



# Ethical Guidelines for the Development of Emergency Plans

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## Synopsis

In recent years, the long term care community has been ravaged with extraordinary hurricanes, the H1N1 virus, numerous and extensive floods, tornadoes and wildfires. Each has contributed to exposing the vulnerabilities in effective emergency planning for society's most vulnerable population.

Disaster preparation efforts should be transparent to the public and to partners. They should include ongoing education efforts for staff, families and community. Planning activities should protect health and minimize the extent of death, injury, disease, disability, and suffering during an emergency. Preparation efforts must consider equal liberty and human rights; distributive justice; public accountability; the development of strong community partnerships; public health professionalism and reasonable civic response.

Mitigation is the attempt to reduce or avert the impact of a disaster. In this sense, efforts should be taken to ensure that while weighing the allocation of resources, long term care centers consider the structural readiness of buildings and availability of equipment and/or supplies that may be needed in crises.

During a disaster response, center staff must be prepared to make decisions regarding triaging patients – who to treat first; allocating resources – who will get available supplies and equipment and be able to consider what level of care they will be able to provide to the injured.

Planning processes that include careful consideration of ethical principles for disasters and emergencies in long term facilities will assist staff in responding to crisis situations from a perspective that is fair and just.

## Introduction:

Provided with a concrete outline of ethical considerations to employ during the development of their emergency/disaster plans, long-term care facilities may be more apt to incorporate sound guidelines for staff to follow in a crisis. The Institute of Medicine's Crisis Standards of Care Guidance<sup>1</sup>, offers long-term care facilities with a useful framework.

The Institute's ethical framework fundamentally relies on the principle of Justice (fairness and equity). The framework ~ outlined ~ looks like this:

### Ethical Values:

Fairness – who receive what and at what point

Professional Duty – do no harm; do not abandon

Stewardship – allocating scarce resources; utilitarianism

### Ethical Process Elements:

Transparency – communication to stakeholders

Consistency - treating like groups alike, nondiscrimination

Proportionality – elevating response during crisis

Accountability – acting upon duty to respond to crisis

Long-term care facilities could use this simple outline as a reflection resource as they review their emergency and disaster plans to ensure that they have taken into account ethical values and process elements. This should include all phases of planning and preparedness, including training for staff.

Tom Beauchamp and James F. Childress write in the sixth edition of their Principles of Biomedical Ethics ***“The problems of bioethics are often problems of getting just the right specification or balance of principles. Principles should never be conceived as trumps that allow them alone to determine a right outcome... rights, like all principles and rules of obligation, are prima facie (i.e., presumptively) valid claims that sometimes must yield to other claims.”***<sup>2</sup> In other words, there are no absolutes, and we can provide only the tools to help centers navigate through ethical decision making.

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<sup>1</sup> <http://www.nap.edu/catalog/12749.html>

<sup>2</sup> <http://www.slideshare.net/AutoSurfRestarter/principles-of-biomedical-ethics-principles-of-biomedical-ethics-beauchamp-by-james-f-childress>

## Ethical Guidelines for the Development of Emergency Plans

### Ethical Principles

**Beneficence:** To do what is good.

**Do No Harm:** This is similar to beneficence, but deals with situations in which neither choice is beneficial.

**Respect for Autonomy:** People to reign over themselves and make decisions that apply to their lives. There are, however; two ways of looking at the respect for autonomy. In the paternalistic viewpoint, an authority prioritizes a dependent person's best interests over the dependent person's wishes. A second way in which to view the respect for autonomy is the libertarian view. This standpoint prioritizes the patient's wishes over his or her best interests.

**Justice:** The justice ethical principle states that ethical theories should prescribe actions which are fair to those involved.

Ethical Theories      People usually base their individual choice of ethical theory upon his or her life experiences.

**Deontology:** The deontological theory states that people should adhere to their obligations and duties when analyzing an ethical dilemma.

