I'm not robot

reCAPTCHA

Continue

I'm not robot

reCAPTCHA

# 2020 list of hurricane names

Search the Resource Library: ASPR TRACIE General Hurricane Resources ASPR TRACIE Course Collections Page 2 EthicsTopic Collection 12. In the event of a catastrophic natural or man-made disaster, these obligations can become complicated by crisis standards of care when difficult decisions may have to be made about allocating resources. Consistency, fairness, efficiency, and transparency all part of medical disaster planning – are best achieved by engagement with stakeholder communities so that planning incorporates the values, The resources in this course collection include experiences from recent disasters, educational and training materials, and plans, tools and templates that can help health professionals, planners, and communities identify, plan and solve ethical challenges they may face before, during, and after a disaster. (Please note: ASPR TRACIE also developed a comprehensive course collection on crisis standards for care, focusing on systems and processes, including clinical aspects of crisis management. The Ethics tab in the Ebola/VHF Course Collection contains topic-specific resources.) Please note that specific ethical frameworks or conclusions in some cases differ from the approaches/experiences of other authors. There is broad acceptance of the basis for disaster ethics, but sometimes different opinions on how the details are used or the systems implemented - especially clearly between the ethics community and the clinical community. Readers are encouraged to look at a variety of sources as they develop plans. Each resource in this course collection is placed in one or more of the following categories (click the category name to take directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category. Must be read The Speaker for this one-hour, 23 minute video discusses his experience of working in West Africa during the outbreak of 2014-2015. He is a pediatrician, and discusses his experiences, including ethical challenges he experienced in the care of children with Ebola. The authors conducted a series of 15 discussions with 324 members of the public and health professionals to characterize the public's values on how scarce mechanical ventilators should be awarded during a flu pandemic, and to inform a statewide framework for scare resource allocation. They concluded that awareness of how the values expressed by the public and frontline clinicians sometimes deviate from expert guidance in important ways should inform policy decisions. This guide can help disaster planners incorporate ethical considerations into their documents, exercises, and other emergency activities. It provides a succinct summary of disaster ethics principles and links to long-term care. This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine (now known as the National Academy of Medicine) document titled Guidance for establishing emergency standards for care for use in disaster situations: A letter report. Volume 1, Section 3 provides an overview of legal and liability problems in catastrophic disasters. Legal and regulatory issues are an often discussed point in other areas of the document as well. The authors summarize key elements of the Institute of Medicine's work on crisis standards of care. Written for the emergency medicine community, this paper is intended to be a useful supplement to support discussions related to the planning of major disaster events. The authors formed a working group and developed a list of SARS-related ethical issues and values through a consensus process. They also developed a framework to look at the ethical implications of the SARS outbreak, including 10 important ethical values, and five major ethical issues facing medical policymakers. The authors compare the principles underlying daily triage with the underlying disaster triage. They note that a lack of standards and distinct guidelines can cause distress for nurses, who are expected to act against their normal standards and inclinations when caring for patients during a disaster. Duty of care This statement focuses on ethics in emergency medicine. § D (The Association's relationship with society) includes resource allocation, promoting resource management, disaster response and public health promotion. This article begins with a description of nurse-involved scenarios that may occur during a public health crisis. It explains the duty of care concept, and highlights how commitments (to family, themselves, to anticipate and prepare for emergencies) can be assessed by nurses before an emergency to help with planning and reporting to work. This article (which provides perspective from the UK National Health Service with potential relevance to US health settings) assesses whether non-professional healthcare professionals have an obligation to work under a pandemic, and if so, whether professional obligations outweigh others they may have (e.g. to their families). The authors examine whether workers should be forced to work, and suggest that any coercion involves, a greater variety of people with relevant skills and abilities for which there is a more equitable approach. The authors highlight the factors that influence health workers' decisions in disaster situations in terms of the danger they actually faced. They share information related to guidelines from medical professional organisations on care despite the risks, moral reasoning behind providing care during disasters, and the effect of fear on behavior. The importance of effective risk communication and its ability to enable informed decision-making is also underlined. The authors examine reasoning for and against the duty of health care providers to treat, especially in light of an infectious disease pandemic. They also include