

Pandemic TRAUMA Roles & Responsibilities Safety Checklist



Action Before

Guiding Features

Debriefing Post

PRE

Anyone can initiate checklist:

- Pre-brief case
- Set up bedside/gather equipment
- Consider plan/need for AGMP's
- Assign Roles
- PPE donned
- Consider Activations (trauma, ExP, etc)

Does anyone have any questions?

Considerations:

- Everyone in the room should Have PPE on for AGMP (if indicated)
- Minimize Entry/Exit of Room
- Use side door for exit only
- Goal <8 people in room
- Over 6 feet from patient = "clean"
- Clean stays in clean zones AND dirty stays in dirty zones
- Preferentially use A3
- Minimize unnecessary use PPE
- Minimize contamination or wastage of supplies
- Supplies stored in clean Bunker
- Most experienced provider does airway
- RN to draw BW + send
- Limit diagnostics (ECG/CXR) to necessary to minimize exposures
- Use walkie/talkie to communicate

Equipment/Supplies:

- Bedside cart set-ups
- Large equipment in clean Bunker
- Do not remove more than required
- *Clean Runner* enters the clean Bunker during a resuscitation

Does anyone have any questions?

POST

Entire Team:

- If going to scan/transfer, "clean" staff take patient so post- AGMP/dirty staff can doff if needed or wait for patient return
- Doff in doffing zones.
- If MD accompanying patient to diagnostics, partially doff and re-don (only gown/gloves with hand hygiene)
- Ensure PCIS flagging/DEMC
- Clear plan for tasks/diagnostics
- If returning – plan location with Charge Nurse
- If moving out of ED (OR/ICU)– communicate with Charge Nurse

Debrief:

- Discussion / Analysis of case
- Plan for expedited patient disposition to OR/IR/ICU/Other bed in ED
- Clean/wipe down equipment/supplies
- Reset care space - check bedside/restock to prep for next patient

Does anyone have any questions?

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ROLES (RN) – similar to known R/R

TNL:

- Stand 6 feet back from patient
- In PPE but “clean”
- Chart and lead RN team
- Ensure team briefed
- Ensure resources/equipment gathered
- TNL to take patient to scan so that bedside team can doff
- Back-up to RN Bedside if needed

RN Bedside:

- Obtain IV Access
- Place patient on monitor
- Obtain BW/NP swab etc

RN Runner:

- Wear PPE but stay “clean”
- Obtain meds/equipment prn
- Order and send any BW/NP swab
- Enter diagnostic orders prn
- Back-up to TNL if needed

Extra RN/Charge/Designate:

- Ensure room on neg pressure – close doors
- Ensure appropriate isolation sign up outside room
- Ensure PCIS flagging/DEMC
- Crowd control outside of trauma bay

ROLES (RT/EP)

RT1:

- Check BVM/OPA/Vent/EtCO2/Suction
- Liaise with EP1 for airway plan and intubation
- Liaise with TNL for transfer plan

RT2:

- Wear PPE but stay “clean”
- Obtain equipment prn
- Have Plan B/Crash bag ready
- Back-up to RT
- RT2 to take pt to scan so that bedside team can doff

EP:

- Most experienced airway provider
- No change to previous function/shared responsibilities with trauma attending.
- Verbalize airway plan
- Liaise with TNL and RT1

Trauma Team:

- Limited to 1 Attending and 1 fellow/resident if possible
- Consider “clean” resident
- Don full PPE
- Assess and stabilize patient
- Perform AGMP’s
- Liaise with RT/EP/TNL re: pt disposition and plan

Airway Technical Considerations

- Most experienced Provider to intubate
- No awake intubation
- No bagging
- Video laryngoscopy
- Wait for full paralytic effect to reduce cough
- Clamp ETT for any switch b/w Vent/BVM

TRAUMA CONSIDERATIONS

- Trauma Bay is a touch-point for rapid assessment/stabilization in the patient requiring a large team response and likely AGMP’s.
- Once AGMP’s and stabilization has occurred, *expedited patient disposition and transfer* is the top priority.
- If moving to CT scan – communicate Charge Nurse for care space plan (return to ED or move to ICU/OR)