Minnesota EMS Considerations – Crisis Standards of Care
https://www.health.state.mn.us/communities/ep/surge/crisis/ems.html

Minnesota Suspension of Ambulance Service Requirement FAQs
https://mn.gov/emsrb/assets/Emergency%20Suspension%20Requirements%202020-03.19_tcm1116-423037.pdf
Thank You

Visit

for more info on COVID-19 and other national EMS initiatives.