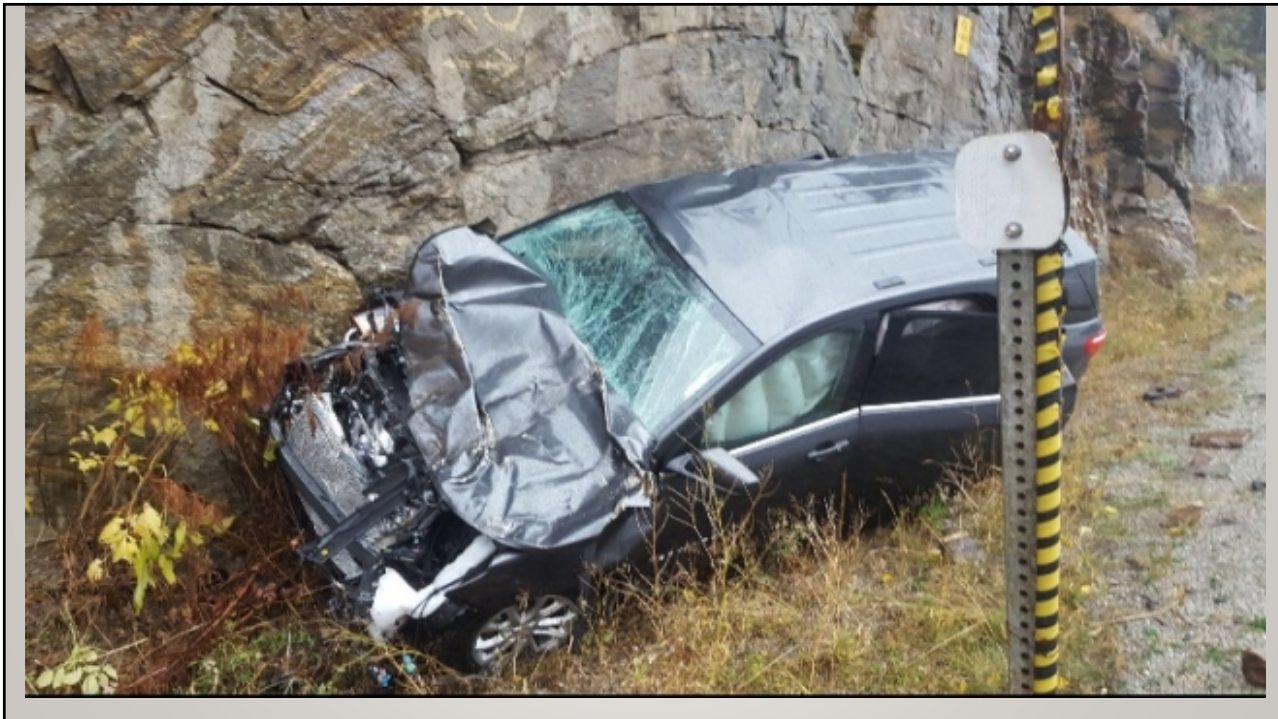


MINI TRAUMA FELLOWSHIP FOR ESS IN BC

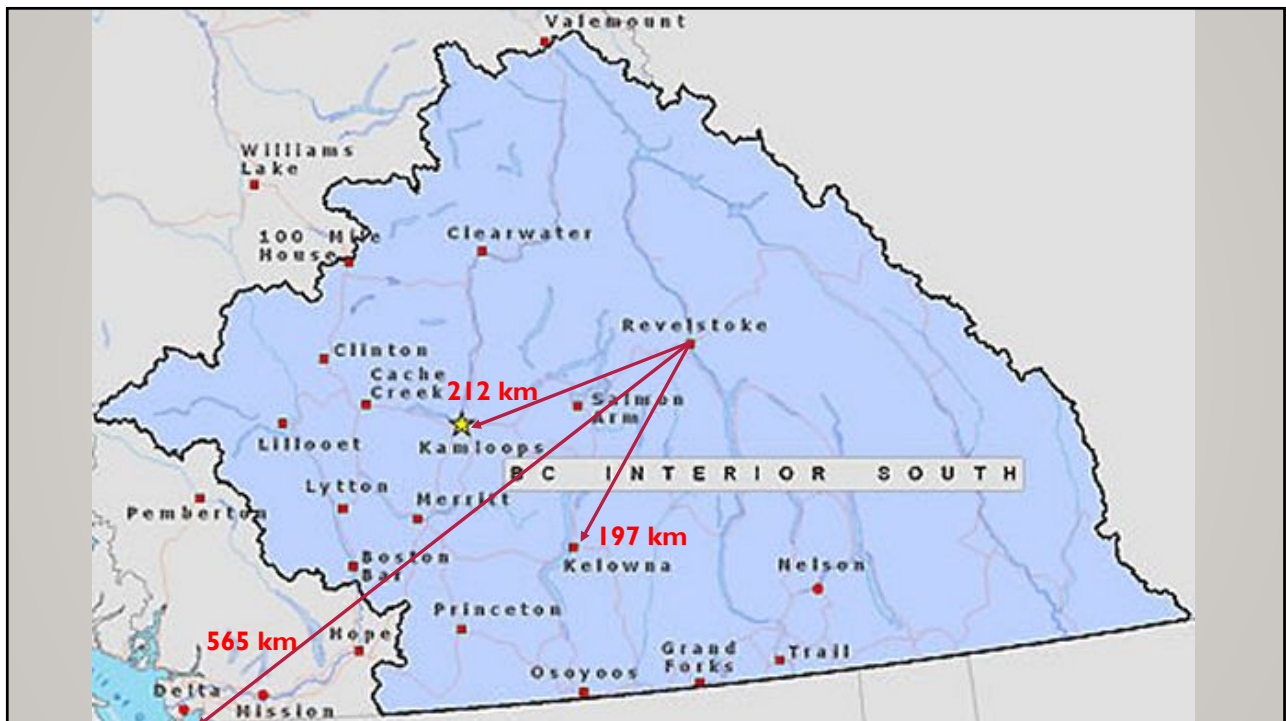
VANCOUVER GENERAL HOSPITAL

VIKKI HAINES, ESS, CFPC

REVELSTOKE, BC







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Type	Severity	Route	Description	Last Updated
	Major	Big Bar Ferry Both directions	Closed in both directions at Fraser River because of Ferry Out of Service. Aerial Tram is available for foot traffic only until further notice. Updated on Tue Dec 26 at 9:09 am PST. (ID# 252781) View on map	2017-12-26 9:09 AM
	Major	Highway 99 Northbound	Highway 99 Northbound left lane is open at 152nd overpass with a speed reduction to 80 km/h. The Highway 99 Northbound right lane remains closed. The 152nd street overpass is open to southbound traffic only and is currently closed to Northbound traffic. Next update at 6:00 AM, December 27th. Updated on Tue Dec 26 4:42 am PST. (ID# RTMC_15794) View on map	2017-12-26 4:42 AM
