

Briefing on: Critical Care Triage and Coronavirus

Latest Update: 1st May 2020

Purpose

This Briefing explains the background, details and implications of 'Critical Care Triage', when the demand from patients for Intensive Care support becomes greater than the available resources, and the actions spinal cord injured (SCI) people can take to be prepared for this.

Background

As the Coronavirus pandemic has developed, there's been increasing publicity about the hard choices medical professionals may have to make if demand exceeds supply, specifically around the allocation of scarce resources like Intensive Care or Critical Care beds and access to ventilators.

This has highlighted the factors medical professionals are being asked to consider, if a decision needs to be made about who does, and does not, get potentially life-saving care.

Everyone's situation is different and therefore providing specific, tailored advice to everyone is not practical. However, we hope that this guidance about a difficult subject is helpful and informative.

What is Critical Care Triage and why do I need to know about it?

The NHS is dealing with a pandemic that may mean demand for medical care from people infected with Coronavirus could exceed the resources available.

In other words, the number of sick people (disabled or not) being admitted to hospital is greater than the number of Intensive Care or Critical Care beds and ventilators available.

In this scenario, a decision must be made about which sick people get the potentially life-saving care, and which don't. Those that do will be treated in an Intensive Care or Critical Care Unit, and those that don't will be treated (or receive end-of-life care) on a Ward.

Critical Care Triage is the process that NHS doctors may have to undertake to decide what care Coronavirus patients get. This carries with it considerable ethical and practical implications, which is why we've added links to the professional guidance issues to the medical profession (see below).

SCI people, their families and carers need to know about the triage process, so they can be as prepared as possible if they become ill with Coronavirus and need to be admitted to hospital.

Does this triage process apply to adults and children?

The Critical Care Triage process described here is for adults.

Who has given the medical professionals guidance about this triage process?

Official guidance was issued on 20th March by National Institute for Health and Care Excellence (NICE), with subsequent updates published on 25th March, 31st March and 9th April. Further updates are expected as knowledge and experience develop during the pandemic. The guidance is on [the NICE website](#).

The initial [NICE guidance and critical care flowchart document](#) was heavily criticised when it was first published for its use of the Clinical Frailty Scale in the triage process. After pressure from charities and campaigners, including SIA, the NICE guidance was changed and further clarifying statements were issued by the Chief Nursing Officer and National Medical Director at NHS England.

In addition, the British Medical Association (BMA) has issued a [guidance document](#) on the main ethical challenges likely to arise during the Coronavirus pandemic, which obviously includes the triage process.

Why has the Equality and Human Rights Commission intervened?

The Equality and Human Rights Commission (EHRC) wrote to the British Medical Association (BMA) on 23rd April 2020 to express their concerns about the BMA's ethical guidelines in the Coronavirus pandemic. Commenting on the importance of clear guidance during the pandemic, Equality and Human Rights Commission CEO Rebecca Hilsenrath said:

"Doctors and other healthcare professionals are making difficult decisions in unprecedented circumstances during the coronavirus pandemic, often at great personal risk, and the country owes them its profound gratitude. To help inform these decisions, clear guidance is needed. The National Institute for Health and Care Excellence (NICE) clearly states that clinical decisions should not be made on the basis of someone's disability or underlying health conditions."

"We have asked the British Medical Association (BMA) to make this very clear in its own ethical guidance, in line with their duties under the Equality Act. If this is not possible the guidance should be withdrawn and BMA members directed to the definitive NICE guidance."

"Doing so will help provide disabled people with the healthcare to which they are entitled."

In their response of 24th April 2020, the BMA said:

"From the outset, we were extremely concerned about the potential for resource allocation decisions to disproportionately impact on certain groups. In response to some misunderstanding about aspects of our guidance, we subsequently published an explanatory note addressing in more detail the relationship between our guidance and those patients who are elderly or who have disabilities. It emphasises that neither age nor disability are in themselves relevant criteria for making decisions about treatment."

“It has always been our intention that our guidance would be a living document, open to constant review. Following publication, we have been in wide correspondence with a range of people and groups interested in the guidance and its impact and we have carefully considered all of the feedback we have received. As a result, we are in the process of making some amendments to the guidance. The updated guidance will address in more detail the questions of discrimination you raise and will be published imminently. We will also be putting a link on our website to a powerful statement from Disability Rights UK on the impact COVID-19 on the rights of people with disabilities, which we believe to be entirely consistent with our own guidance.”

“The amendments we are planning will provide greater clarity about the requirements of the Equality Act 2010 and I believe will address the concerns you have raised.”

The full EHRC letter and BMA response can be found here:

<https://www.equalityhumanrights.com/en/our-work/news/coronavirus-pandemic-letter-british-medical-association>

What is the Clinical Frailty Scale and what significance does it have?

