Summary of the Prioritization Protocol

During a pandemic, the number of ICU admissions at the peak of the crisis could exceed capacity. In this context, capacity refers to the number of available beds and the required human and material resources.

Things that the health and social services system can do to increase capacity and admit all patients include:

- Transferring patients between hospitals
- Adding or reassigning staff
- Discontinuing certain services

If these measures do not go far enough, a prioritization protocol can be used as a **last resort.**

Why do we need a prioritization protocol for ICU admissions?

Most countries in the world have created a prioritization protocol for ICU admissions.

If we take this last-resort step, people with the greatest chance of survival will be given priority.

The protocol clearly states that **all patients will receive care.** But that does not mean all of them will or should be admitted to intensive care. Those who are not admitted will continue to receive the most appropriate care for their condition.

Under no circumstances shall priority be based on discriminatory factors[1] (e.g., sex, race, sexual orientation, marital status, etc.), on a person's "social worth," or on their perceived quality of life.

The protocol requires clear and continuous communication with patients or their representatives about what type of care is appropriate in their situation.

Who makes decisions about priority?

If the protocol were introduced, it would be applied throughout the province, in all hospitals in Québec. It would be activated by the authorities at Ministère de la Santé et des Services sociaux. Responsibility for deciding which patients to admit to intensive care would fall to a newly created prioritization team.

A medical assessment of each patient would allow the team to identify those likely to benefit the most from intensive care, according to predetermined, scientifically recognized criteria.

Who drafted the protocol?

A group of experts[2], groups and associations that advocate for the rights of handicapped people and partner users were consulted to draw up the protocol. A provincial committee is also supervising the preliminary work and providing tools for hospitals in the event the prioritization protocol is used incorrectly.

1 As stated in Article 10 of the *Charter of Human Rights and Freedoms*.
2 The group included physicians, nurses, managers, ethicists, lawyers and psychosocial practitioners.

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1 877 644-4545