Royal Adelaide Hospital: Trauma callouts during COVID era

Level 1 (non-COVID)

- Preferentially to go to Resus 4
- Standard PPE expected – lead/gowns/gloves/goggles & surgical masks

Level 1 and known or at risk of Covid-19 using current RAH Emergency Department Risk assessment guidelines

- Patients will arrive through triage as normal (NOT via the Q {designated covid} door)
- Preferentially to go to Resus 5: next door room Resus 6 is the 'clean' antechamber
- "Level 1 Trauma + COVID" call out/pager to be put out 10 minutes prior to arrival to allow extra time for preparation
- Use Scoop stretcher for all level 1 traumas – scoop patient off the ambulance stretcher & stay on scoop

Trauma Team Roles

- Team leader (TL)
  - Stands outside room initially
  - All members of Level 1 team report to TL
  - TL designs small team and designates PPE required
    - 'stable' will be lead/gowns/gloves/goggles & surgical masks
    - 'unstable' or intubated will be lead/gowns/double gloves/goggles & N95 masks
  - Will tightly manage crowd control

Selected **Medical Team members** to be in full PPE and inside resus room:

Medical role	**Unstable patient** ***0800-2400***	**Unstable patient** ***2400-0800***	**Stable patient not requiring an airway** ***All times***
Team leader	ED Consultant	ED Registrar (low threshold for calling in ED consultant)	ED consultant or ED registrar or Trauma Fellow
Airway	2nd ED consultant	Anaesthesia/ICU/ED	On standby
Primary Survey	Trauma registrar	Trauma registrar	Trauma registrar
Circulation / eFAST / 3rd Airway team member	ED registrar	Anaesthesia/ICU/ED/surgeon	ED registrar or RMO
Clean runner (in corridor)	ED RMO		ED RMO

- Inherent flexibility required for team members from Anaesthesia & ICU due to potential competing requirements elsewhere in the hospital.
- For some airways, the Anaesthetic nurse may be required in the room to assist with airway management (ie possible airway team of 3)
- "Clean runner" role: receiving and sending bloods, co-signing blood transfusion forms, running ROTEMs, opening swipe access doors

Selected **Nursing team members** to be in full PPE and inside resus room:

Nursing role	**Unstable patient** ***All times***	**Stable patients** ***All times***
Airway	Required	Required
Circulation	Required	On standby
Scribe	Required (clean in resus 6)	Required (clean in resus 6)
Procedural nurse	On standby	On standby

- Trauma nurses may be available to flex into nursing roles
- Plain Radiographers – 2 person team – 1 clean, 1 contaminated (Full PPE as per rest of team)
- Following intubation, intubating doctor and airway nurse should change outer gloves
- Ideal maximum numbers in Resus room is **8**, with individuals added **only** if needed
- **ALL OTHER TRAUMA TEAM MEMBERS ARE TO STAY IN RESUS 6 (Clean or entry level PPE)**

Transition to CT

- Trauma registrar in Resus 5 dials CT viewing room (call 40197) as a video call
- **Security required to manage traffic in corridor outside CT during scan (call 4600 to request)**
- Contaminated team members escorting patient to CT:

2nd ED Consultant	Circulation nurse	Airway nurse	Trauma registrar	“Contaminated” Radiographer

- These team members need to
  - Assist in getting the patient and CT scanner ready for scanning
  - Remain in PPE and exit CT scanning room back into Resus 5
    - For all ventilated or unstable patients, it is possible for 2 clinicians in full lead with full Covid PPE to stay in the CT scanner behind the lead shield (minimal radiation risk)
  - Others to close the door on their way out of CT
  - Follow any audio instruction from CT viewing room over the live video link.
    - Eg after the CTB/c-spine, move back into the room and reposition the patient
    - Respond to any unexpected deterioration
  - Ideal maximum numbers contaminated in CT is 5

- Clean team members in **CT Viewing room**:

Team Leader	Trauma Surgeon	Scribe	Radiology Registrar

  - TL must Doff, hand hygiene and go into viewing room to continue leading trauma resus
  - Ideal maximum numbers clean in CT viewing room is **6** – note that video link will allow contaminated team members in Resus 5 to follow case
  - Ideally, the 2nd CT scanner will aim to be kept free during the scan to minimise numbers in the room

- Outside CT viewing room (in corridor)
  - Clean runner – helps in directing Contaminated team and opening doors back into CT

- Unstable/deteriorating patient in CT –
  - If 2 clinicians have remained in the CT scanner, they can be instructed to intervene
  - TL will direct “Contaminated” team to re-enter CT room, may require runner to open CT door
  - Initial aim will be to move patient (still on scoop) back to Resus 5
- **CT radiographer has overall control of the room and may need to don and enter if necessary**

Disposition

- Emergent transition to theatre (straight from CT)
  - Close liaison between surgeon/anaesthetist/theatre coordinator is required prior to leaving for theatre to ensure suitable theatre is ready to receive the patient
  - Via Hot Lifts (PSSA {orderly} or clean runner for swipe access)
- Patients not requiring emergent theatre go back to Resus 5 (PSSA or clean runner for swipe access) then:
  - Transfer to ICU as per standard Covid transfer
  - Stepped down to Covid area in ED

Level 2 Trauma

Non-Covid – seen in available resus room as usual

Known or at risk of Covid-19 using current RAH Emergency Department Risk assessment guidelines

- Manage as per Level 1 “Stable patient not requiring an airway” above