

**UAMS MEDICAL CENTER
TRAUMA SERVICES MANUAL**

SUBJECT: Diversion of Trauma Patients

REVIEWED: 9/2017, 9/2018, 9/2019

PAGE: 1 of 2

RECOMMENDATION(S): Dr. Ron Robertson

APPROVAL: 9/1/2016

CONCURRENCE(S): Dr. Steppe Mette, Dr. Rawle Seupaul

EFFECTIVE: 9/1/2016

PURPOSE:

In circumstances where the number of trauma patients exceeds the resources of the Emergency Department or there is an internal disaster that renders the facility unsafe to receive patients, this policy shall guide the process for trauma system notification.

DEFINITIONS:

Trauma Overload – the number of trauma patients exceeds available resources; there should be consideration for Code Green Activation

Code Green – Hospital Disaster Plan for Mass Casualty events.

Internal Disaster – fire, flood, loss of utilities, or other condition which compromises the ability to provide safe care for patients in the facility

Trauma Medical Director – The Trauma Medical Director (Dr. Ron Robertson) or on Call Trauma Surgeon if unavailable.

POLICY:

- Recognizing the role of UAMS as the Adult Level I Trauma Center for the State, the institution will not close to trauma patients except in the most extreme of circumstances.
- Trauma Overload and Internal disasters represent the two criteria which will be used to determine circumstances which may warrant diversion of trauma patients.
- Trauma Overload may occur when one or more of the following conditions exist:
 1. There are multiple critical patients in the Emergency Department and all back-up systems are fully utilized
 2. All critical care beds occupied with multiple critical patients and the personnel are unable to respond to additional patients.
 3. The operating rooms are occupied with multiple critical patients and there are no additional call teams or back up resources available to care for additional patients.
 4. The Emergency Department or the facility has sustained an internal disaster and is unable to operate.
 5. Other Circumstances determined appropriate by agreement between the Trauma Medical Director and the Chief Clinical Officer or their representatives.

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PROCEDURE:

1. Upon determination of a situation of Trauma Overload or Internal Disaster, the Emergency Medicine Attending, Trauma Surgeon, and the Emergency Department Charge Nurse will confer about the current situation and status of the Emergency Department.
2. Upon agreement that diversion is warranted the ATCC dashboard will be updated with the status of **“NO CAPABILITY”** The Trauma Medical Director must be notified and concur prior to changing the status of the trauma dashboard.
3. The ADON will be notified of the change in status of the facility.
4. A page will go out to the ENS Group and calls placed to the agencies on form Attachment A. The form will be completed indicating notifications and the time of the change in status and the return to normal operations.
5. When determined that it is safe to resume normal services the on call trauma surgeon will be notified and the status will be updated to **“OPEN”** on the dashboard.
6. Individual Specialties may be placed on **“NO CAPABILITY”** or **“DELAYED”** status at the discretion of the Trauma Medical Director in circumstances where there is overload of a single specialty or resource.