	Major	Little Fort Ferry Both directions	Closed in both directions at North Thompson River because of Ferry Out of Service. Updated on Tue Dec 26 at 5:17 am PST. (ID# 261583) View on map	2017-12-26 5:17 AM
	Major	McLure Ferry Both directions	Closed in both directions at North Thompson River because of Ferry Out of Service. Updated on Tue Dec 26 at 5:17 am PST. (ID# 261678) View on map	2017-12-26 5:17 AM
	Normal	Atlin Highway Both directions	Compact Snow with Slippery Sections from Atlin to Border of British Columbia and Yukon (51 km). Updated Tue Dec 26 at 8:21 am PST. (ID# 261946) View on map	2017-12-26 8:21 AM
	Normal	Coalmont Road Both directions	Compact Snow with Slippery Sections from Princeton to Junction with Brookmere Road (59.4 km). Updated Tue Dec 26 at 8:18 am PST. (ID# 262170) View on map	2017-12-26 8:18 AM
	Normal	Head Bay Road Both directions	Slippery Sections from Tahsis to Gold River (64.5 km). Updated Tue Dec 26 at 9:19 am PST. (ID# 262176) View on map	2017-12-26 9:19 AM
	Normal	Head Bay Road Both	Fog Patches from Tahsis to Gold River (64.5 km). Updated Tue Dec 26 at 9:20 am PST. (ID# 262177)	2017-12-26 9:20 AM





