

## 8-10-20 Trauma Preparedness Call

Participating: Eric Alberts, Lynne Drawdy, Matt Meyers, Susan Ono, Michelle Rud

Welcome: Eri stated that although we are all still responding to COVID, we need to continue to focus on trauma preparedness. We had a tornado this year, an explosion up north today, and the recent Beirut explosion. Preparing for hurricanes with COVID has been a challenge, but events that produce large numbers of trauma patients continue to happen as well.

Lynne reminded the group that before COVID, the committee was focusing on integrating trauma into the mass casualty exercise, and trauma training for rural hospitals / acute care hospitals. Lynne stated that the Trauma Clinical Leadership Committee is developing regional standards of care for different trauma issues, including clinical guidelines for treatment of pediatric trauma patients for acute care hospitals. She suggested that the Preparedness Committee ask the Trauma Clinical Leadership Committee to develop a standard of care for trauma patients for acute care hospitals, and the group agreed. Eric asked if the acute care hospitals have adequate trauma equipment, such as quick clots. The committee shared the suggested trauma carts for red, yellow, and green patients. The group discussed getting a baseline of the type and number of trauma patients acute care hospitals are prepared to handle in a mass casualty event. Lynne will draft a survey for the committee to review and send out to hospitals to capture this information. That would also help identify any training needs.

The group discussed the need for improved communications between the trauma centers. Lynne reported that the Coalition hosted a communications forum in February with hospitals, emergency management, hospitals, and other stakeholders to identify essential elements of information (EEI) and reviewed the communications platforms currently in use. The work was on pause during COVID, but the Coalition is putting together a matrix with the EEIs and which communication platforms capture and share these. Lynne sent the draft matrix to the group and asked the committee to identify any additional trauma EEIs.

Susan stated the hospitals look at trauma preparedness in hurricanes (e.g. electrocution, burns, falls). She suggested that we ask the Executive Committee what their input is for Preparedness. Susan agreed to lead the discussion at the Executive Committee meeting.

Eric stated that if we had an explosion like Beirut, the trauma centers could not handle all, and patients would go to other hospitals. The group also discussed the unique issues related to an explosion, such as blast, burn, blunt trauma injuries, often not visible externally. The group discussed including this in a drill. Lynne stated that the 2018 MCI exercise was a bomb/blast scenario, and the triage tags included those type of injuries. She stated that it appears that the exercise focuses more on surge (throughput and timing) than capabilities at individual hospitals. The group discussed holding a virtual exercise using this type of scenario. We could also use this to do some virtual trauma education and offer CMEs/CEUs. Lynne stated that we may have an opportunity to leverage funding through an agreement with FHA for this.

Susan agreed to report out to the Executive Committee next week.