**Utilitarianism:** To a utilitarian, the choice that yields the greatest benefit to the most people is the ethically correct choice. In act utilitarianism, a person performs the acts that benefit the most people, regardless of personal feelings or the societal constraints such as laws.

**Rights:** In the rights ethical theory the rights set forth by a society become protected and given the highest priority. Rights are considered to be ethically correct and valid because a large or ruling population endorses them.

**Casulist:** The casuist ethical theory compares a current ethical dilemma with examples of similar ethical dilemmas and their outcomes. This allows one to determine the severity of the situation and to create the best solution according to others' experiences.

**Virtue:** The virtue ethical theory judges a person by his character rather than by an action that may deviate from his normal behavior. It takes the person's morals, reputation, and motivation into account when rating an unusual and irregular behavior considered unethical.

## Ethical Questions and Considerations during Disaster Preparation

Planning processes that include careful consideration of ethical principles for disasters and emergencies in long term facilities will assist staff in responding to crisis situations.

John Arras and Bruce Jennings, both Fellows at the Hasting Center, have formulated seven ethical goals, outlined below, that are designed to assist with the formation of preparedness plans and the process by which was devised, updated, and implemented.<sup>3</sup>

- Harm reduction and benefit promotion that protects safety, health and well-being. Planning activities should protect health and minimize the extent of death, injury, disease, disability, and suffering during an emergency.
- Equal liberty and human rights. Preparedness activities should be designed so as to respect the equal liberty, autonomy and dignity of all persons.
- Distributive justice. Preparedness should be conducted so as to ensure that the benefits and burdens imposed on the population by the emergency and the need to cope with its effects are shared uniformly and fairly.
- Public accountability. Preparedness activities should be based on and incorporate decision-making processes inclusive and transparent and that sustain public trust.
- Development of strong as well as safe communities. Preparedness activities should strive as a long-term goal to develop hazard-resistant and resilient communities. These are communities with strong internal and external support systems. They are also communities that maintain sustainable and risk mitigating relationships with their natural environment.
- Public health professionalism. Preparedness activities should recognize the special obligations of some public health professionals and promote their competency as well as coordination among them.
- Reasonable civic response. Preparedness activities should promote a sense of personal responsibility and citizenship.

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<sup>3</sup> Bruce Jennings, "Disaster Planning and Public Health," in *From Birth to Death and Bench to Clinic: The Hastings Center Bioethics Briefing Book for Journalists, Policymakers, and Campaigns*, ed. Mary Crowley (Garrison, NY: The Hastings Center, 2008), 41-44.

## Ethical Questions and Considerations during Disaster Mitigation

Sustained effort is needed to minimize risk, by reducing vulnerabilities through prevention and mitigation and improving the ability to respond to a disaster through preparedness measures. History has taught that during a disaster, health care needs will far outweigh available resources. When an all hazard emergency plan is developed, ethical values and equitable processes need to be considered to determine how to address this ethical dilemma.

- **Fairness:** The most vulnerable must be treated fairly. As stated in Wisconsin's 2009 State Expert Panel Ethics of Health Care Disaster Preparedness document, fair distribution of resources is governed by the principle of "greater good of the community." Not every need will be met during a disaster. No matter what level of care is delivered, all persons will be treated with respect and dignity.
- **Professional Duty: Limit harm.** Knowing not all needs can be met, the plan who suggest examples of what to do when there is a lack of resources. For example, if there is a lack of space or staff or need to make room for incoming patients can some patients be sent home?
- **Stewardship:** Mitigation suggests that they can reduce damages by taking steps before a disaster. Has the center evaluated the costs associated with structural safety or reinforcing the building structure so it can withstand certain natural and manmade disasters? Is there enough insurance? What improvements/purchases need to made and is it financially responsible to spend limited financial resources?
- **Transparency:** Development of the plan should include staff, local, and regional health care facilities and community resources, and the staff. Develop a process that allows stakeholders to have input and comments regarding the disaster plan. Let it know what needs may or cannot be met. Those involved must know that plans are evidenced-based.
- **Consistency:** Consider religious, cultural, social, economic, geographic, and ethnic backgrounds of your population. There is to be no discrimination toward any group or diagnosis. All groups are to be treated alike.
- **Proportionality:** Are resources allocated equitably?
- **Accountability:** As health care professionals, we have a duty to respond. As a facility, is staff expectations written and explained to staff? Are there consequences for failure to respond?