practical recommendations for assessment. This document discusses the values that pharmacists should use to inform decision-making during major public health crises, such as influenza pandemics. The onset of severe acute respiratory syndrome challenged the notion of the extent of the duty of care and resulted in changes in selected codes for health care ethics. The authors examine the concept of duty of care and the associated risks and obligations of suppliers during a public health crisis. Education and training * Hamilton, L. (2007). Ethical issues in disaster response. (Requires free registration.) University of North Carolina, Gillings School of Global Public Health, Center for Public Health Preparedness. The speakers in this webinar provide an overview of ethical issues and highlight those who can influence the effective response to disaster by mental health professionals. The speakers provide a definition and legal overview of crisis standards for care (CSC), illustrate how the principles of CSC apply to disaster medical care, and share how to use CSC in contingency planning. An overview of ethics and disaster response is also included, such as lessons from recent events (e.g. Hurricane Maria, the 2014 Ebola outbreak, and the earthquake that struck Haiti in 2010). This course consists of ten modules illustrating the role of public health in addressing the ethical problems that can arise after a terrorist attack. The speaker provides an overview of ethical decisions during public health crises and teaches participants how to make decisions with local partners during a disaster. Links to the slides and the actual recording are set. This 18-page learning module discusses the importance of community engagement when it comes to public health emergency planning and response efforts; how community engagement can facilitate ethical public health planning and response; and various ways to engage communities in public health decisions both domestically and internationally. This course highlights the ethical challenges that come with public health disasters (e.g. resource allocation, evacuation, restriction of individual rights). This one-hour, 42-minute webinar discusses how all choices health professionals must make in the provision of care in humanitarian environments is problematic. The presentation focuses on dilemmas about the competence and dilemmas of patient choice, and ways to deal with these General guidance on disaster ethics The authors attempt to map public health ethics by defining the field and highlighting ethics-related functions. This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine (now known as the National Academy of Medicine) document titled Guidance for establishing emergency standards for care for use in disaster situations: A letter report. Volume 1, Section 3 provides an overview of legal and liability problems in catastrophic disasters. Legal and regulatory issues are an often discussed point in other areas of the document as well. Jennings, B., Arras, J., Barrett, D., and Ellis, B. (eds.). (2016). Emergency preparedness and emergency preparedness for emergency ethics and public health. (Book available for purchase.) In 1999, a This book discusses ethical aspects of preparedness and response with specific application to public health policies and practices. This presentation was held at the Integrated Medical, Public Health, and Response Training Summit. The speakers: shared an overview of palliative care; explained how it fits into Crisis Standards of Care research (and highlighted related ethical considerations during disasters); described a model of palliative care and how it was used in an exercise; and discussed first-hand experience in providing palliative care after disasters hit Haiti and Indonesia. This article discusses non-idea moral theory and its application of bioethics in disaster situations. This approach sees moral dilemmas as situations where no choice is ideal, and each option implies an element of inevitable injustice. The authors formed a working group and developed a list of SARS-related ethical issues and values through a consensus process. They also developed a framework to look at the ethical implications of the SARS outbreak, including 10 important ethical value, and five major ethical issues facing medical policymakers. The author describes a set of four principles (based on a literature review) that can be used in the analysis of ethical issues in public health practices and may be useful for analyzing potential emergency measures. This document was created to help policymakers, health professionals, scientists and others prepare for the ethical problems expected to occur during infectious disease outbreaks. This World Medical Association statement contains a definition of disaster (focusing on medical aspects). The rest of the statement covers the following ethical principles and procedures: triage; relationships with patients, the aftermath of disaster, the media and other third parties, duties for pharmaceutical personnel, training and responsibilities. Haiti Earthquakes and Ethics Author shares a supplier's experience of applying an oxygen tank to the intensive care unit of a hospital Haiti after the 2010 earthquake and shows the factors that influenced her allocation decision. (It is important to note that her decisions were consistent with frameworks developed by the Institute of Medicine and others; see also Ytzhak, A., Sagi, R., Bader, T., et al. [2012] in this course collection). The authors describe the interdisciplinary Healthcare Ethics Committee set up aboard the USNS Comfort after the 2010 earthquake that devastated Haiti. The principles and some of the processes the authors illustrate in the article can be used for future disaster medical relief work. Medical responders to the