

To be reported on CMS. Please ensure CRITCON status is inserted in text commentary on Overall Hospital Activity screen on CMS. Any Trust moving to CRITCON 2 (medium surge - unprecedented) should report this as previously advised. Trusts in NW London should also notify the Network on 07748154121 or 07710772332 in addition to any other reporting requirement.

Appendix 1: CRITICAL CARE CONDITION ('CRITCON')

SECONDARY CARE (including Acute, Specialist & Foundation Trusts etc)	
DEFINITION	STATUS
NORMAL	
<p>'Business as usual'</p> <ul style="list-style-type: none"> • Normal, able to meet all critical care needs, without impact on other services. • Normal winter levels of non-clinical transfer and other 'overflow' activity. 	CRITCON 0
LOW SURGE	
<p>'Bad winter'</p> <ul style="list-style-type: none"> • Unusual level of activity, but does not yet exceed previously experienced levels of severe winter pressures. • Elevated levels of local expansion, elective cancellation, or non-clinical patient transfers. 	CRITCON 1
MEDIUM SURGE	
<p>'Unprecedented'</p> <ul style="list-style-type: none"> • Level of pressure on critical care which is previously unseen in most organisations. • Unprecedented degree of expansion into non-ICU areas, and/or use of adult facilities for paediatric critical care. • Unprecedented degree of flexible working outside normal areas/ patient:nurse ratio. • Significant critical care transfer activity (clinical and non-clinical). • Trusts beginning mutual aid and phased reduction of elective work as necessary to support critical care needs, by local decision. • <u>No triage</u> (refusal or withdrawal of critical care due to resources). • When 25% of Trusts (or at a lower % if required) in London are reporting CRITCON 2 the SHA will assume command and control arrangements. 	CRITCON 2
HIGH SURGE	
<p>'Full stretch'</p> <ul style="list-style-type: none"> • Maximum expansion for mutual aid with extensive impact on services. • SHA instruction for all critical care units in region to double capacity (so all organisations in SHA move to CRITCON 3 in one step). • Trusts at or near maximum physical capacity (may be more than double in some cases). • Operating reduced to urgent and emergency (lifesaving) surgery only. • Medical and other procedures similarly prioritised to free staff, space, or equipment. • <u>No triage</u> (refusal or withdrawal of critical care due to resources). • The prime imperative in CRITCON 3 is to prevent any Trust entering CRITCON 4. 	CRITCON 3
TRIAGE	
<p>'Last resort'</p> <ul style="list-style-type: none"> • SHA will declare CRITCON 4 for all of Region when region is unable to meet all critical care needs despite full surge capacity in place. • Triage processes for accessing critical care will be instigated. This will have the outcome of refusal or withdrawal of critical care to one or more flu or non-flu patients due to resource limits caused by the pandemic. • Will be reviewed every 12 hours. 	CRITCON 4