

Trauma Centers Role in Disaster Planning

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Position Statement

DRAFT

Trauma Centers Role in Disaster Planning

Trauma Centers have an integral part to play in responding to a disaster event. Trauma Centers have systems and resources, both technical and clinical, to manage mass casualties with complex injuries.^{1, 2, 3} Trauma clinicians have the ability to function in an ever-changing work environment with a coordinated approach to patient management. Standardized protocols and policies are activated on a regular basis and should form the nucleus of the hospital disaster response.^{4, 5}

The role of the Trauma Center and Trauma Systems in disaster planning must be linked to the County, State and Federal disaster planning process so that utilization of trauma services can be appropriately integrated into local plans. The multidisciplinary skills base, presently the accepted standard of Trauma Systems throughout the USA and internationally, should be utilized to achieve an optimal disaster response. This requires commitment and communication at the highest level between all agencies when disaster strikes the community.^{1, 6, 7, 8}

The support for this skills base comes from the recognition that training programs, which are relevant and accessible to clinicians throughout the country, must be in place.^{1, 2} This can be difficult to achieve in the hospital environment due to staff turnover, high staff workload, reduced staff availability, lack of regulatory requirements for training and a lack of a standard training program for hospital staff.^{1, 7}

The current role of Trauma Systems and Centers together with emergency medical services and disaster readiness were reviewed on a state by state basis by the Health Resources and Service Administration (HRSA). This report expressed concern about inadequate funding and the continued retention of physicians and nurses in the Trauma System. The survey results published in August 2003 concluded that although all states have disaster plans, adequate training programs and protective equipment for health personnel remain markedly lacking. However the report also noted that the U.S. has made tremendous progress in addressing this situation to improve their readiness for a mass casualty event.¹

The American College of Surgeons have identified the infrastructure of Trauma Centers as “especially suited” to deal with the logistical demands of “large casualty burdens”. The need for surgeons and Trauma Services to participate at all levels of planning, which includes involvement in training exercises both in-hospital and in the community is considered essential in dealing with disaster planning and preparedness.²

The role of the Trauma Nurse in a disaster response needs to be clearly defined. Trauma Nurses have unique skills in dealing with injured patients and the multidisciplinary team. They have been instrumental in introducing standard training programs and disaster plans to Trauma Centers

An essential component of the trauma nursing role is the contribution as a member of the hospital disaster committee to the disaster planning process. Leadership and coordination skills are core requirements of trauma nursing and mass casualty incidents require a high level of these skills to achieve optimal outcome for disaster victims.

In the days following the disaster response by a hospital the Trauma Program Manager can contribute valuable documentation and feedback regarding numbers of admissions, severity and scope of injuries and outcome of patients.^{2, 4} This information can influence future planning both within the Trauma Center as well as the wider regional Trauma System.

The Society of Trauma Nurses believes:

- Trauma Centers should form an essential component of the Hospital, County, State and Federal disaster plans.
- Inclusion in the disaster planning process should include representation from Trauma Center Clinicians and Administrators at Hospital, County, State and Federal levels.
- Complex injuries, resulting from a critical incident, can be managed appropriately through the coordinated continuum of care available in Trauma Centers.
- Recurrent Federal funding is required to support ongoing development and revision of emergency/disaster plans.
- The role of the Trauma Nurse needs to be well defined in the Trauma Center disaster plan.
- Trauma Nurses must be members of the Trauma Center multidisciplinary Disaster Committee which formulates and reviews the disaster plan
- Disaster education and training for all Trauma Clinicians working in Trauma Centers should be current, relevant and accessible.
- There should be commitment by all members of the Trauma community to maintain clinical skills and provide support, education and training to new clinicians entering the Trauma specialty.
- There should be adequate funding for equipment and training.

References

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