earthquake that struck Haiti in 2010 identify and explain five considerations they took into account when treating repeat patients. They concluded that responders can permissibly give a degree of priority to existing patients over newcomers after a disaster. The speakers provide a definition and legal overview of crisis standards for care (CSC), illustrate how the principles of CSC apply to disaster medical care, and share how to use CSC in contingency planning. An overview of ethics and disaster response is also included, such as lessons from recent events (e.g. Hurricane Maria, the 2014 Ebola outbreak, and the earthquake that struck Haiti in 2010). The authors share experiences of field hospital problems in a tight environment and how health care providers addressed resource dilemmas. They describe their triage protocols and how they managed ethical dilemmas. The project team had to make challenging ethical decisions about who to treat and how to do it with scarce resources during their response in Haiti. Medical providers tried to answer: How should these decisions be made? Who should make them? And how should medical aid workers handle a limited supply of resources? This website contains links to videos and a discussion guide. After the 2010 earthquake that struck Haiti, medical personnel from the Israeli Defense Forces Medical Corps Field Hospital responded and were the only facility capable of ventilating children and newborns during the first week after the disaster. The authors provide an overview of five case studies and the decision-making processes they went through using a tool designed for ventilator allocation during a flu pandemic. Mental and behavioral health * Hamilton, L. (2007). Ethical issues in disaster response. (Requires free registration.) University of North Carolina, Gillings School of Global Public Health, Center for Public Health Preparedness. The speakers in this webinar provide an overview of ethical issues and highlight those who can influence the effective response to disaster by mental health professionals. Pandemic Influenza and Ethics The authors conducted a series of 15 discussions with 324 members of the public and health-related professionals to characterize the public's values on how scarce mechanical ventilators should be awarded during a flu pandemic, and for informing a government framework for resource allocation. They concluded that awareness of how the values expressed by the public and frontline clinicians sometimes deviate from expert guidance in important ways should inform policy decisions. The authors worked together to come up with ethical domains about caring for critically ill and injured patients. They developed 24 questions, conducted related literature reviews and presented proposals for five domains: triage and allocation, ethical concerns for patients and families, ethical responsibilities to providers, research and international concerns. This article (which provides perspective from the UK National Health Service with potential relevance to US health settings) assesses whether non-professional healthcare professionals have an obligation to work under a pandemic, and if so, whether professional obligations outweigh others they may have (e.g. to their families). The authors examine whether workers should be forced to work, and suggest that any coercion involves, a greater variety of people with relevant skills and abilities for which there is a more equitable approach. The Ethics Committee of the Advisory Committee of the Director, Centers for Disease Control and Prevention proposed the guidance in this document to assist in decision-making in preparing and responding to pandemic influenza. Lemon, S., Hamburg, M., Sperling, F., Choffnes, E., and Mack, A. (2007). Ethical and legal considerations in mitigating pandemic disease. (Free download available, book also available for purchase.) Microbial Threats Workshop Summary, Institute of Medicine of the National Academies. This workshop summary defines the critical legal and ethical issues involved in the implementation of the plans. A historically expeurated approach is discussed based on past pandemics and biological outbreaks. The political and legal issues related to medical and non-medical approaches to disease recovery include positive health outcomes as well as side effects and unintended consequences. Authors from the Indiana University Center for Bioethics make recommendations on four specific areas of ethical concern: management of the health care workforce; resource allocation; changes in the standard of care provided by healthcare professionals; and allocation of scarce vaccines and antiviral medications. The Florida Department of Health prepared this guidance document to help medical and health agencies statewide prepare for scarce resource allocation in the event of a pandemic flu. Although the triage criteria are slightly dated, the roles and responsibilities are well outlined in a replicable framework. This paper describes one of the first measures intended to a statewide approach to the allocation of mechanical ventilators in the setting of a large-scale respiratory emergency. The authors highlight the ethical principles governing such decision-making processes, emphasizing the duty of planning, duty of care and the duty to manage resources. The authors suggest a conceptual framework for the ethical questions raised by the need to perform triage during a flu pandemic. This ethical framework is designed to help planners and strategic decision-makers with ethical aspects of decisions they face before, during and after a flu pandemic. It can also help clinicians and other health and social professionals with decisions they need to make in the same context. This report – developed for the state of Minnesota – contains and describes