

The Initial Management of Major Trauma COVID-19 Response



Practice Guideline Recommendations Initial Management of Major Trauma

All major trauma patients presenting to ED assumed to be COVID-19 cases

- rapid triage at entry to a **LOW** or **HIGH RISK** tiered management response based on risk of transmission by assessing:
 - community prevalence of COVID-19
 - likelihood of aerosolization during initial management
 - clinical screening, if feasible
- **HIGH RISK** patients to negative pressure isolation
- Consider COVID-19 testing after initial management only if results will direct approach to ongoing care.

Two-Tiered Response for Initial Management of Major Trauma	
<p>Low Risk of Aerosolization</p> <ul style="list-style-type: none"> • Physiologically stable • Controllable and cooperative • Low probability of AGMP 	<p>Contact + Droplet precautions</p> <ul style="list-style-type: none"> • Gown, gloves, eye/face protection • Surgical mask • Patient masked if able, especially if coughing
<p>High Risk of Aerosolization</p> <ul style="list-style-type: none"> • Physiologically unstable • Uncontrollable or agitated • Altered level of consciousness (GCS<15) • High probability of AGMP 	<p>Contact + Airborne Precautions Negative pressure Isolation</p> <ul style="list-style-type: none"> • Scrubs • Gown, gloves, eye/face protection • N95 respirator (with confirmed fit test) • AGMP by most experienced • Essential personnel only • Essential procedures only

- **High risk response:** smallest, most experienced team possible
- All providers familiar with PPE and local infection control policies
- Forgo procedures and tests unlikely to inform decision making
- Preserve and protect critical supplies
- Minimize unnecessary contamination of equipment
- Maintain a reasonable standard of care consistent with system need