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Area	Life Safety Management/ Emergency Operations Plans
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Mass Casualty Surgical Staffing Response Plan - Trauma Surgery and Orthopedic Trauma Surgery

Policy Statement

In the event of a mass casualty incident (MCI) all services and departments of the health care system could be impacted and involved. This Trauma Surgery and Ortho Trauma Surgery Staffing Response Plan outlines a comprehensive and organized surgical response in the event of either an internal or external mass casualty incident (MCI).

In the event of an MCI, 7135 Trauma Services will continue to operate under the guidelines of the EH Emergency Operation Plan (EOP).

Who Should Read This Policy? (Scope)

Physicians, Surgeons, Hospital Staff, Nursing Staff, Ancillary Departments and Staff, Support Departments and Staff

Purpose

To establish an organized and comprehensive trauma and ortho trauma surgical response in the event of any mass casualty incident (internal or external).

Definitions

EOP - Emergency Operations Plan is an all-hazards plan that incorporates the Hospital Incident Commands Systems (HICS).

HICS - Hospital Incident Commands System is a management tool consisting of procedure for organizing personnel, facilities, patients, equipment, and communication and safety/security during an event.

MCI - Mass Casualty Incident is an event that results in a sudden and timely surge of injured individuals necessitating emergency services.

The Policy

Trauma and Surgical Mass Casualty Response Surgical Staffing Plan:

- One of the Critical Care Nurse Clinicians (CCNC - aka "Redshirts") on staff will report to the the ED to assist the trauma attending on call with team coordination as well as to assist with the oversight and facilitation of red zone trauma patient care.
- Physician assignments will be determined by the trauma attending on call.

A. Activation of Response Tiers

Definition of critical personnel requirements and means of contact (**3 tiers**):

- In the event of a mass casualty incident (MCI) with greater than 5 patients anticipated from a single event, a surgical tiered-response will be activated.
    - MCI Level **ONE** - 5-10 patients from a single event
    - MCI Level **TWO** - 11- 20 patients from a single event
    - MCI Level **THREE** - Greater than 20 patients from a single event
- All MCI Level **ONE** staff available will report immediately to the Trauma Bay at the Baroness Erlanger Hospital (BEH) to begin triaging patients.
- All tiers of staff should be notified by cell phone or Epic chat and immediately stop new patient encounters and/or procedures working as efficiently as possible to complete their task until the scope of the incident is known.

1. MCI Level ONE Critical Personnel - Trauma Surgical Critical Care trained faculty on call and all on duty and/or on call surgery residents that are free from other immediate clinical responsibilities. All Tier ONE faculty and residents will be notified by cell phone and/or EPIC chat.

- Point persons of contact will be the Trauma Medical Director (TMD) and the Trauma Disaster Management Liaison (DML)
- Initial Surgery Resident response will include ACS chief, Critical Care Fellow, Trauma Chief, additional members of the on-duty Trauma team, and any on-duty ICU residents.
- If the response involves pediatric patients under the age of 15, the Pediatric Surgery Faculty will be notified.

If the response involves pediatric patients under the age of 15, the Pediatric Trauma Medical Director will be notified by EROC and will call in additional pediatric surgeons as needed.

2. MCI Level 2 TWO Critical Personnel - University Surgical Surgery Associates (USA) Faculty based at BEH will be notified by cell phone or Epic chat when Tier **ONE** personnel become saturated and all additional general surgery residents on duty at BEH will also be activated.

- All additional trauma critical care faculty not in the hospital will be called in.
- Additional general surgery and vascular surgery USA faculty will be called in.

3. MCI Level THREE Personnel-Additional off duty USA faculty and general surgery residents will be notified by cell phone or Epic chat.

These individuals may be activated at other centers in the event of a wide-spread event and not available at BEH.

B.Triage of MCI Patients:

- Depending on availability, the TMD and DML will assess the scope of the situation and in coordination with the orthopedic DML and Emergency Medicine physician on duty, assign a Triage Officer and begin triaging patients.
- The triage officer will assign patients according to the follow criteria: Patients will be triaged according to type **Red, Yellow** or **Green** injuries as follows
    - RED - Hypotensive shock due to massive internal/external hemorrhage
        - Penetrating thoracic or abdominal injuries with hypotension
        - Hypotensive patients with positive fast exam
        - Precordial or thoracic injuries with hypotension
        - Patients requiring emergent airway/RSI
        - TBI patients with lateralizing signs, GCS < 8, open cerebral laceration or depressed skull fracture > 1cm intrusion
    - YELLOW - Stable patients with significant mechanism shall be given secondary priority
        - Stable penetrating abdominal or thoracic injuries in need of radiographic evaluation
        - Stable patients with significant mechanism (crush, high fall) penetrating extremity injuries with vascular proximity or reduced pulse warranting radiographic evaluation
        - TBI with AMS or history of blood thinner use not meeting alpha criteria
    - GREEN - all other injured patients with lower index of suspicion
        - Walking wounded
        - TBI with brief LOC now neuro normal

C. Coordination of procedures with the Operating Room and Blood Bank

- Operating room assignment will be determined by triage criteria and further specified by the Triage Officer who will ultimately stage patients for surgery taking precedent to down stage patients with un-survivable or likely un-survivable injuries as resource allocation dictates.
- The Triage Officer will work closely with the Surgical Services Leader regarding OR availability and transport of patients to the operating room.
- The Triage Officer will also coordinate with the Surgical Services Leader regarding total volume of anticipated cases and need to call in OR staff and anesthesia support.
- The General Surgery Coordinator or their designee will be responsible for oversight of all Trauma Surgeon cases and resource needs.
- All available Trauma Critical Care Nurse Clinicians will report to the Trauma Bay and assist with triage stabilization and needs for Massive Transfusion protocol.
- The Triage Officer or a Trauma Critical Care Nurse Clinicians will communicate with the blood bank regarding ultimate need and availability of blood products.