the rationale behind the creation of ethical frameworks for rationing antiviral medications, N95 respirators, surgical masks, vaccines and mechanical ventilators during a pandemic that met nine specific assumptions. The guidelines can be adopted and tailored by other states. This resource includes discussion about: general ethical considerations; priority setting and fair access to therapeutic and prophylactic measures; isolation, quarantine, border control and social-distancing measures; the role and obligations of health workers during an outbreak of pandemic influenza. Pediatric Problems This article describes the recommendations of the Pediatric Emergency Mass Critical Care Task Force (36 experts from various medical, public health and disaster response fields). The authors highlight recommendations agreed by the working group and note the recommendations that the group failed to reach consensus on. The speaker for this one-hour, 23-minute video discusses his experience working in West Africa during the 2014-2015 outbreak. He is a pediatrician, and discusses his experiences, including ethical challenges he experienced in the care of children with Ebola. This comprehensively referenced slide presentation reviews: the history of ethics, bioethics fundamental, and relevance to moral quandaries in pediatric mass casualty events (MCEs); approaches to healthcare resource allocation in paediatric MCEs; emergency preparedness and crisis standards of care in EDEs promoted by the Institute of Medicine (IOM); and expected expertise in disaster ethics promoted by the World Health Organization (WHO). This report is centered on Pediatric Medical Countermeasures research (testing interventions with children that will be used before, during, or in response to a bioterrorist attack). The Bioethics Commission also explained additional conditions that must be met such pediatric research is ethically assessed. After the 2010 earthquake that struck Haiti, medical personnel from the Israeli Defense Ministry's Medical Corps Field Hospital and the only plant that had the ability to ventilate children and newborns during the first week after the disaster. The authors provide an overview of five case studies and the decision-making processes they went through using a tool designed for ventilator allocation during a flu pandemic. Plans, Tools and Templates The authors highlight several real-world issues faced by humanitarian aid workers and propose an ethical framework to assist in the decision-making process. The framework includes a ten-step process modeled on tools used in the clinical setting that promote a transparent decision-making process, and the authors make organizational recommendations that will help healthcare and emergency care providers implement the framework. This guide can help disaster planners incorporate ethical considerations into their documents, exercises, and other emergency activities. The author provides a succinct summary of disaster ethics principles and links to long-term care. This site provides links to several critical crisis standards for care (CSC) resources and tools, including the MN CSC Framework (released in November 2018) that provide an overview of the actions the state will take in response to a CSC situation. The framework also includes operational attachments for ethics, legal, EMS, hospitals and public engagement. The site also includes other resources, including a summary report on community engagement, pandemic, and other resources. This document reviews important literature related to button resource allocation developed by 2009; discuss relevant ethical and legal considerations; and provides detailed recommendations for the implementation of a planning development process in support of scarce resource allocation during a public health crisis. This document, developed by an expert working group, provides a conceptual framework for planning work related to the allocation of mechanical ventilators during a severe influenza pandemic. It supplements a document released by the CDC in 2007, the Code of Conduct in Pandemic Influenza. The document outlines key assumptions, describes routine versus contingency practices, and discusses principles governing ventilator allocation, who should make allocation decisions and other considerations. This ethical framework is designed to help planners and strategic decision-makers with ethical aspects of decisions they face before, during and after a flu pandemic. It can also help clinicians and other health and social professionals with decisions they need to make in the same context. The authors provide an overview of five case studies and the decision-making processes they went through using a tool designed for ventilator allocation during a flu pandemic. The authors list seven recommendations that can help vulnerable populations (and those who serve and treat before, during and after a flu pandemic. Public engagement The authors conducted a series of 15 discussions with 324 members of the public and health professionals to characterize the public's values on how scarce mechanical ventilators should be awarded during a flu pandemic, and to inform a statewide framework for scare resource allocation. They concluded that awareness of how the values expressed by the public and frontline clinicians sometimes deviate from expert guidance in important ways should inform policy decisions. The Minnesota Pandemic Ethics Project developed ethical frameworks for allocating scarce medical resources during a severe influenza pandemic and convened a community-based panel to facilitate related exchanges. This article describes the types and times of public engagement methods, strengths, and challenges, and how the methods fit together. This report was designed to help authorities operationalize the concepts