

**UAMS MEDICAL CENTER**  
**TRAUMA and CRITICAL CARE SERVICES MANUAL**

**SUBJECT:** Guideline For Safely Minimizing Use of PPE in Trauma During the COVID-19 Pandemic.

**SUPERSEDES:** New

**PAGE:** 1 of 2

---

**RECOMMENDATION(S):** Benjamin Davis, MD

**APPROVAL:** 4/1/2020

**CONCURRENCE(S):** Ronald Robertson, MD

**EFFECTIVE:** 4/1/2020

---

**PURPOSE:** To describe proper PPE for personnel responding to trauma during the COVID pandemic, as well as to minimize unnecessary personnel.

**BACKGROUND:** Baseline proper PPE for trauma activations is impervious gown, gloves, mask, and eye protection. The very real need to conserve PPE for use in COVID patients must be weighed against the need to protect trauma care personnel from more prosaic, but also very real, infectious exposures. There are reports of COVID+ patients presenting as trauma due to sepsis, hypoxia, and syncope.

**EXCLUSIONS:** Full PPE required if ANY of the following are true:

1. Any level 1 trauma or hemodynamic instability
2. Altered mental status (cannot screen for COVID)
3. Should a patient decompensate from stable/mentally normal to unstable/mental status changes, all personnel will respond as for a level 1 trauma activation (full PPE, traditional roles, etc)

**INTERVENTIONS:**

1. Full PPE (as described above) is required for all personnel in the trauma bay UNLESS the patient meets ALL the following criteria:
  - a. The patient has GCS 15 -AND-
  - b. The patient is hemodynamically normal -AND-
  - c. Can be appropriately screened PRIOR to arrival -AND-
  - d. Has NO level 1 trauma activation criteria -AND-
  - e. There is no report or physical exam evidence of external hemorrhage/open fracture
  - f. If ALL above conditions are met, PPE per minimum ED requirements
2. N95 mask shall be used during aerosolizing procedures (intubation) on all patients meeting such criteria for existing ED protocols
  - a. All other personnel to exit the trauma bay during intubation.
  - b. Personnel to be in room/how long to stay out of room per existing ED protocol.
3. Limitations on trauma bay personnel in trauma bay during COVID pandemic:
  - a. Nurses podium outside the door for all trauma activations during current pandemic
  - b. Order entry resident (intern) to use C.O.W. outside trauma bay door
  - c. Trauma surgeon/trauma chief to alternate entry into room (one per trauma)
  - d. ED attending/resident to alternate entry into rooms (one per trauma)
  - e. One bedside RN per activation (priority; IV access – BP – labs)
    - i. If labs difficult to draw, consider drawing upon return from CT
  - f. No observers inside trauma bay
  - g. FAST exam should be performed after the primary survey by ED provider in the room

**UAMS MEDICAL CENTER**  
**TRAUMA and CRITICAL CARE SERVICES MANUAL**

**SUBJECT:** Guideline For Safely Minimizing Use of PPE in Trauma During the COVID-19 Pandemic.

**SUPERSEDES:** New

**PAGE:** 2 of 2

---

**RECOMMENDATION(S):** Benjamin Davis, MD

**APPROVAL:** 4/1/2020

**CONCURRENCE(S):** Ronald Robertson, MD

**EFFECTIVE:** 4/1/2020

---

- i. No second provider performing fast unless *clinical indications*:
  1. Blunt trauma/hemodynamic instability
  2. Concern for cardiac tamponade
  
4. Other measures to be taken to reduce use of PPE during trauma activations:
  - a. Minimize use of truncal plain films in *HD stable patients who will receive CT CAP*
    - i. HD stable patients with BL breath sounds do not require CXRs before CT
    - ii. HD stable patients do not need pelvic plain films before CT scan
    - iii. NOTE: Do not scan patients that would normally not be scanned – proceed with plain film of chest and pelvis
  - b. Do not remove PPE until patient has been rolled and ready to move to CT scanner. If high suspicion or known COVID+, transport to CT scanner per existing ER protocol.