D. Orthopedic Surgery Mass Casualty Response Surgical Staffing Plan

- All 3 tiers of personnel should be immediately notified, with MCI Level **ONE** staff immediately "activated" and MCI Levels **TWO** and **THREE** staff on "standby".
- All 3 tiers of staff should immediately stop new patient encounters / procedures, working efficiently to complete current active encounters / procedures.
- "Activated" orthopedic personnel should report as soon as reasonably possible (unless unavailable or encumbered) to the main ER trauma bay to begin triage of patients and to mobilize operating room staff.

Activation of Response MCI Levels/Tiers - Definition of critical personnel requirements and means of contact (**3 tiers**):

1. MCI Level **ONE** critical personnel – Orthopedic Trauma Fellowship Trained Faculty (all available by cellphone) & on call orthopedic residents
    - Point person of contact – Ortho Trauma Disaster Management Liaison (DML)
        - Additional MCI Level **ONE** contacts – All additional Orthopedic Trauma Faculty
        - Additional MCI Level **ONE** contact – Senior orthopedic resident on trauma call (to be notified by the junior resident)
        - **If MCI Level **ONE** personnel determine a significant involvement of pediatric patients (<16 yrs old), then Pediatric Orthopedic faculty will be immediately notified by telephone
        - ***If MCI Level **ONE** faculty deem the disaster to exceed the capabilities of the tier 1 staff, then they shall immediately activate the MCI Level 2 personnel

2. MCI Level **TWO** critical personnel - Orthopedic Faculty currently active in orthopedic trauma call or pediatric trauma call & all additional orthopedic residents
    - Additional residents (x13) will be notified immediately by phone or by text

- **If tier **ONE** faculty deem the disaster to exceed the capabilities of the tier **ONE** & **TWO** staff, then they shall immediately activate the tier **THREE** personnel

3. MCI Level 3 **THREE** critical personnel: Remaining Orthopedic Surgery Faculty

E. Initial Triage of Orthopedic Patients:

- Patients will be evaluated initially according to ATLS protocols with involvement of the General Surgery Trauma Service (if possible) [Including appropriate immobilization for suspected unstable spinal injuries]
- Patients will then be triaged according to type A, B, or C injuries as follows:
  - A. Life-threatening injuries shall be given top priority - Hypotensive shock due to massive internal/external hemorrhage
    - Pelvic fractures with massive hemorrhage
    - Mangled extremity (esp. above knee / elbow) with major hemorrhage
    - Multiple long bone fractures with major hemorrhage
    - Traumatic limb amputation or near amputation
  - B. Limb-threatening injuries shall be given second priority - Orthopedic Emergencies
    - Compartment Syndrome
    - Mangled Extremity (esp. below knee / elbow)
    - Open fractures, with special emphasis on Type IIIC (concomitant major vascular injury)
    - Major Joint dislocation
    - Displaced fractures with impending skin /neurovascular compromise
  - C. Function-threatening injuries shall be given tertiary priority
    - All other displaced fractures proximal to the carpus and midfoot
- **Coordination of secondary procedures**
  - Operating room utilization will be determined based on triage level above, with higher tier injuries taking precedent.
  - Coordination of orthopedic operating room utilization will be determined by MCI Level 1 faculty (i.e. which patient with which particular attending staff).
  - The orthopedic surgery coordinator will be notified / involved in assisting with appropriate orthopedic trauma room staff assignments and equipment mobilization.
    - **Injuries which can be stabilized in the Emergency room sufficiently to become non life-threatening or limb-threatening shall be attempted when possible (i.e. reduction of dislocations, reduction of displaced fractures with skin/neurovascular compromise, initial treatment of open fractures, hemorrhage control with pelvic binders / skeletal traction) or when OR availability is severely limited / overwhelmed to decrease OR burden in 1st 24 hours.

Communication:

Primary line of communication between the Hospital Incident Command Center (HICS) and the designated Adult Trauma Services representative will be maintained through EPIC Secure Chat. Secondary lines of communication include standard departmental phone lines, cell phones, email, overhead announcements, two-way radios and designated runners if necessary.

In the event of a MCI, the Trauma Program Managers for BEH, Erlanger East, and Children's Hospital will immediately communicate to determine the most appropriate system-wide distribution of surgical resources. This collaboration includes raid assessment of anticipated surgical volume to support strategic consolidation of trauma, pediatric, and orthopedic surgical teams at BEH, preventing unnecessary division of personnel across facilities.

Exercises/Drills

The Adult Trauma Services Department shall participate in hospital and community wide drills as scheduled.

Approval Signatures

Step Description	Approver	Date
VP - Emergency Management	Robbie Tester: VP Mob. Med., Pub. Safety,EROC [WC]	06/2026
System EOC Committee	Crystal Shrum: VP Quality	06/2026
System EDM	Steve McBee: Manager Emergency Mgmt Office	06/2026
	Stephanie Spain: Trauma Prgm Mgr Adult	04/2026

Applicability

Erlanger Health - All Search, Erlanger Health - Baroness, Erlanger Health - Bledsoe, Erlanger Health - Children's, Erlanger Health - EMG, Erlanger Health - East, Erlanger Health - North, Erlanger Health - System, Erlanger Health - Western Carolina, Erlanger Health - Western Carolina EMG