first developed in the 2009 Institute of Medicine (now known as the National Academy of Medicine) document titled Guidance for establishing emergency standards for care for use in disaster situations: A letter report. Volume 1, Section 3 provides an overview of legal and liability problems in catastrophic disasters. Legal and regulatory issues are an often discussed point in other areas of the document as well. The purpose of this study was to explore how lay people, general practitioners, medical students and other health professionals evaluate the fairness of ten allocation principles for scarce medical resources. The authors found differences between the groups about what each is considered to be fair, and advise policymakers to determine whether ethicists, health professionals, and the general public should have equal input to scarce resource allocation protocols. This article discusses a number of stakeholder labor groups (consisting of ethicists, lawyers, clinicians and local and state public health officials, as well as community members) conducted by the Massachusetts Department of Public Health-Harvard Altered Standards of Care Working Group in 2006 to consider issues such as the allocation of antiviral medications, prioritization of critical care and state seizure of private assets. The planning process and principles for fair allocation of resources identified by the project can be useful for other organizations/jurisdictions that develop changed standards for care plans. In this book chapter, the author provides: an overview of different approaches to ethics by assigning scarce medical interventions; a brief summary of social science research on the allocation of scarce medical resources; an examination of various ways in which public preferences can mean something to the ethics of allocation; how social scientists could learn from ethics that they research on public preferences on the allocation of scarce medical resources. Resource Allocation and Triage This website briefly describes the 4 main principles for the allocation of limited health resources discussed in the American Medical Association's Code of Medical Ethics Opinion 11.1.3. The authors conducted a series of 15 discussions with 324 members of the public and health professionals to characterize the public's values on how scarce mechanical ventilators should be awarded during a flu pandemic, and to inform a statewide framework for scare resource allocation. They concluded that awareness of how the values expressed by the public and frontline clinicians sometimes deviate from expert guidance in important ways should inform policy decisions. In 2017, 100,000 people were released. Ethical decisions during a disaster. This slide presentation from a hospital CMO discusses ethical considerations for making decisions about resource allocation during a disaster, providing practical guidance for plan development and implementation. Descriptions of the respective compositions and roles of resource distribution teams used by the author's facilities are included. The authors compare and contrast need principles, maximize principles and egalitarian principles with regard to rationing scarce medical resources. Overall, the authors believe that the general public supports a combination of the three principles (based on a study conducted with a relatively small sample in which participants responded to a scenario in which they received a fictitious amount of money to spend to treat one in four patients with completely different health challenges and demographics). In 1988 he was released 100 billion?. (Book available for purchase.) The author presents a principled way to allocate healthcare and other resources to different age groups in our society. His argument is rooted in a theory of distributional justice. Daniels, N. and Sabin, J.E. (2009). Setting boundaries fairly: Can we learn how to share medical resources?. (Book available for purchase.) In 1999, a Authors wrote that without consensus on how to allocate medical resources, a fair decision-making process should be established to help health care providers set reasonable limits. The authors summarize key elements of the Institute of Medicine's work on crisis standards of care. Written for the emergency medicine community, this paper is intended to be a useful supplement to support discussions related to the planning of major disaster events. This

article provides information about the history and development of the practice of triage. It includes a chart describing the triage continuum from most resources, most social order, to the fewest resources, chaos. (Part II of Moskop and Iserson also commented in this collection.) In this webinar the webinar discusses when health resources should be addressed, why health resources should be related, and the ethical justification for rationing resources. Webinar participants will learn more about: 1) what triggers indicate that health care resource rationing is needed, 2) what measures can be taken to ration health resources, 3) what general treatment priorities should be implemented, and 4) why stakeholder validation is essential. This webinar covers four topics on resource allocation: 1) that allocate scarce health resources during a crisis, 2) how crisis triage officers are selected and trained, 3) how crisis triage officers should work, and 4) how the use of risk communication techniques can help maintain the trust of health professionals and the public. More information about the use of risk communication during a crisis where scarce resources must be provided in conditions provided in this webinar. The purpose of this study was to explore how lay people, general practitioners, medical students and other health professionals evaluate the fairness of ten allocation principles for scarce medical