Appendix 1. Capacity Management: CRITCON-PANDEMIC Levels

This is a significant adaptation of language and concept from existing CRITCON-WINTER definitions

The CRITCON-PANDEMIC matrix allows available resources to be fairly reflected in individualised decision making, and if applied correctly **prevents** inappropriate recourse to triage whilst resources are available, maintaining existing legal and ethical best practice.

For implementation across the Four Nations please refer to relevant Surge Plans and CMO/Regional teams.

CRITCON-2020	Definition	Organisational Responsibility (Trust/Health Board, Network, Region)	Clinician responsibility
0 – NORMAL	Able to meet all critical care needs, without impact on other services. Normal winter levels of non-clinical transfer and other 'overflow' activity.	Routine sitrep reporting Match critical care capacity to demand. Consistent implementation of legal and professional best practice.	
1 PREPARATORY	Significant expansion/multiplication of bed capacity, supported by extensive redeployment of staff and equipment from other areas.	Plan and make physical preparation for large-scale critical care expansion. Prioritisation and reduction of elective work. Identify regional mutual aid systems and patient flows. Ensure good awareness of and engagement with local capacity reporting mechanisms including CRITCON Build resilience in data collection and research capacity.	
2 SUSTAINED SURGE	System at full stretch, both in ventilator capacity and/or staffing levels, with staff working outside usual role. but adherence to usual clinical practice goals wherever possible Other resources may be becoming limited e.g. oxygen, renal replacement therapy.	Mutual regional aid in place and active. Escalate and ensure maximum awareness of 'hot spots' at regional and national level. CRITCON 2 should be the target state during the high-intensity stage of the pandemic. Units still in CRITCON 1 may need to step up to CRITCON 2 to aid others and minimise the occurrence of CRITCON 3. Ensure good governance and support for clinical staff working flexibly. Ensure rapid data collection and research participation.	Apply usual ethical and legal principles. Use Decision Support Aid (Appx 2) to assess benefit. Apply existing best practice in implementation, discussion and documentation Deliver best available care both to infected patients, and non-infected patients indirectly affected by changes to normal services. Lead and participate fully in reporting, shared awareness of the evolving situation, data collection, and research.
3 SUPER SURGE	Some resources starting to be overwhelmed. Full use of stretched staffing ratios and cross-skilling. Delivery of best available care but not usual care, for the majority of patients.	Whole hospital response. Active decompression of hot sites. High-volume transfers within and across regional boundaries. Maximum co-ordinated effort to prevent any individual site progressing to CRITCON 4	
4 CODE RED: TRIAGE RISK	Services overwhelmed and delivery of critical care is resource limited. This stage should never be reached at any site unless regionally & nationally recognised and declared.	Full engagement between clinical frontline, Trust/Health Board, Region and national/political leadership, under 12 hourly review.	Focus on **minimising loss of life**. Use Decision Support Aid to assess benefit and prioritise

Usual legal and ethical frameworks

Extremis

Shared operational/clinical responsibility