

Crisis Standards of Care Considerations

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Healthcare providers and their facilities/health systems face a range of issues that challenge their ability to make informed decisions about how to best allocate limited healthcare resources when demand exceeds capacity and capability. Sometimes, these contingency and crisis care decisions occur in situations that do *not* result in a declared emergency or the implementation of supportive state or federal regulatory actions, such as during medication shortages, seasonal epidemics, or local mass casualty incidents.

In this series of Crisis Standards of Care (CSC) Considerations, the U.S. Department of Health and Human Services' (HHS) Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) provides brief summaries of specific areas of concern for healthcare providers and their facilities/health systems. The following resources offer considerations for actions that support the challenging decisions that occur under contingency and crisis conditions:

Related ASPR TRACIE Resources

[COVID-19 Crisis Standards of Care Resource Collection](#)

[Crisis Standards of Care and Infectious Disease Planning](#)

[Crisis Standards of Care Briefs](#)

[Crisis Standards of Care Topic Collection](#)

[CSC Considerations: De-Escalation of Care](#) discusses adaptations based on resource availability and patient characteristics for healthcare providers and facilities/health systems to consider when there is a need to de-escalate care to enable equitable access when demand exceeds resources.

[CSC Considerations: Legal/Regulatory](#) identifies the legal and regulatory issues most challenging to healthcare providers and facilities/health systems during contingency and crisis conditions. It also offers actions for facilities, jurisdictions, and decision-makers to consider to address these challenges.

[CSC Considerations: Non-Beneficial Care](#) suggests issues for healthcare providers and facility/health system and regional decision-makers to consider when establishing processes for determining futile, non-beneficial, and inappropriate care. These processes are best developed during conventional care conditions and describe adaptations that may be applied during contingency and crisis situations to de-escalate care.

[CSC Considerations: Pharmaceutical and Supply Shortages](#) identifies adaptive approaches for consideration at the regional/state and facility/health system levels when shortages of drugs, vaccines, blood, and similar products restrict options or place patients at risk.

[CSC Considerations: Anticipating and Mitigating Crisis Care](#) identifies factors helpful to healthcare providers and facilities/health systems in determining when crisis conditions exist and considering how to shift back to contingency or conventional care.

[CSC Considerations: Reducing Provider Distress](#) identifies factors contributing to healthcare provider distress during crisis conditions and actions for facility/health system, regional, and state decision-makers to consider to mitigate this distress.

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