resources. The authors found differences between the groups about what each is considered to be fair, and advise policymakers to determine whether ethicists, health professionals, and the general public should have equal input to scarce resource allocation protocols. The authors examined peer-reviewed articles to determine the prevalence and content of ethical guidance offered for disaster response, particularly around crisis standards of care (CSCs). They found that the majority of the discussion in the reviewed articles focused on triage, and the general need for ethics in disaster response. This article discusses a number of stakeholder labor groups (consisting of ethicists, lawyers, clinicians and local and state public health officials, as well as community members) conducted by the Massachusetts Department of Public Health-Harvard Altered Standards of Care Working Group in 2006 to consider issues such as the allocation of antiviral medications, prioritization of critical care and state seizure of private assets. The planning process and principles for fair allocation of resources identified by the project can be useful for other organizations/jurisdictions that develop changed standards for care plans. In this article on the basis of triage decision-making, the authors discuss the moral importance of triage and summarize three principles of distributive justice that can guide triage decisions. (Part I of Iserson and Moskop are also commented on in this collection.) The authors present several ethical principles emergency medical treatment providers should take into account when developing a mass care triage plan. The authors evaluated four categories of principles of resource allocation (treats people equally, and favored maximise total benefits, and promote and reward social benefit). Because they determined that no principle is comprehensive enough, they suggested combining them into multiprinciple allocation systems. The authors recommended the complete life system - which [prioritizes] younger people who have not yet lived a complete life, and also incorporates prognosis, saving the most lives, lottery and instrumental principles of value. In this book chapter, the author provides: an overview of different approaches to ethics by assigning scarce medical interventions; a brief summary of social science research on the allocation of scarce medical resources; an examination of various ways in which public preferences can mean something to the ethics of allocation; how social scientists can learn from ethics when researching public preferences about the allocation of scarce medical resources. This paper describes one of the first measures intended to identify a statewide approach to the allocation of mechanical ventilators in the setting of a large-scale respiratory emergency. The authors highlight the ethical principles governing such decision-making processes, emphasizing the duty of planning, duty of care and the duty to manage resources. This document, developed by an expert working group, provides a conceptual framework for planning work related to the allocation of mechanical ventilators during a severe influenza pandemic. It supplements a document released by the CDC in 2007, the Code of Conduct in Pandemic Influenza. The document outlines key assumptions, describes routine versus contingency practices, and discusses principles governing ventilator allocation, who should make allocation decisions and other considerations. The authors provide an overview of the Minnesota Pandemic Ethics Project, an effort focused on rationing scarce health resources during a severe flu pandemic. The authors list seven recommendations that can help vulnerable populations (and those who serve and treat them) before, during and after a flu pandemic. The author shares two ethical principles for resource prioritization: benefit and equity. He writes: While decision-making processes on access to intensive care will involve choices with immediate tragic implications, the ethical complexity of these choices is relatively modest (although decisions will not be simple): There are compelling moral reasons for prioritizing patients who are expected to benefit most from it within the shortest time. The authors compare the principles underlying daily triage with the underlying disaster triage. They note that a lack of standards and distinct guidelines can cause distress for nurses, who are expected to act against their normal standards and inclinations when caring for patients during a disaster. In 1982 he was brought to the International and justice: The ethics of rationing life-saving medical resources. (Book available for purchase.) In 1999 there were 100 000 inhabitants In this classic text, the author sets out model ethical frameworks for the allocation of scarce, life-saving resources. Zika and ethics The authors provide an overview of ethical issues related to Zika related to reproduction, prenatal diagnosis of severe malformations and unfair differences in health outcomes. They also share that the outbreak has reenergized interest in public health ethics (e.g. vector control, climate change and resource differences). Nuffield Council on Bioethics. (2016). Zika: Ethical considerations. This document highlights Zika-specific ethical considerations related to public health ethics, research in developing countries, solidarity, sharing biological and health data and regulation of new biotechnologies. Agencies and organizations This site contains links to Ebola-specific resources such as blogs, a training module, and organizations pages or teams dedicated to the disease. Presidential Commission for the Study of Bioethic Issues. Hastings Centre. Pandemic planning. This website contains links to articles on pandemic, Ebola and Zika-related ethical issues. Problems.