London Health Sciences Centre

LHSC Trauma Team COVID-19 Pandemic Plan

The health and safety of our staff and patients is of paramount importance. This document should serve as guideline for Trauma Team Leader (TTL) and Trauma Team response during the COVID-19 pandemic.

Trauma Team Members
• TTL*
• Trauma resident
• General surgery (senior resident)
• Nurse (2)
• RT
• EDT
• +/- Anaesthesia (senior resident)
*TTL to dictate personnel required

Preparation:

1. Trauma Team Leader (TTL) and Trauma Team Activation (TTA) criteria do not change. TTL should use **discretion** when activating entire team/TTA.
2. Every effort should be made to screen patients as per LHSC guidelines (travel history, fever, cough, shortness of breath).
3. **ALL** personnel should, at minimum, wear **droplet + contact personal protective equipment (PPE).** (see below)
4. If patient screens **positive or cannot obtain sufficient history** (eg. obtunded, intubated), **ALL** personnel treating the patient should wear **droplet + contact + enhanced (aerosol) PPE** if **high likelihood of aerosol generating medical procedure (AGMP)** are to be performed (see below). If **low likelihood of AGMP** is to be performed, **droplet + contact precautions are sufficient**.

Droplet + Contact PPE	Droplet + Contact + Enhanced PPE
• Surgical mask with shield	• N95 mask
• Protective eyewear	• Protective eyewear and face shield
• Waterproof gown	• Waterproof level 4 gown
• Gloves	• Two pairs of gloves
• Bouffant cap	• Bouffant cap

Trauma Aerosol Generating Medical Procedures Include:
• Intubation
• Emergent surgical airway
• CPR
• Chest tube insertion
• ED thoracotomy (ONLY penetrating thoracic trauma)
• Non-rebreather/high flow 0_2 nasal canula

High likelihood of AGMP procedure to be performed
• Prehospital arrest
• Prehospital GCS < 12
• Prehospital BP < 90 mmHg
• Prehospital hypoxia
• Significant facial/neck trauma

5. There should be **clear delineation of roles** and expectations by TTL. Need for possible intubation or AGMP should be stated early. Appropriate personnel should be notified (intubation team and/or anaesthesiologist and/or ED physician and RT)
6. In order to minimize exposure of staff and ration PPE, every effort should be made to limit the members of the team in the resuscitation area (TTL, ER nurse, RT, gen surg, +/- ER doc). TTL or designate will control "entry" to resuscitation area.
7. There will be a designated charting nurse, a "clean runner" (ED tech, resident, nurse) and a "safety officer" (nurse or resident as designated by TTL).
8. Safety officer will oversee donning/doffing of PPE
9. In the event of mass casualty, walking wounded can be screened otherwise all other trauma patients should be treated as potential COVID-19 positive.

Resuscitation:

All resuscitations should occur in the "isolated" trauma bay (ie. trauma resusc 2)

COVID-19 Negative

1. Appropriate PPE should be worn (as above)
2. Standard resuscitation with minimum personnel required

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COVID-19 Positive or Potential

1. TTL to determine members involved in resuscitation. **ALL** members will don appropriate PPE as required. **TTL must communicate clearly if AGMP is to be performed**. All other staff must remain outside resuscitation area.
2. Surgical mask will be placed on the talking patient whenever possible. Nasal prong or face mask O_2 are fine. Avoid non-rebreather and high flow nasal canula as they are considered AGMP.
3. Team in resuscitation area should stay in resuscitation area.
4. After initiation of resuscitation, safety officer will limit access to resuscitation area to essential members (per TTL), as well as oversee doffing/donning of PPE.
5. If patent is to be intubated, the most experienced person should intubate. Please follow anesthesia intubation guidelines for COVID-19 patient (see diagram) and call COVID Intubation Team.
6. Clean runner to bring equipment from outside resuscitation area into resuscitation area as necessary.

Transport:

1. Clear communication to CT, TOU, CCTC and/or OR prior to leaving the trauma bay.
2. Resuscitation team involved with direct patient contact will maintain PPE throughout transport (TTL, Nurse, ED Tech at minimum). Others will doff their PPE.
3. If patient is intubated, a transport ventilator should be used when moving the patient. The endotracheal tube should be clamped with any change from ambu bag to ventilator or vice versa to prevent aerosolization. Intubated patients should be paralyzed.
4. Clean runner to open doors, clear path etc. Trauma team not to touch anything but patient and stretcher. If possible, second clean runner to follow behind team.
5. Equipment must be thoroughly cleaned (especially US, stethoscopes) as per protocol.

NB: Future updates or changes may be required as further data and experience emerge