

	Trauma Services	No. 4041
	Title: Disaster Plan, Trauma Services - Shared	Page: 1 of 1 Effective Date: 12/05/2022

PURPOSE:

To provide trauma care to victims of a disaster.

POLICY STATEMENT:

Trauma Services will provide support for disaster victims as outlined in existing trauma response protocols.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

This policy applies to the Raleigh Emergency Services and Cary Emergency Services.

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators.

PROCEDURES:

- I. Trauma surgeon on call and ED Primary Attending receives notification of disaster by ED Clinician/Charge Nurse.
- II. The ED triage team reports to the ED disaster portal of entry and is responsible for triage of victims. Collaborative resource-based decision making will involve the primary Trauma Surgeon, ED Clinician/Charge Nurse, primary ED Attending, House Clinician, and Incident Command.
- III. Back up trauma surgeon on call (Raleigh Campus) functions as surgeon of record for disaster victims as directed by the primary trauma surgeon on call.
- IV. Trauma Surgeon on call coordinates patient care based on existing trauma protocols, and has the prerogative to incorporate services of other medical staff into the care of patients by:
 - a. Evaluating the need for additional surgical staff during the first 12 hours of a disaster situation. Assigning 12 hours shifts as needed.
 - b. Requesting assistance from the surgical staff. Neurosurgeon (Raleigh Campus), Orthopedic surgeon, and other general and specialty surgeons as available on call may be asked to respond to the disaster to participate in patient care, and to assess the need for additional resources from those specialties.
 - c. Assigning specific tasks to be performed independently or under the direction of the Trauma Surgeon.

Origination date: 12/01/1998

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