TRAUMA SYSTEMS AS A BACKBONE FOR DISASTER

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COMMON CHARACTERISTICS of DISASTERS

- Chaos and confusion
- No one in charge
- Large number of casualties
- Available resources outstripped
SITUATIONAL NEEDS OF DISASTER

- Command and control methodology
- Rapid evaluation and triage
- Treatment decisions
- Urgent surgical interventions
Responding to Crisis: Surgeons as Leaders in Disaster Response
(S. Briggs MD Scudder Oration 2016)

- Needs skills
- Needs passion
- Need be able to work outside comfort zone
- Need relationships before the event
  - Military/government/NGO’s/hospital units
TRAUMA SURGEONS CHARACTERISTICS

(S. Briggs MD Scudder Oration 2016)

- Rapid decision making
- Triage
- Resuscitation
- Damage control surgery
- Critical care
TRAUMA SYSTEMS

- Organized
- Integration across region(s)
- Experienced in command and control
- Triage expertise
- Accustomed to acute decision making and surgical care
- Matured from individual surgeons to trauma centers to regional systems of care
- IMSURT International Medical Surgical Response Teams
  - Critical Care Teams as of 2017
Figure 1. A Preplanned Trauma Care Continuum
Chapter 1: Trauma Systems

- 1 I, II, III, IV: **Meaningful involvement in state and regional trauma system planning, development, and operation** is essential for all designated trauma centers and participating acute care facilities within a region (CD 1–3) TYPE II

- 1 I, II, III, IV: They must function in a way that pushes trauma center–based standardization, integration, and PIPS out to the region while **engaging in inclusive trauma system planning and development** (CD 1–2) TYPE II

*Resources for Optimal Care of the Injured Patient 2014*
I, II, III: Trauma centers must meet the disaster-related requirements of the Joint Commission (CD 20–1). TYPE II

I, II, III: A surgeon from the trauma panel must be a member of the hospital’s disaster committee (CD 20–2). TYPE II

I, II, III: Hospital drills that test the individual hospital’s disaster plan must be conducted at least twice a year, including actual plan activations that can substitute for drills (CD 20–3) TYPE II

I, II, III, IV: All trauma centers must have a hospital disaster plan described in the hospital’s policy and procedure manual or equivalent (CD 20–4) TYPE II
Level I and II TC’s

90% population
34% landmass
SUMMARY

- Trauma surgeons have the requisite skills
- Trauma systems have the structure and flexibility
- Trauma systems function as the backbone today