Objective
To be able to manage the flow of patient care in the OR’s during a mass casualty situation.

Steps (Indicate date and time for each item)

☐ Refer to facility’s Operation’s Manual
  Open up appropriate annex

☐ Activate call-in tree
  Assign an individual to activate. Use clerical personnel or automatic paging system, if available

☐ Assess status of operating rooms
  Determine staffing of OR’s 0-2, 2-12 and 12-24 hours. Hold elective cases.

☐ Alert current OR’s
  Finish current surgical procedures as soon as possible and prepare to receive trauma

☐ Assign staff
  Set up for trauma/emergency cases

☐ Anesthesia Coordinator should become OR Medical Director
  Work with OR Nursing Manager to facilitate communication and coordination of staff and facilities

☐ Report OR status to Hospital Command Center (HCC)
  Enter telephone, email address of HCC

☐ Ensure adequate supplies
  Coordinate with anesthesia techs/supply personnel to ensure adequate supplies of fluids, medications, disposables, other

☐ Contact PACU
  Accelerate transfer of patients to floors/ICU’s in preparation for high volume of cases

☐ Anesthesiologist should act as liaison in Emergency Department (ED)
  Send an experienced practitioner to the ED to act as a liaison (your eyes & ears) and keep communications open to Anesthesia Coordinator

☐ Consider assembly of Stat Teams
  Combination of anesthesia, surgical, nursing, respiratory personnel to triage, as needed

☐ HAZMET/WMD event
  Review special personal protective procedures, such as DECON & isolation techniques. Consider if part of the OR or hallways should be considered “hot” or should have ventilation altered. Good resources include CHEMM/REMM websites
☐ Coordinate with blood bank
  Verify blood availability

☐ Coordinate with other patient care areas
  ICU’s, OB, Peds, etc to ensure continuity of care for new and existing patients

Developed by the Committee on Trauma and Emergency Preparedness