



**Statement on Crisis Standards of Care for Cardiac Arrest During the COVID-19 Pandemic**  
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Protecting the health and well-being of New Yorkers is a fundamental objective of Emergency Medical Services. The COVID-19 pandemic has placed an enormous burden on our health care system. This immense strain on our resources requires careful thought and preparation for our EMS, Emergency Medicine and Critical Care providers to continue saving as many lives as possible. The New York Chapter of NAEMSP endorses adoption of evidence-based protocols that allow optimal utilization of personnel, equipment and resources to save the most lives.

Current clinical knowledge of prehospital cardiac arrest informs us that, in the presence of certain clinical criteria, there are predictably poor clinical outcomes even under circumstances of maximum resource utilization. Given this well accepted and widely published evidence, we strongly support current EMS protocols within the state directing EMS Providers to pronounce the death of a patient in the field who does not regain a pulse during resuscitation. NAEMSP-New York aims to reinforce that field termination of cardiac arrest following unsuccessful resuscitation is an evidence-based practice that pre-existed this pandemic and is a widely accepted national standard.

Furthermore, it is clear from the predictive models and the demand for Emergency Medical Services response that New York emergency response systems are already overwhelmed and that there are not at present sufficient resources to provide care to all those in need. Equitable access to healthcare, therefore, means fair allocation of limited resources, not based on privilege, but on an objective clinical standard. In order to save the most lives, EMS providers and emergency physicians may be forced to initiate further specific guidance on termination of resuscitative efforts beyond what is already the accepted national standard as stated prior. We are morally obligated to ensure that scarce critical care resources go to the patients who are most likely to benefit from them. Fulfilling this duty—fairly, consistently, transparently—requires an acknowledgement that there must be adherence to ethically grounded crisis standards of care.

Although Emergency Medical Services is not explicitly included in the triage crisis standards based on The New York State Task Force on Life and the Law 2015 Ventilator Allocation Guidelines and updated for COVID-19, there is a clear need to align EMS decisions with the changes in resuscitation occurring in the Emergency Department and hospitals. We ask that the New York State Department of Health and the Governor issue common sense guidance to the EMS community to prevent the transport of patients who do not have return of spontaneous circulation in the field, given the likelihood of survival is near zero and whose care will be terminated in the hospital upon arrival in the current environment of care. Additionally, CPR, intubation and other critical procedures are a serious threat to the health and well-being of our EMS providers and may unnecessarily expose our first responders without corresponding benefit



to our patients in instances of cardiac arrest meeting specific clinical criteria. In response to this inequity between supply and demand for emergency medical resources, responsible leaders must shift from day-to-day conventional standards to Crisis Standards of Medical Care, allocating resuscitation resources in order to save as many lives as possible. These decisions cannot be made lightly and necessitate use of the best available research, which for cardiac arrest is abundant. Furthermore, these decisions must be made in close consultation with EMS physicians and professionals, and not by government officials alone. In order to ensure maximum survival for New Yorkers from this devastating disease, we must ensure that the legal protections for physicians align with physicians' ethical obligations toward patients, necessitating immunity from liability for physicians who propose guidance and EMS providers who follow these guidelines.

The New York Chapter of NAEMSP stands ready to partner with government leaders and public health officials, offering our expertise, familiarity with current medical research and best practices, and helping to establish statewide protocols to best utilize existing emergency medical resources for the benefit of the greatest number of citizens while protecting our medical responders in the circumstance of an overwhelming and unanswerable need for critical healthcare resources.