

Crisis Standard of Care Milestones and Proposed Lead Agencies

Crisis Standard of Care (CSC) Milestone	Proposed Lead Agencies
Establish a State Disaster Medical Advisory Committee (SDMAC)	<ul style="list-style-type: none"> • Governor's office • State health department
Ensure development of a legal framework for CSC implementation	<ul style="list-style-type: none"> • Governor's office • State legislature • State attorney general's office • State health department • State emergency management agency
Promote understanding of the disaster response framework among elected officials and senior (cabinet-level) state and local government leadership	<ul style="list-style-type: none"> • State health department • State emergency management agency
Develop state health and medical approaches to CSC planning that can be adopted at regional/local levels by existing healthcare coalitions, emergency response systems, including the Regional Disaster Medical Advisory Committee (RDMAC), and healthcare providers	<ul style="list-style-type: none"> • RDMAC • State health department
Engage healthcare providers and professional associations by increasing their awareness and understanding of the importance and development of a CSC framework	<ul style="list-style-type: none"> • State and local health departments • EMS agencies • Healthcare coalitions and member organizations
Encourage participation of the outpatient medical community in planning	<ul style="list-style-type: none"> • State and local health departments • Healthcare coalitions • Professional healthcare organizations
Ensure that local and state CSC plans include clear provisions that permit adaptation of EMS systems under disaster response conditions	<ul style="list-style-type: none"> • State and local health departments • State EMS agencies
Develop and conduct public community engagement sessions on the issue of CSC	<ul style="list-style-type: none"> • State and local health departments
Support surge capacity and capability planning for healthcare facilities and the healthcare and public health systems	<ul style="list-style-type: none"> • State and local health departments • Healthcare coalitions
Plan for an alternate care system capability	<ul style="list-style-type: none"> • State and local health departments • Healthcare coalitions
Support scarce resource planning by the RDMAC (if developed) for healthcare facilities and the healthcare system	<ul style="list-style-type: none"> • State and local health departments • Healthcare coalitions
Incorporate crisis/emergency risk communication strategies into CSC plans	<ul style="list-style-type: none"> • Governor's office • State and local health departments • EMS and emergency management agencies • Healthcare coalitions and member organizations
Exercise CSC plans at the local/regional and interstate levels	<ul style="list-style-type: none"> • Governor's office • State and local health departments • Emergency management and EMS agencies • Healthcare coalitions and member organizations • HHS regional emergency coordinators
Refine plans based on information obtained through provider engagement, public/community engagement and exercises, and real-life events	<ul style="list-style-type: none"> • Governor's office • State and local health departments • EMS agencies • Healthcare coalitions and member organizations
Develop a process for continuous assessment of disaster response capabilities	<ul style="list-style-type: none"> • Governor's office • State health department and emergency management agency