



¹ Recommended composition for Triage Review Committee: a senior clinician with relevant clinical and operational knowledge (eg. CMO, Risk Management Medical Director), Ethics Committee core member, Equity leadership, Palliative Care leadership, Critical Care leadership, Chaplaincy leadership & Operations Director/AOD. Meets daily and reports laterally to HICS via AOD & up to executive leadership via CMO.

² In situations with simultaneous patients requiring initiation of same scarce resource, the triage officer will need to communicate with primary attending MD including consideration of a brief joint discussion to consider mitigation strategies. If allocation decisions include mandatory discontinuation of life prolonging care or other difficult decisions, triage review committee members can support the triage officer in real time.

³ The triage officer should be a member of the medical staff with sufficient operational and clinical knowledge to consider mitigation strategies and to verify whether the triage protocol was followed appropriately; professional credibility and equipoise to work with colleagues in a situation of high stress; training in communication excellence and unconscious bias to ensure non-discrimination and effective communication with patients, families and caregivers. Recommend to create a pool of providers who fulfill this role with 24 hour availability to work in shifts, to allow adequate time for rest and other clinical duties.