OPERATIONAL GUIDELINES: TEMPORARY TRAUMA CENTER CLOSURE POLICY

T13 Trauma Center Closure Policy


Definition: Closure of the trauma center due to an extenuating circumstance in which the admission of further patients would result in:
1) Inadequate resuscitation and evaluation,
or
2) jeopardy to patients already in the ED or hospital. Temporary Trauma Closure is considered separate from ED Diversion. It is possible to be on ED Diversion without affecting Trauma status.

Examples of circumstances where closure would be considered are:

- A disaster situation, such as a power failure or flood, where the primary and backup systems for the ED and OR are compromised.
- CAT scan equipment is not working without an anticipated re-start time.
- The trauma team, including the back-up team, is overwhelmed in the management of trauma patients without anticipated relief.
Decision made by Trauma Medical Director or designee, in discussion with on-call trauma surgeon, ED attending on Administrative Call, Anesthesia officer of the day and Administrative Supervisor to temporarily close to trauma.

The following notifications are made by Administrative Supervisor:
1) Administrator on Call
2) Fire Control Communications Center (435-8881)
3) Mohawk Valley Health System (315-798-8111)
4) UHS Wilson (607-763-6611)
5) Appropriate Level I Adult and Pediatric Trauma Center
6) Helicopter Clearing House (800-395-2835)
7) Transfer Center

Appropriate documentation per policy completed by Administrative Supervisor and faxed to TPM.

Final documentation of closure completed and faxed to TPM

All contacts that were notified of closure will be notified that trauma center is open by administrative supervisor

Trauma center closure status will be reviewed every 2 hours and will reopen as soon as reason for closure is resolved

Review any trauma center closure in Trauma PI Program