- Trans Canada Highway – heavy traffic, semi-trailers, distracted driving
- Adventure sports: mountain biking, dirt biking, rock climbing, down-hill snow sports, back country snowsports including heli-access, avalanches, snowmobiling
- Tourism – holiday mind-set, risk taking, inexperience
- Industry – sawmill, rail, logging, construction, fire fighting – can be remotely located
- Rural lifestyle – do-it-yourselfing – power tools, chainsaws

.....WORKING OUT IN THE BOONIES

- Worldwide, the degree of trauma training and exposure for surgical residents varies widely
- Gaps in specialist surgical training due to organ specific specialization; lack of exposure to the variety of presentations throughout a residency period
- Trauma is the 5th leading cause of death for all ages in Canada
- What happens after ATLS? Definitive Surgical Trauma Care (DSTC)
- “the golden hour” — the first hour after a traumatic injury during which there is the greatest likelihood that medical care will save a person’s life.
- urban vs. rural trauma death rates ↑↑ time to definitive care ↑↑

THE MINI TRAUMA FELLOWSHIP FOR ESS – 6 WEEKS

- Vancouver General Hospital Trauma Service
- Courses: DSTC, Stop the Bleed
- Wet lab
- 4-5 weeks on trauma service rotation
- Upskilling
- Regional and provincial relationship building amongst trauma care providers
- Rural-Urban service network strengthening

DEFINITIVE SURGICAL TRAUMA CARE (DSTC)

- 2-day course, didactic + wet lab
- a course designed to support surgeons who may deal with major trauma, and may not necessarily have the experience or expertise required
- many surgeons and ESS practicing outside major trauma centres lack expertise in dealing with life-threatening surgical situations due to lack of exposure, specialization
- timely and appropriate surgical intervention can improve the outcome of a severely injured patient.

Manual of Definitive Surgical Trauma Care

SECOND EDITION

Edited by
Kenneth D. Boffard

iatsic
International Association for
the Surgery of Trauma and
Surgical Intensive Care



- Layperson's course designed to incorporate bleeding control techniques into common first-aid knowledge at schools and workplaces
- hands-on experience packing wounds and learning proper bleeding control techniques, including how to use bandages, and tourniquets
- Will take and certify as instructor

PRE-REQUISITES:

-
- CFPC, ESS CAC or equivalent
 - Current ATLS
 - Current practice within an environment supportive of enhanced trauma care delivery
 - Fracture immobilization, diagnostic U/S, OR, Anaesthesia, OR nurses
 - Recognized role in regional trauma network, acknowledgement & support of regional trauma surgeons
 - *Appropriate support network to aid in real time surgical decision making and tele-mentoring*
 - *Remote tele-presence capability (desirable)*
 - Regional process in place for quality assurance, debriefing.

OBJECTIVES: CLINICAL — KNOWLEDGE AND COMPETENCIES

-
- Resuscitation practices in the exsanguinating trauma patient (Damage Control Resuscitation, DCR) and in the burn patient (TSBC provincial burn guidelines)
 - Principles of Damage Control Surgery (DCS).
 - Control of extremity bleeding (STB)
 - Control of junctional haemorrhage (STB/DSTC)
 - Control of cavitory haemorrhage (DSTC)
 - Resuscitative thoracotomy and cardiorrhaphy for stab wounds of precordium.
 - Laparotomy: Liver packing, Splenic removal or hilar clamping, Mesenteric ligation
 - Pre-peritoneal pelvic packing in exsanguinating patient with pelvic fracture
 - Other life/limb surgical interventions in trauma patient (DSTC): Burr hole placement, Fasciotomy and escharotomy

OBJECTIVES: SYSTEM

- Understand the structure and functioning of BC regional and provincial trauma systems.
- Establish close working relationships with principle players
- Establish clearly defined mentoring patterns and access within the trauma network
- Familiarisation with a broad base of current trauma care, both operative and non-operative
- Understand the principles of providing care to the poly-traumatised patient
- familiarisation with current protocols utilised by trauma centres in BC.

MINI TRAUMA FELLOWSHIP PILOT INITIATIVE

- April 1 – May 12, 2018
- VGH: Drs. Simons, Joos, Evans, Garraway, Hameed...
- Revelstoke: colleagues on the call schedule at home. One guinea pig.
- Funding support from the Advanced Skills Training (AST) program of the Rural Education Action Plan (REAP BC), a standing educational support program of the Rural Coordination Centre of BC (RCCbc)
- Dr. Stu Iglesias

