

OPERATING ROOM PROCEDURES FOR MASS CASUALTY

MANAGEMENT STEP BY STEP

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