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Trauma Call Response and Backup Plan

Purpose:

Trauma backup plans for trauma surgeons, orthopedic surgeons, anesthesia, radiologist, and ICU Providers are essential to ensure continuous, high-quality care for trauma patients, especially in situations where the primary providers are unavailable due to concurrent surgery, medical emergency, or other unforeseen circumstances, allowing for immediate intervention and preventing delays in critical trauma care.

Guidelines:

A. Trauma Surgeon

1. Primary Call Surgeon (std 4.2) – Each day, the trauma call schedule has 1 physician on call for trauma for a 24-hour period starting at 0700

- a) Trauma Team Activation (TTA) CATEGORY 1 [CAT 1 (Red)] (std 5.3) -

The primary surgeon arrives at patient bedside within 30 minutes of patient arrival for TTA CAT I (Red). If the on-call trauma surgeon is unable to respond within the given timeframe (i.e. currently in surgery with a critical procedure in progress), that surgeon should notify the ED physician immediately and ask that another trauma surgeon be contacted to attend the case. If no other surgeon is available, consider transferring the patient to a Level I or II trauma center. The on-call surgeon should respond as soon as possible and follow up on the case. See "Trauma Activation" guideline

- b) TTA CAT II (Yellow) (std 5.4) -

The Primary Surgeon must respond by phone within 30 minutes of a TTA CAT II and, if needed, arrive to the trauma room within 30 minutes of ED physician request

- c) This surgeon also sees other surgical emergencies within the hospital

2. Backup plan for when the primary call trauma surgeon is unavailable (std 4.3)

- a) Contact the Trauma Medical Director (TMD) for first backup call

- b) If the TMD is unavailable, utilize departmental call schedule as a call back list

3. Backup Trauma Surgeon

- a) Assumes duties of the primary surgeon upon notification that the primary surgeon is encumbered
- b) Performs primary surgeon's duties until such time as the primary surgeon is available to resume duties

B. Orthopedic Surgeon

1. Primary Call Surgeon – Each day, the orthopedic call schedule has 1 physician on covering a 24-hour period
 - a) Must be at patient bedside for injury evaluation within 30 minutes of ED provider or trauma surgeon request for specific orthopedic injuries as noted in the "Treatment Guidelines for Orthopedic Injuries" (std 5.20-21)
 - b) Also sees other surgical emergencies presenting to the Emergency Department
2. Backup Orthopedic Surgeon Plan & Response for when the primary call orthopedic surgeon is unavailable (std 4.11)
 - a) Attempt contacting the Orthopedic Liaison to Trauma Peer Review prior to starting call list
 - b) Departmental call list shall be utilized for unusual events requiring more than primary and secondary orthopedic surgeon on call
3. Backup Orthopedic Surgeon
 - a) Assumes or assists with duties of the primary orthopedic surgeon upon notification that the primary care surgeon is encumbered
 - b) Performs or assists with primary orthopedic surgeon's duties until such time as the primary surgeon is available to resume the primary surgeon duties

C. Anesthesia

1. Primary Call Anesthesia – Each day, the Anesthesia call schedule has 1 anesthesia provider listed on primary call
 - a) Must respond in person to the Emergency Department within 30 minutes of TTA CAT I (Red)
 - b) Must respond in person within 30 minutes of hospital request to manage airway problems or other emergency operations – see policy "Anesthesia Call Availability" (std 4.13)
2. Secondary Call Anesthesia – Each day, anesthesia call schedule has 1 anesthesia provider listed on secondary call
 - a) Secondary anesthesia assumes or assists with duties of the primary anesthesia provider upon notification that the primary call provider is encumbered

- b) Performs or assists with primary anesthesia duties until such time as primary anesthesia is available to resume duties

3. Additional Backup Call Anesthesia

- a) Departmental call list shall be utilized for unusual events requiring more than primary and secondary call
- b) Performs or assists with anesthesia duties until such time as primary or secondary anesthesia is available to resume duties

D. Radiology Access

- 1. The radiologist must have access to patient images and be available to interpret imaging within 30 minutes of request – this can be by person or by phone (std 4.14) see policy “Radiology Department Coverage/Supervision by Radiologist”

E. ICU Provider

- 1. The ICU must have provider coverage by a Hospitalist or Advanced Practice Provider (APP) that is available within 30 minutes of request. (std 4.19) see policy “ICU Emergency Coverage Plan”

F. Surgical Response to a Mass Casualty Event (std 2.3) see policy “Emergency Operations Activation – Incident Command (Disaster)”

G. Emergency Patient Diversion (std 5.15) See policy “Emergency Patient Diversion policy”

- 1. Patient diversion may be declared based on an incident exceeding the capabilities or capacities of the organization which may include but not limited to an internal disaster which creates an unsafe physical condition, equipment failure, and a mass casualty event.
- 2. Diverting ambulance patients will only occur after the hospital has exhausted all internal resources to relieve the precipitating event and after final approval from the Administrator On-Call.

References:

Committee on Trauma American College of Surgeons. (2022). Resources for Optimal Care of the Injured Patient. <https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/standards/>