## Ethical Questions and Considerations during Disaster Response

During a crisis there are three major events that will require centers to incorporate sound ethical considerations: Triage – identifying patients who can be saved; Allocation of resources, and Standards of care. Ethical principles include the Duty to maximize the greatest number of lives (utilitarianism), the Duty to do no harm (beneficence), the Duty to provide care to all - Justice.

1. Triage – The Institute of Medicine’s report references three palliative care triage tools: The Flacker Mortality Score<sup>4</sup>, the Risk Index for Older Adults and the Mortality Risk Index<sup>5</sup>. According to the report, The Flacker Mortality Score is applicable to elders living in long-term care facilities. This score is a risk-assessment scale used in conjunction with the MDS. This type of scoring system may not be useful if centers are challenged for time or if access to MDS information has been compromised.

The report identifies two phases of triage – reactive and proactive. Reactive triaging occurs when there is no notice of a disaster – explosion, tornado, etc. and triaging must occur “in the moment.” An example of proactive triage would be the prioritization of which patients to evacuate first prior to an impending disaster.

Consideration must also be given to ensuring that proper palliative care is given to patients who will not survive the disaster but will live for a while.

Nursing facilities need to question if their plans address:

- Triage – do they have tools to assist staff in prioritizing which, patients to care for first, evacuate first, and provide resources.
- Managing palliative care for patients who have no chance of survival.
- If their staff have been trained to manage triaging potentially critical patients.

2. Allocation of Resources – staff in long-term care facilities needs to know what resources are available in a crisis and who will receive them if there is a shortage. Examples of resources that may be scarce in long-term care during a crisis include: staff, concentrators, and oxygen tanks, medications ~ including antiviral and IV fluids; personal protective equipment, food and water, utilities and transportation, to name a few.

Nursing facilities need to question if:

- They have supply stockpiles
- Staff know the location and security of resources
- Staff have tools to determine how scarce resources will be issued

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<sup>4</sup> [http://www.ccdgp.com.au/site/content.cfm?page\\_id=56661&current\\_category\\_code=6094&leca=230](http://www.ccdgp.com.au/site/content.cfm?page_id=56661&current_category_code=6094&leca=230)

<sup>5</sup> <http://www.biomedcentral.com/1756-0500/3/200>

3. Crisis Standards of Care – staff in long-term care centers need to be prepared to adjust their standards of care during an emergency. Considerations include ensuring trained staff to provide care normally outside of their professional practice. This may include one nurse to care for far more patients than is normally required. The duty to do no harm may be in conflict with staff’s ability to care for large numbers of patients. Altered standards of care may include having ancillary staff in-time trained to provide personal care to patients.

Depending on the scope of the emergency, organizations will need to respond to potential staff concerns for their own loved ones if there is a regional disaster, and basic health, and medical needs of staff.

Long term care facilities must question if:

- Their response plans include training for lower standards of care for staff
- In time training tools to cross-train ancillary staff
- Plans address basic human needs of staff

## Conclusion

Ethical consideration during the development of emergency/disaster plans for long-term care facilities offer framework for ethical values and ethical process elements. The ethical guidelines for development of emergency plans explain ethical principles while the ethical question and considerations during disaster preparation provides a process of ethical principles during a crisis situation. The questions and considerations during Disaster Mitigation demonstrate ethical values needed to determine and ethical dilemmas.

Disaster response incorporates sound ethical consideration during a crisis using triage, allocation of resources, and crisis standard of care for staff. The tools provided and outlined for long-term care facilities allow for guidelines and help navigate through ethical decision making.