

Trauma Team Activation Guideline

| Date | Version |
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| June 2019 | V5.2 |

Purpose

Following the national introduction of Regional Trauma Networks, Major Trauma Networks are required to have guidelines for the activation of a trauma team at the MTC and TUs. This document provides a series of guidance that each unit should take into account when creating their own guidance.

The purpose of this document is to provide direction and guidance for actions from key individuals and organisations within the Peninsula Trauma Network to improve the patient pathway and ensure that patients are transferred to the definitive point of care as quickly and safely as possible.

Who should read this document?

Trauma Network Clinical and Governance Directors
 TU and MTC Clinical Leads for Major Trauma
 Trauma Team Leaders
 All Clinicians Transferring Patients to Specialist Centres
 Acute Trust Lead Nurses

Accountabilities

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|----------------------------|---|
| Production | Prof J Smith |
| Review and approval | PTN Advisory Group |
| Ratification | PTN Executive Board |
| Dissemination | All PTN Acute Trusts, South Western Ambulance Service NHS Foundation Trust, Devon Air Ambulance, Cornwall Air Ambulance, Search and Rescue Service. |
| Compliance | All Parties |

Links to other policies and procedures

PTN Automatic Acceptance & Secondary Transfer Policy
 SWASFT Pre-Alert Protocol
 Peninsula and Severn Trauma Networks Paediatric Combined Policy

Version History

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|-------------|------------------|-----------------------|
| V4 | Mr Iain Grant | PTN Clinical Director |
| V5.1 | Prof Jason Smith | PTN Research Lead |
| V5.2 | Dr Tony Hudson | PTN Clinical Director |

| Last Approval | Due for Review |
|---------------|----------------|
| Nov 2019 | Nov 2021 |

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Hospital Trauma Team

Key Points

- Trauma is the fourth leading cause of death in the UK and a major cause of debilitating long-term illness. Early expert clinical management has been shown to be beneficial. The trauma team provides this.
- The trauma team should be available on a 24/7 basis and composition may vary from Trust to Trust but will always meet essential criteria agreed at designation.
- Effective team working and communication are essential.
- The team will be activated on receipt by the Emergency Department (ED) of the pre-hospital alert by the South West Ambulance Service or pre-hospital provider which triggers the activation criteria, or on arrival of a patient in the ED meeting those criteria.
- Additionally, at the discretion of the receiving clinician, a trauma team may be activated if information suggests significant injury but the Trauma Triage Tool has not triggered a call.
- Attendance at trauma calls should be audited and the expectation is that most team members will be in the Resuscitation Room PRIOR to arrival of the patient.

1 Introduction

It is vital that patients with multiple or severe injuries are managed quickly and efficiently to reduce morbidity and mortality. Often these injuries are time critical and cannot be managed by one individual alone, therefore a team approach is vital.

Major trauma is often defined as a patient with an Injury Severity Score (ISS) of >15, but this is impossible to ascertain at point of injury and only becomes apparent after full assessment and investigation, so the trauma team should be activated whenever a patient meets any of the criteria in section 3 of this document.

2 Duties and Responsibilities

- 2.1** The Trauma Network Clinical Director is responsible for promulgation of agreed trauma team activation criteria and monitoring of compliance through the network governance structure.
- 2.2** The Trauma Executive Lead in each Trust is responsible for ensuring that there is an approved, effective and audited guidance in place, which ensures that the trauma team attends the ED whenever a trauma call is activated.
- 2.3** The Clinical Lead for Trauma in each Trust is responsible for the implementation of this guidance within the organisation ensuring that trauma calls are activated appropriately and the trauma team arrives to provide a safe and efficient response. The Clinical Lead for Trauma is also responsible for monitoring and ensuring that any deficiencies are addressed.

- 2.4** The Clinical Service Lead for ED in each Trust is responsible for ensuring that a robust system is in place for activating the trauma team, and taking any appropriate action should deficiencies be identified. The Clinical Service Lead for ED is also responsible for the ED response to lesser injuries, and certain mechanisms of injury, to ensure that serious injuries are not missed in the early phase following arrival at hospital.
- 2.5** It is the responsibility of all on call trauma team members to carry individual bleeps which are activated by the call out mechanism and to attend the Emergency Department whenever the trauma call is activated 24/7. The MAXIMUM response time is 30 minutes. Members of the trauma team should not telephone the ED to discuss whether they are required to attend; rather they should attend on the assumption that they are required. Trauma team members who for any reason are unavailable (e.g. they are operating in theatre) are responsible for notifying their immediate superior or consultant, asking them to attend.
- 2.6** The Nurse in Charge of the Emergency Department is responsible for the activation of the trauma call via the local call out procedure after confirming that the patient meets the Trauma Team activation criteria.