[The Clinical Frailty Scale \(CFS\)](#) scores patients on a scale of 1-9, where 1 is ‘Very Fit’ and 2 is ‘Well’ - and at the other end of the scale, 8 is ‘Very Severely Frail’ and 9 is ‘Terminally Ill’.

The CFS is not new. NHS England introduced routing frailty identification for patients aged 65 and over when GP contracts were changed in 2017/18, to identify whether a person is likely to be fit or living with mild, moderate or severe frailty.

The use of the CFS for all patients as a key step in the Critical Care Triage guidance published by NICE was heavily criticised, as the pictorial representations of frailty could lead to conscious or unconscious discrimination against anyone with a visible disability.

The clarifications issued since then have made it clear that the CFS must not be used in younger people or for people with a stable, long-term disability (which would include spinal cord injury) and an individual assessment is recommended for all cases where the CFS isn’t appropriate.

SIA recommends that any SCI person being admitted into hospital, irrespective of their age, should seek an individualised assessment. A spinal cord injury is a stable, long-term condition and therefore not suitable for assessment using the Clinical Frailty Scale.

So, what does the NICE guidance now say about patient assessment on admission to hospital?

The NICE guidance now states that:

On admission to hospital, assess all adults for frailty, irrespective of COVID-19 status.

- *Use the Clinical Frailty Scale (CFS) ... as part of a holistic assessment where appropriate. Be aware of the limitations of using the CFS as the sole assessment of frailty.*
- *The CFS should not be used in younger people, people with stable long-term disabilities (for example, cerebral palsy), learning disabilities or autism. An individualised assessment is recommended in all cases where the CFS is not appropriate.*
- *Consider comorbidities and underlying health conditions in all cases.*
- *Record the frailty assessment in the patient's medical record.*

So, what is SIA's recommended position for SCI people?

SCI people, some of whom may require some assistance with daily activities, lead long, fulfilled and productive lives that benefit society. Everyone has an equal right to care, and any decision about the availability of Critical Care for an SCI person with Coronavirus should be made on a case-by-case basis, based on medical history and in conversation with the patient and (if possible) their families.

SIA recommends that any SCI person being admitted into hospital, irrespective of their age, should seek an individualised assessment. A spinal cord injury is a stable, long-term condition and therefore not suitable for assessment using the Clinical Frailty Scale.

SIA also recommends all SCI people should complete an Emergency Care Plan. To request the support of a SCI Nurse Specialist to complete one with you, please [fill in a referral form](#) or call our Support Line.

What is DNAR or DNACPR order?

An advanced care plan needs to be done on an individual basis, and may (but doesn't have to) include consideration of DNAR (Do Not Attempt Resuscitation) or DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) orders.

This states what a person's preferred wishes are should they stop breathing, or their heart stops, and therefore whether resuscitation will be attempted. It's important to remember that nobody can insist on CPR - like all other medical treatments, CPR will only be administered if a doctor believes it is in the best interests of the patient.

It has been reported in the press that some older people and people with life-limiting illnesses have been asked to complete DNAR forms. This practice has been roundly condemned, and a joint was issued by the British Medical Association, Care Provider Alliance, Care Quality Commission and the Royal College of General Practice stating that: *"It is unacceptable for advance care plans, with or without DNAR form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need."*

If you have been asked by your GP or a healthcare professional to complete a DNAR or DNACPR, please contact SIA via the Support Line on 0800 980 0501, so we can advocate on your behalf.

I'm an SCI person. Do I need to worry about being admitted to hospital with Coronavirus?

No, no more than any other patient. This is a situation that only may happen if Intensive Care resources are stretched and demand starts to exceed the resources available. SCI people should not be assessed based solely on the Clinical Frailty Scale, and for SCI people the Critical Care Triage process should be an individualised assessment. However, for any concerns you have, SIA is ready to take up any case and continue to keep up the pressure to ensure objective clinical decision making.

In the meantime, it's important to remember that:

1. None of the above information is relevant if you don't contract Coronavirus.
2. If you do contract Coronavirus, you may not need to go to hospital.
3. If you do contract Coronavirus and need to go to hospital, but they have the appropriate resources available, then the Critical Care Triage process won't need to be used.

So, what should I do next?

The basic guidelines for all of us are vitally important in keeping you safe, well and out of hospital.

1. Stay at home and avoid the chances of contracting Coronavirus if you possibly can.

Given the risk of serious illness from contracting Coronavirus, it's essential to reduce as much as possible the chances of becoming ill from the virus. Everyone will have to make their own judgement about how far they want to go with 'isolating' or 'shielding', but asking family, friends and neighbours to support you and using online services whenever possible is a good start.

2. Complete an Emergency Care Plan.

An Emergency Care Plan is a form to ensure you receive the right care if admitted as an emergency to your local hospital. To request the support of a SCI Nurse Specialist to complete one for you please [fill in a referral form](#) or call 0800 980 0501. See also a brief you can print off for any non-SCI specialist nurses or doctors – [Advice for Healthcare professionals](#). You can see more about all this in [a short video from one of our Specialist Nurses](#).

