

Guidelines for the Triage of Patients¹

Given the very serious ramifications of limited resources in a disaster and its accompanying decisions and outcomes, there is an ethical responsibility on the part of health care providers to prepare themselves for how they will allocate scarce resources in a disaster.

The State Expert Panel on the Ethics of Disaster Preparedness in collaboration with the Wisconsin Division of Public Health, Hospital Emergency Preparedness Program and the Wisconsin Hospital Association has developed a series of brochures, entitled "The Ethics of Health Care Disaster Preparedness." These documents provide guidance to health care organizations and staff so that all have a better understanding of why certain decisions are made, how these decisions are informed by the ethical principles in this document and how these decisions will be implemented when there are limited resources.

The State Expert Panel has produced this document primarily as a basis for discussion so health care physicians and other clinicians can participate in a dialogue that will further refine these guidelines. The desired outcomes of these discussions include:

- a greater awareness of the ethical issues that will arise during a disaster*
- an understanding of the ethically justifiable expectations regarding what to expect from the health care system during a disaster*

*Before reading this brochure, you are encouraged to read the brochure
"Ethics of Health Care Disaster Preparedness."*

The State Expert Panel assumes that health care providers have been committed to these preparedness efforts and can attest to the significant accomplishments that

have been made since the events of 9/11.

The State Expert Panel believes its responsibility is to identify the

ethical issues that will occur in a disaster, to provide initial guidance regarding ethical decision-making, to provide a forum for discussion of these ethical issues and then to

¹ This section is heavily indebted to the work done by the New York State Workgroup on Ventilator Allocation in an Influenza Pandemic, New York State Department Of Health/New York State Task Force on Life & the Law, "Allocation of Ventilators in an Influenza Pandemic: Planning Document", March 2007

take the results from these discussions and share them with health care organizations throughout Wisconsin. Health care providers need to understand that even with health care organizations “being prepared” and following all of these ethical guidelines, there may be loss of life for those who do not receive the necessary treatment due to limited resources.

In a disaster, it is very likely that there will be a significant imbalance between available resources and the needs of many patients. There not only will be longer waits for treatment, but, more likely, there will be patients who do not receive the treatment necessary and even patients for whom there will be no treatment available due to lack of human and/or material resources.

With limited resources, there will not be enough to go around for every one in need. Thus, these resources must be allocated to achieve the greater good for the community.

Health care providers nationally and in the State of Wisconsin are working to develop guidelines for the triage of patients so that treatment decisions are made that best serve the greater good of the community and that meet the values that are proposed in this brochure series.

It is evident that such triage guidelines will only be applied when absolutely necessary. Thus, health

care providers have an ethical responsibility not only to have these guidelines in place, but also to ensure that these guidelines will be applied only after every other remedy has been implemented.

The State Expert Panel is recommending that these guidelines for the allocation (triage) of scarce resources meet the following criteria:

1. Be consistent with the Ethics Principles and Procedural Values, addressed in this brochure series
2. Be applied consistently across the state
3. Be based on evidence-based practices to the extent that these practices are available
4. Reflect the current best practices for the triage of critical care patients
5. They are tiered so that, as the number of patients increases and resources are further depleted, these criteria can become more stringent
6. Allocate resources to save as many lives as possible
7. Have the consensus of health care providers, especially those involved in the response to the disaster, through open review and discussion and an opportunity for comment
8. Have the consensus of the general public through open review and discussion and an opportunity for comment

The State Expert Panel also recom-

mends that the following nine prerequisites be in place at all hospitals:

Clinical Review Committee

A critical tool in accomplishing the above criteria for the allocation of scarce resources is the Clinical Review Committee.

Desired Outcomes:

- The hospital should establish now a multi-disciplinary committee to review admissions, procedures and allocation of resources so that the Committee can learn how to make such decisions without the stress and urgency that will occur in a disaster. This committee should meet regularly to discuss triage protocols so that it is prepared to implement these guidelines when necessary.
- This will necessarily involve the education of physicians and health care professionals in the application of these protocols through educational programs and especially table-top exercises and other such simulations.

Surge Capacity

Hospitals are to ensure that there is a system in place to manage a surge of patients.

Desired Outcomes:

- There is a process for canceling elective admissions and procedures.
- There is a process for triaging

admissions and procedures that are of an emergent nature versus those that are of an urgent nature.

- There is a process for limiting outpatient procedures that may have the potential for hospital admission.
- There is also to be a plan in place to deploy surge beds², especially surge beds that increase the number of critical care beds. This also involves a plan to bring on additional staff, supplies and equipment.
- The hospital is to have a sufficient inventory of personal protective equipment that will be needed in an infectious disease outbreak.

