Appendix 1: Checklist for disaster planning for a surgical surge

Plan Development	
☐	Involve key stakeholders from all components of the perioperative team in the planning process
☐	Develop clear objective activation criteria
Communication	
☐	Identify a clear communication strategy separate from everyday modes of communication
☐	Identify all impacted personnel that would require notification (anesthesiology, blood bank, nursing, etc)
☐	Ensure communication strategy can remain active throughout entirety of event
☐	Create a backup plan for communication if primary mode of communication becomes inoperable
Physical Space	
☐	Identify a physical space that can be utilized during a surgical disaster for assessment and post-operative management
☐	Consider operating room work flow and number of available rooms and how best to allow for OR surge
☐	Develop a plan to rapidly discharge and/or transfer patients from recovery room and other hospital locations to ensure bed availability
☐	Create a contingency plan in the event current resources become unavailable (power failure, loss of resources) requiring immediate transfer of patients
Staffing	
☐	Create a plan to provide adequate staffing and call-ins in coordination with hospital incident command
☐	Determine a predetermined location for staging and regularly exercise staff mobilization
☐	Define surgeon response which should include a senior trauma surgeon for triage and surgeons for surgical response in the operating room
☐	Create a system for mobilization of subspecialty services including neurosurgery, orthopedic surgery, critical care
☐	Create a plan to coordinate anesthesia in OR and for airway emergencies
Equipment	
☐	Instrument processing procedures should be reviewed to assess capability to provide multiple resources at various times of day as well as days of the week
☐	Determine a method for resupply or special restock if instruments/resources run low during a disaster
☐	Ensure optimal PPE/sterile attire available for staff
☐	Ensure adequate supply of specialty resources utilized during damage control (VAC dressings, external fixation devices, chest tubes, Pleur-evacs®, etc)
Blood and Medications	
☐	Create a plan to provide multiple massive transfusion protocols simultaneously and fairly
☐	Determine resupply plan with regional blood bank
☐	Pharmacy should determine method of restocking anesthetic medications and antibiotics
Disposition Offloading	
☐	Coordinate with the intensive care units and medical/surgical units to maximize patient offloading
☐	Hospital Incident Command should identify bed controllers for each unit to ensure forward patient flow is coordinated and optimize bed availability
☐	Develop transfer agreements with outside hospitals which can be coordinated with a RMOC
Special Populations	
☐	Consider unique populations (pediatric, complex cardiac, transplant) to determine capabilities of your institution in caring for these patients and determine offload/transfer plan if needed
Plan Coordination and Rehearsal	
☐	Rehearse the disaster plan for surgical surge and review outcomes to optimize plan execution