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THE
COMMITTEE
ON **TRAUMA**

ACS Statement on the Importance of Maintaining the Emergency Care System during the COVID-19 Pandemic

As many U.S. cities are challenged with rapidly rising numbers of the novel coronavirus (COVID-19) cases, their health care systems are at risk of being overwhelmed. This puts lives at risk, not only for patients suffering from COVID-19 infection, but patients with common time-sensitive medical and surgical emergencies such as traumatic injury, myocardial infarction, and stroke. Traumatic injury is the leading cause of death and disability for Americans under the age of 45 years, and trauma center and trauma systems have been established to ensure that severely injured patients have access to lifesaving care. We have heard from many of the major trauma centers in New York, NY, that their ability to care for injured patients is severely compromised as a result of this crisis. In light of the challenges faced at this time by the surge of COVID-19 patients in New York City and likely to follow in many other U.S. cities, we call for strategies to preserve capacity and capability to care for these patients. To that end we have outlined the following series of recommendations for hospital and health care system leaders to consider when facing this challenge.

Recommendations

1. Engage the physician leadership of the trauma, cardiac, and stroke systems in the regional planning and response processes.
2. Review trauma registry and hospital admission data to understand the usual volumes of patients with time-sensitive emergencies seen in the hospital/health care system and determine what proportion will need mechanical ventilation and intensive care unit (ICU) admission. Some areas have seen a decrease in the incidence of traumatic injury due to social distancing but many have not, and so understanding regional volumes is important.
3. Identify the leading trauma centers and specialized stroke and ST-elevation myocardial infarction (STEMI) centers in the region and develop a strategy to preserve a resuscitation area in the emergency department (ED) and ICU along with operative resources to care for these patients during the COVID-19 surge.
4. Many trauma surgeons also are surgical intensivists. If trauma surgeons are needed to care for COVID-19 patients, identify other surgical specialists who can be available to staff trauma resuscitation and emergent operations.
5. Develop a [regional medical operations center](#) to coordinate the distribution of COVID-19 patients across the area hospitals.
6. If a cardiac/stroke/trauma center is reaching capacity and can no longer care for critical patients, then a strategy should be developed to support transport of patients (including COVID-19-positive patients) out of that facility to restore capacity or divert those patients to a facility capable of providing the same level of emergency care, assuming one is available within a reasonable distance.
7. If a regional health care system is overwhelmed and in crisis, then the regional medical operations center should consider equitable distribution of patients to other regions. This should be carefully coordinated to restore adequate standards of care in the region in crisis, while not negatively impacting the receiving regions' ability to provide safe care.

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