

**IDAHO DEPARTMENT OF HEALTH AND WELFARE
DECLARATION OF DEACTIVATION OF CRISIS STANDARDS OF CARE FOR ALL PUBLIC HEALTH DISTRICTS
IN THE STATE OF IDAHO EXCEPT FOR THE PANHANDLE HEALTH DISTRICT**

DATE OF DECLARATION: NOVEMBER 22, 2021

The Director of the Idaho Department of Health and Welfare (the “Department”) is authorized by Idaho Code § 56-1003(3) to exercise general supervision and promotion and protection of the health of Idahoans. Further, pursuant to its authority under Idaho Code § 56-1003(2), the Idaho Board of Health and Welfare approved the Crisis Standards of Care for Health Care Entities contained in IDAPA 16.02.09.

Crisis standards of care (CSC) provide guidelines that help healthcare providers and systems decide how to deliver the best care possible under the extraordinary circumstances of an overwhelming disaster or public health emergency. The guidelines are used when there are not enough healthcare resources to provide the usual standard of care to people who need it. The goal of crisis standards of care is to extend care to as many patients as possible and save as many lives as possible.

Deactivation of CSC is appropriate when resources are sufficient to provide the usual standard of care.

The CSC Activation Committee (the “Committee”) convened on September 6, 2021 and recommended the activation of CSC in the Panhandle and Northern Central Health Districts based on a request from Kootenai Health. Subsequently, CSC was activated on September 6, 2021 for Districts 1 and 2. The Committee met again on September 15, 2021, and recommended CSC be activated statewide because of the increasing hospitalization of COVID-19-positive patients that were exhausting healthcare system resources throughout the state. Subsequently, CSC was activated statewide on September 16th.

The following conditions exist which support deactivating CSC:

Since entering CSC, the situation across the state has been monitored daily. The process to deactivate crisis standards of care began when healthcare systems started individually indicating that they had moved to contingency operations instead of operating under CSC conditions.

Department Director Dave Jeppesen convened the CSC Activation Advisory Committee on Nov. 19, 2021, to review the situation at healthcare facilities across the state.

The committee determined that, except for the healthcare systems in the Panhandle Health District, healthcare systems had moved to contingency operations and several had recently made robust decisions to exit operating under CSC. Those healthcare facilities who had exited CSC operations emphasized that while they were able to exit CSC, they remain stressed since the number of patients remains high. They indicated it will be some time before healthcare systems return to full normal operations. It also will take time for healthcare systems to work through the many delayed surgeries and other medical treatments.

The committee recommended to the director that CSC be deactivated in all public health districts except for the Panhandle Health District, where COVID-19 case numbers and hospitalizations continue to exceed the healthcare resources available. For all other public health districts, healthcare systems are generally using contingency operations, which means they can deliver the functional equivalent of the usual standard of care, but still have an usually high number of patients.

Therefore, pursuant to IDAPA 16.02.09.400, CSC previously activated statewide on September 16, 2021 is hereby deactivated for all public health districts except Panhandle Public Health District. CSC remains in effect in the Panhandle Health District, which encompasses Boundary, Bonner, Kootenai, Benewah, and Shoshone counties.

IT IS SO DECLARED:



DAVE JEPPESEN, DIRECTOR
IDAHO DEPARTMENT OF HEALTH AND WELFARE

Dated: November 22, 2021