3. Register for preferential local services.

Local government, business, charities and the general public are now geared up to help those advised to stay at home. For example, many supermarkets are offering preferential food delivery slots to elderly, disabled and vulnerable customers – partly by interrogating their own records to identify who those customers are, and partly by being given access to the Government's own database. You may also find that small business, for example a local farm shop, have developed the way they deal with their customers to fit with people's circumstances in the current climate.

4. Sign up for support.

Any SCI adult or child with tetraplegia or high-level paraplegia and a weakened cough reflex, or who have an impaired or compromised immune system, can go to: www.gov.uk/coronavirus-extremely-vulnerable to sign up for support, including help with food, shopping deliveries and additional care.

5. NHS Volunteer Responders

Hundreds of thousands of volunteers have joined the NHS Volunteer Responders programme, and are available to support people in England at risk from the Coronavirus. The help on offer ranges from support with grocery shopping and collecting prescriptions to 'check in and chat' phone calls.

To get this support, or if you are a carer and want to secure support for someone you care for, ring **0808 196 3646** (8am to 8pm) or have a look at the website for more information:

<https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders-portal/isolating>

Volunteer Responders is being delivered by Royal Voluntary Service, who are one of the UK's largest and longest-standing volunteering charities.

6. Register yourself with your Local Authority, CCG and GP

Make sure that your Local Authority, CCG and/or GP are aware of your needs as a SCI person.

If you think you have Coronavirus

If you think you may have been exposed to Coronavirus or are displaying symptoms, you should immediately:

- Call NHS 111 and clearly state that you are SCI and therefore considered to be 'at risk'.
- If appropriate, inform your care provider - either the care agency that supplies your carers, or your local Clinical Commissioning Group or Local Authority.
- Inform your local specialist Spinal Cord Injuries Centre and/or your GP.
- Make sure you contact our SCI Nurse Specialist team in order to complete the SIA Emergency Care Plan – see advice in point 2 above.

What support can I get from SIA and its partner charities?

We are determined that no SCI person should face Coronavirus alone. SIA has re-deployed its entire workforce and volunteers to support you, in particular its Specialist Nursing, Advocacy and support network teams. We have also set up a 111-style Support Line, dedicated to responding to SCI people's needs during the pandemic. The Support Line number is: **0800 980 0501**.

If you get in touch with SIA via the dedicated Support Line and email – set out at the bottom of every one of our advice briefs – we can link you via one of three areas:

- **Information and Advice** – we will talk you through any concerns and link you to our latest briefs, advice and videos as well as updated government advice at www.spinal.co.uk/Coronavirus/ and on Social Media.
- **Advocate** – We have an Advocacy Team ready to take up your case with you to help you ensure proper care at home and/or in hospital whilst managing the impact of Coronavirus. Calls we have received recently include a shortage of PPE, early discharge from specialist Spinal Centres and how to register as 'vulnerable' on the Government website.
- **Support** – Our network of partners will support you with all elements of your health and wellbeing during this time of isolation and concern. We will refer, link and support SCI people to other services, charities and advice as needed. We have also set up online meeting places to meet each other and talk to experts across a range of health and wellbeing areas. Again, use our advice line and web links, and follow [#CoronavirusSCI](https://twitter.com/CoronavirusSCI) and [#TogetherInIsolation](https://twitter.com/TogetherInIsolation) on social media

SIA's Support Line is: **0800 980 0501** or look at the Coronavirus information published [on our website](#)

Further information and background documents

For further information and background documents for this Advice document:

- [NICE guidance on Critical Care for Adults](#)
- [NICE Critical Care Triage flowchart](#).
- [The Clinical Frailty Scale](#).
- [BMA guidance on ethical issues](#).
- [Newspaper article from the Chair of the BMA's medical ethics committee:](#)
- [Letter from Ruth May \(Chief Nursing Officer, England\) and Professor Stephen Powis \(National Medical Director\)](#), both at NHS England and NHS Improvement.
- [RCGP - Joint statement on Advanced Care Planning](#)
- [Open letter on Covid-19 and the rights of disabled people](#)
- [NHS guidance for clinicians and NHS managers](#)

Further information from SIA

For further SIA information, please:

- Visit the [Coronavirus landing page](#) on our website.
- Follow us on Social Media:
 - Facebook: [Spinal Injuries Association](#)
 - Twitter: [@spinalinjuries](#) – if possible, please use the hashtag #CoronavirusSCI
 - Instagram: [@spinal_injuries](#)
 - YouTube: [Spinal Injuries](#)
- Call our Support Line on **0800 980 0501** for further information and guidance.

Spinal Injuries Association, 2 Trueman Place, Oldbrook, Milton Keynes MK6 2HH

Email: sia@spinal.co.uk

Website: www.spinal.co.uk

Charity Registration Number: 1054097