

MARYLAND HEALTHCARE ETHICS COMMITTEE NETWORK (MHECN) - COVID TRIAGE SUMMARY

Inclusion and non-discrimination: Clinicians must perform a thorough individualized review of each patient and must not assume that any specific diagnosis or chronic condition is determinative of prognosis or near-term survival. The fact that a patient may have a physical or intellectual disability or mental health disorder cannot be a basis for denying treatment. Reasonable modifications must be made where needed by a person with a disability to have equal opportunity to benefit from treatment.

AT CAPACITY FOR:	D/C	TRANSFER	DOUBLE UP	TRIAGE
STAFFED NON-ICU BED/SURGE BED	X	X	X	--
STAFFED ICU/CRITICAL CARE BED	--	X	--	X
STAFFED VENT	--	--	--	X

STAFFED = Sufficient PPE to protect staff

TRIAGE AS NEEDED

- Clinical team requests staffed ICU bed/vent/limited resource from triage officer/team.
- Triage officer confirms through CRS FRED DASHBOARD (in C.R.I.S.P.) no transfer available.
- Triage officer/team consults triage priority list ranked by highest composite triage scores.
- If ties in highest (i.e., lowest priority) triage scores, adjust by:
 - Excluding those on vent < 120 hours & those on their own vent.
 - If pregnant with fetal heart tones, subtract 1 point (unless already done).
- If still tied, employ tie-breaker [e.g., SOFA/PELOD delta (+), random # generator].

NOTIFY/PROVIDE COMPASSIONATE CARE

- Make all reasonable efforts to communicate with patients/families through phone/video chat.
 - Accommodate requests for augmented/alternative communication.
 - Conduct & document a goals of care discussion (with the patient or a surrogate) for all critically ill patients when possible.
- Provide written notice to patients in preferred modality of the triage framework & appeals process upon ED intake.
- Notify patients/surrogates if a decision is made that a patient will not receive a scarce resource due to the triage protocol. Conduct secondary review promptly for appeal requests.
- Provide palliative/supportive care to minimize discomfort and distress.
- Discharge patients, when appropriate, to home, hospice, or long-term care with adequate support for both patient and caregiver(s).

WITHHOLD/WITHDRAW MEDICALLY INEFFECTIVE TREATMENT

- Withhold/withdraw treatment deemed medically ineffective (to a reasonable degree of medical certainty, it would not prevent or reduce the deterioration of the health of the patient or prevent the patient's impending death). Certify as such by the attending physician and a second physician (1 in the ED). Make reasonable efforts to inform the surrogate of this clinical determination. Withholding/withdrawing need not be delayed if the surrogate requests transfer to another facility. Ethics consultation may be engaged if time allows but is not required. **These are medical determinations, not triage.** Clinicians must mindfully avoid implicit bias influencing these decisions. A patient's race, ethnicity, clinician-perceived quality of life, profession, social position, or ability to pay should not impact treatment or triage decisions.

ENSURE STAFF SAFETY

- Staff safety is paramount. Have approved PPE spotters ensure that staff don & doff PPE appropriate to their exposure risk before engaging in clinical care with patients who may be COVID⁺.