Patient Triage Principles

Triage policies that are developed by the Clinical Review Committee are to apply to all patients.

Desired Outcomes:

- A resource allocation system is to be applied to all hospitalized patients in need of medical treatment, whether inpatient or outpatient, and not just those affected by the disaster.
- There are to be no non-clinical exclusion criteria such as age, employment, economic status, etc. In addition, health care workers should not be treated as a special class of patients for the purpose of triage³.

Collaboration Among Health Care Providers

Hospitals will be operating under the Incident Command System (ICS) during such an incident. The Incident Command System provides a process for the allocation of resources through the Emergency Operations Center. However, it is incumbent upon health care providers to make sure there is collaboration among all providers.

Desired Outcomes:

- There is to be a policy for the sharing of supplies and equipment among health care organizations⁴. A disaster, such as a pandemic, may move gradually across the state. Not all facilities will be affected at the same time. The Clinical Review Committee should think through the implications of sharing resources and supplies with those health care organizations in immediate need, knowing that the donor hospital may eventually be in need of these same supplies, equipment and personnel. The ethical dilemma is “Does a donor hospital hold onto supplies when the requesting hospital is in dire need, knowing that these same supplies may be needed within a few days or weeks by the donor hospital?”
- Hospitals within health care systems will have access to their

system’s resources. This raises ethical issues for these health care systems. “Do these systems prioritize the allocation of resources only for system hospitals or will they allocate resources to any hospital in need?”

Implementation of Triage Protocols

The hospital should adopt a system to ensure that all members of the Medical Staff and all employees are educated in the protocols for the allocation of scarce resources.

Desired Outcomes:

- The hospital is to have a process in place to educate physicians and other health care professionals on these protocols prior to any disaster.
- It is recommended that there be a triage officer such as a Critical Care Specialist, who will make these triage decisions versus the attending physician. Centralizing this decision-making will allow this person to have a big picture perspective, make decisions based on preceding decisions and thus become more scientific and objective in the decisions made.

Conservation and Rationing of Resources

Protocols for the conservation and rationing of resources need to be established now and have the op-

² Surge beds are defined as beds that can be set and staffed in addition to the current staffed beds

³ Allocation of other resources such as personal protective equipment, anti-viral medications and vaccines are based on different ethical principles and may well favor health care workers.

⁴ In the State of Wisconsin, all hospitals have already signed Memoranda of Understanding sharing supplies, equipment and staff.

portunity to be reviewed and agreed upon prior to implementation.

Desired Outcomes:

- Each department and service within the hospital should establish protocols for the conservation of resources that should be implemented at the beginning of the incident to maximize resources. This may include, for example, defining “essential patient treatment,” e.g., given a shortage of staff and a surge of patients, what are those basic and essential tasks that nurses need to fulfill.
- Each department and service within the hospital should establish protocols for the rationing of scarce resources should this become necessary.
- Each department and service within the hospital needs to have a program for educating its staff and all those involved in treatment in these conservation and rationing protocols along with testing these protocols through periodic exercises.

Note: Various workgroups, organizations and professional associations are in the process of developing protocols for the conservation and rationing of scarce resources. As these protocols become available, they are placed on the following web sites: www.wha.org under Emergency Preparedness and www.pandemic.wisconsin.gov under Health Care.

Palliative Care

Existing policies and procedures for determining which patients can benefit from palliative care should be followed to the extent that these are applicable in a disaster. Palliative care is to be offered to all patients for whom life-saving treatments are not available or for those who altruistically choose to forgo treatment.

Desired Outcomes:

- There needs to be a process for family members to receive the necessary education and information to better understand the decision-making process to place a loved one in palliative care.
- The hospital should have a plan for a surge of patients in need of palliative care, including education and support for the caregivers.

Quality Review

The Clinical Review Committee should have a process to make sure that all of its decisions and protocols are reviewed on an on-going basis.

Desired Outcomes:

- When decisions are being made to allocate scarce resources, the hospital is to have a process for the daily and/or periodic review of triage decisions to ensure that 1) all decisions are follow-

ing established criteria and 2) there is access to evolving clinical evidence that may necessitate change in these triage and treatment protocols.

Education

The Clinical Review Committee is responsible for ensuring that there is a process to widely communicate its work.

Desired Outcomes:

- The hospital should have a process in place, prior to any incident, to educate clinicians and staff in the protocols for the allocation of scarce resources.
- The hospital should also have a process to educate the community and its patients about how the allocation of scarce resources may affect treatment decisions.
- The hospital is also to have a process to educate the community and its patients about how scarce resources may affect treatment decisions, especially upon admission of the patient to the hospital during a disaster.