

## H1N1 CRITICAL CARE CLINICAL GROUP

To: Ian Dalton,  
National Director  
NHS Flu Resilience  
Department of Health

26 November 2009

Dear Ian,

### PRINCIPLES TO SUPPORT PLANNING FOR TRIAGE

1. NHS Colleagues have expressed concern about the process for allocating scarce clinical resources in the face of increased demand during the current H1N1 pandemic.
2. The Critical Care Clinical Group (CCCG) has been tasked to provide practical advice for clinicians and organisations to prepare and test plans to achieve increased critical care capacity. We acknowledge that the aim of all providers is to maintain as high a standard of care as is achievable for the critically ill during periods of excess demand in a pandemic.
3. In preparation for a situation where demand exceeds the expanded critical care capacity, the CCCG suggests the following principles to support the application of existing ethical guidelines locally within organisations.
4. As a first step, Strategic Health Authorities, critical care networks and individual NHS Trust and NHS Foundation Trust should have rehearsed their plans to achieve an expansion of critical care capacity.
5. There must be recognition within Trusts (clinical and managerial) of the requirement to cease elective activity when faced with increased demand in line with the guidance on responding to pressures developed by the Department of Health<sup>1</sup>. The following actions are likely:
  - Reducing or stopping elective surgical activity to reduce other calls on critical care.
  - Conversion of level 1 and 2 beds to level 3 beds.
  - Conversion of other areas - such as post operative recovery- to critical care.

## Annex B

6. This expansion will put demands on logistics which is why advice on supplies has been issued by the group through Strategic Health Authorities. This advice is now available on the Department of Health website<sup>2</sup>. It may require staff to work outside their normal area or supervise individuals less familiar with managing critical care patients. Guidance on principles to support this can also be found on the Department of Health web site along with workforce guidance from the Department .<sup>3 4</sup>
7. A possibility is that paediatric patients may need to be cared for in adult units. Advice on training and process can be found on the Paediatric Intensive Care Society website including specific guidance on managing very sick children in a pandemic<sup>5</sup>.
8. The decision to admit a patient into critical care, with or without H1N1 infection, is a clinical one. This takes into consideration many factors but especially the likely benefit (or otherwise) to that individual from critical care. This is not triage- but is standard critical care practice.
9. As all critical care clinicians may not be familiar with the likely clinical course of severe H1N1 in all patient groups it is strongly recommended that local networks offer support and advice on a 'hub and spoke' basis. Arrangements within networks should be in place to identify clinicians with expert knowledge on H1N1 and/or advanced respiratory support techniques, who can act as clinical advisors to their network colleagues. This clinical advisory service should be available at all times.
10. UK experience to date has been that H1N1 cases have been 'clustered' putting particular hospitals, units and services under pressure while adjacent services have been untouched. This is why the CCCG is emphasising the role of Networks and SHA Flu leads in managing and sharing this additional demand. Networks need to actively manage how patients are distributed between units and be aware of the impact on individual units. Arrangements must be confirmed for collaborative team working with regard to:
  - Sharing increased demand using robust mutual aid and transfer arrangements within networks and between neighbouring networks, including those in bordering Strategic Health Authorities.
  - The set up of decision making groups within and across organisations. The membership should be drawn from across clinical specialties and services provided by the organisation. This group should meet and rehearse its approach to decision making in advance of any surge in activity. These arrangements need to be not only confirmed, but rehearsed now

## Annex B

11. Severely ill patients with H1N1 may present complex management challenges including ventilatory challenges. The CCCG is emphasising the role of tertiary units in providing advice and guidance on the management and transfer of these patients. This includes the role of IV antivirals and the role of oscillation and Extracorporeal Membrane oxygenation (ECMO). These must all be seen as part of a holistic approach and not as individual isolated therapies. The CCCG view is that management of such complex patients should be in conjunction with tertiary centres so that decisions on use of oscillation and ECMO can be made appropriately. Arrangements must be confirmed within individual Trusts and networks for the review of patients whose suitability for critical care is being assessed. A team approach is recommended.
12. The topic of triage has been raised in a number of forums. Triage involves managing care where demand is outstripping resources. This is not the same as standard critical care clinical practice where decisions about whether or not an individual will benefit from intensive care are made every day.
13. Triage would involve making choices between patients who would all benefit from intensive care. This does imply however that all other measures (such as stopping elective work, expanding capacity, transfer within networks and transfer between networks), as set out in paragraph 5 above, have been exhausted. This situation has not been reached to date and it is not expected to be, based on the forward modelling of influenza H1N1.
14. The CCCG recommends that if triage has to be undertaken it is done by more than one experienced clinician, fully documented and such processes are worked through in advance as set out in paragraph 10 above. The intention is that, by robust action now within and between networks, triage will be avoided.
15. The Group suggests that the relevant Royal Colleges and Associations, in conjunction with critical care networks, consider arranging Continuing Professional Development events on this issue to ensure that the key messages are discussed in all units, especially those currently with limited or no involvement in providing critical care or who might have to admit patients who currently would be treated in a regional adult or paediatric ICU.
16. Links to the existing Department of Health documents referencing triage are given at the end of this note.<sup>6 7</sup>

Dr Judith Hulf, CBE  
Chair  
H1N1 Critical Care Clinical Group

## Endnotes

---

<sup>1</sup>Critical care strategy: Managing the H1N1 pandemic  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_104977](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104977)

<sup>2</sup>Critical Care Clinical Group: Supplies to support surging of critical care capacity  
URL to be added and this document will then be updated on DH website.

<sup>3</sup> Critical Care Clinical Group: Principles for nurse staffing in a critical care surge  
URL to be added and this document will then be updated on DH website.

<sup>4</sup> Pandemic Influenza: additional measures to meet workforce supply  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_106388.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106388.pdf)

<sup>5</sup>Paediatric Intensive Care Society: managing very sick children in a pandemic - triage  
<http://www.ukpics.org/images/stories/pics%20briefing%20ver%203%204nov%2009.doc>

<sup>6</sup>Pandemic flu: managing demand and capacity in health care organisations (surge)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098769](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098769)

<sup>7</sup>Responding to pandemic influenza: The ethical framework for policy and planning  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)