3 Hospital Trauma Team Activation Criteria

Activation of the Hospital Trauma Team will be initiated following a call from the ambulance service to the duty Trauma Consultant in the Major Trauma Centre or to the ATMIST telephone, situated in the Emergency Department of Trauma Units for all trauma patients who fulfil any of the following criteria:

| Anatomy | Physiology |
|--|---|
| <ul style="list-style-type: none"> • Open pneumothorax or flail chest • Crush injury to torso • Crushed, de-gloved or mangled limb • Suspected major pelvic fracture • Neck or back injury with paralysis • 2 or more fractured proximal long bone • Amputated limb proximal to wrist or ankle • Suspected open or depressed skull fracture • Burns (other than flash burns) to face OR >20% of body surface area • Penetrating torso trauma • All gunshot wounds • Children with any signs of shock, respiratory distress or reduced conscious level | <ul style="list-style-type: none"> • Airway obstruction • Sustained RR < 10 or >24 • Sustained systolic BP <90mm Hg or absent radial pulse or shock index > 0.9 • GCS motor score < 5 or total GCS < 14 (in the absence of significant alcohol intoxication) • Sustained pulse >120 • Sustained SpO₂<90% |
| | Special Circumstances |

4 ED response to other circumstances involving Trauma

Some hospitals may utilise a tiered trauma team activation system. Each emergency department in the network should have a mechanism to ensure that patients with apparently lesser levels of trauma, or who have experienced certain mechanisms of injury, will be rapidly assessed on arrival by an experienced ED clinician or more limited trauma team so that significant injuries are not missed in the early stages after arrival.

This only applies to patient with NORMAL physiological variables. Abnormal physiology mandates Hospital Trauma Team activation.

Mechanistic criteria that should trigger immediate assessment include:

| | |
|---|--------------------------------------|
| • Ejection from Vehicle | • Entrapment >20 mins |
| • Motor cyclist vs car | • Fatality at scene |
| • Pedestrian or cyclist vs car | • Intrusion into vehicle or rollover |
| • High speed motor vehicle collision (>40mph) | • Single proximal long bone fracture |
| • Fall > 3 metres | • Pregnant patient with torso injury |
| • Elderly over age 70 with trauma | • Suspected spinal injury |

These criteria are subject to local agreement, and if there is a single tier of trauma team activation, may result in activation of the full hospital trauma team.

6 Overall Responsibility for the Document

The Peninsula Trauma Network Advisory group holds the responsibility for developing, implementing and reviewing this guideline.

7 Consultation and Ratification

The review period for this document is set as two years from the date it was last ratified. The document can be reviewed earlier if developments within or external to the Peninsula Trauma Network (PTN) indicate the need for a significant revision to the procedures described.

This document will be reviewed by the PTN Advisory Group and ratified by the PTN Clinical Director and Clinical Governance Lead or Executive Board as deemed appropriate. Non-significant amendments to this document may be made, under delegated authority from the PTN Clinical Director, by the nominated owner. These must be ratified by the PTN Clinical Director.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Peninsula Trauma Network. For non-

significant amendments, informal consultation will be restricted to named groups or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this document will be published on the PTN website (public facing or secure as deemed appropriate) and all staff will be notified through the PTN normal notification process, currently via email to Trauma Clinical Leads and the Network Advisory Group.

Document control arrangements will be noted and kept current on the PTN policy & guidance list maintained by the PTN management team.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named PTN Clinical Director to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Monitoring and compliance will be reviewed via the PTN Governance form submissions, discussions at the monthly PTN Governance teleconference and through the PTN Advisory Group.

This is a requirement of the NHSE Major Trauma Quality Indicators and compliance will be reviewed via the annual Network Peer Review process and/or National Quality Surveillance Team (QST) peer review for MTCs. If concerns are raised, these will be notified to the relevant Chief Executive and Trauma Leads who will be required to provide timely action plans to resolve the concerns. These concerns will be reviewed by the PTN Management Team and fed back to relevant parties. Concerns raised by the National QST peer review for MTCs will be fed back through the appropriate channels.

This is a national Trauma Network standard and will be monitored via the annual Network Peer Review process directly to relevant Trauma Leads.

10 References and Associated Documentation

NHS England Major Trauma Services Quality Indicators