TRAUMA TEAM ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>SWTN P05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>All Health Board providers</td>
</tr>
<tr>
<td>Version</td>
<td>1</td>
</tr>
<tr>
<td>Replaces</td>
<td>N/A</td>
</tr>
<tr>
<td>Issue date</td>
<td>January 2020</td>
</tr>
<tr>
<td>Review date</td>
<td>January 2023</td>
</tr>
<tr>
<td>Related guidelines/policies</td>
<td>Multiple</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Dr D Gill, Nikola Creasey</td>
</tr>
<tr>
<td>Internal reviewer(s)</td>
<td>Rachel Taylor</td>
</tr>
<tr>
<td>Network Governance Subcommittee review</td>
<td>February 2020</td>
</tr>
<tr>
<td>Sign off</td>
<td>Network Board</td>
</tr>
</tbody>
</table>

Aims and Scope

This policy describes the activation criteria for hospital trauma teams for the following:

This policy describes the roles and responsibilities for adult and paediatric trauma team members across the network, to provide a structure and framework for trauma teams to adopt. However, given that there is some organisational variation in trauma team member composition, this should be used as a guide and can be adapted for local use and develop a local Standard Operating Procedure. This policy is accompanied by trauma team member aide memoires to be used on trauma team activation, which provide further details on roles and responsibilities.
Adult Major Trauma Team Roles and Responsibilities (also applies to ‘silver trauma’)

Adult Major Trauma Team activated by calling switchboard (2222)

All team members to attend Resuscitation bay immediately
All team members to report to scribe and document name and position.
Wear role sticker or tabard and name label
Trauma Team Leader will brief team and allocate roles (suggestions below)

Minimum trauma team:
Trauma Team Leader (TTL). ST3 plus or equivalent in TUs
Senior Anaesthetist
General surgery doctor
T&O surgery doctor
ED airway nurse/anaesthetic assistant
ED procedures nurse
Scribe
Radiographer (x-ray and CT)

ED consultant on call informed for all out of hours/weekend trauma activations by TTL (via nurse in charge)
<table>
<thead>
<tr>
<th>Team member</th>
<th>Role within trauma team</th>
</tr>
</thead>
</table>
| ED Consultant (or ST3+ or equivalent in Trauma Units) | Trauma Team Leader  
Activate team & massive haemorrhage protocol  
Coordinate preparation, reception & resuscitation  
Decision making with team (CT/theatre/transfer to MTC)  
Communication with MTC (as appropriate)  
Leads on ‘hot’ debrief |
| Senior Anaesthetist (Trainees must call for senior support) | Airway doctor (A and D assessment). Take AMPLE history  
Secure airway. Escort ventilated patient on transfers  
Analgesia and procedural sedation |
| Survey Doctor (Gen Surgery or ED) | Primary survey (B, C & E assessment)  
Chest Procedures  
IV access/bloods |
| Procedures Doctor (T&O or ED) | Control of external catastrophic haemorrhage  
Pelvis and limb assessment & splintage  
Secondary survey  
IV access/bloods |
| Scribe | Doorkeeper, documentation, support TTL |
| Airway nurse/Anaesthetic Assistant | Preparation and assists with airway procedures |
| Procedures nurse (may require more than 1) | Removing clothing, monitoring, running blood warmer, setting up equipment for procedures |
| Nurse in charge | Supervision, resource allocation, overview of rest of ED, allocate someone to look after family |
| Radiographer (x-ray and CT) | Primary survey x-ray and access to timely Whole Body CT (if off site CT radiographer to ensure on trauma activation list and immediately mobilise upon activation) |
| Orthopaedic registrar | Secondary survey/assessment when team ready.  
Assist requesting scans |
| Surgical Registrar | Assessment and surgical procedures/management |

There may be other members of the trauma team (e.g. porters, specialist team guided by organisational set up).
Initial positioning of team on reception of adult patient

Other side of trauma line – 2nd Anaesthetic/ICU doctor (if not immediately required), additional surgical/T&O doctors/porters/radiographers
Paediatric Major Trauma Team Roles and Responsibilities

Paediatric Major Trauma Team activated by calling switchboard (2222)

All team members must attend Paediatric resuscitation bay immediately
All team members to report to scribe and document name and position.
Wear role sticker or tabard and name label
Trauma Team Leader will brief team and allocate roles (suggestions below)

Minimum trauma team:
Trauma Team Leader (TTL). ST3 plus or equivalent in TUs
Senior Anaesthetist
Paediatric doctor
General surgery doctor
T&O surgery doctor
ED airway nurse/anaesthetic assistant
ED procedures nurse
Paediatric nurse
Scribe
Radiographer (x-ray and CT)

ED consultant on call informed for all out of hours/weekend trauma activations by TTL (via nurse in charge)
**Team member** | **Role within trauma team**
--- | ---
ED Consultant (or ST3+ in Trauma Units) | Trauma Team Leader
Survey doctor (ED doctor) | Primary survey (B, C & E assessment)
Senior Anaesthetist (Trainees must call for senior support) | Airway doctor (A and D assessment). Secure airway. Escort ventilated patient on transfers
Procedures (paediatric doctor) | IV access, major haemorrhage*, history taking & safeguarding
Scribe | Doorkeeper, documentation, support TTL
Airway nurse/Anaesthetic Assistant | Airway assistant
Procedures nurse | Monitoring, procedures, drugs second checker
Nurse in Charge | Supervision, runner, overview of rest of ED, allocate someone to look after family
PICU nurse (MTC) or Paediatric nurse (TU’s) | Drugs
Orthopaedic registrar | Secondary survey/assessment when team ready. Assist requesting scans
Surgical Registrar | Assessment and surgical procedures/management
PICU doctor (or adult ITU in TU) | Critical care and decision support. Second airway doctor

*If major haemorrhage protocol activated most appropriate doctor and nurse should be allocated to manage this*
Initial positioning of team on reception of paediatric patient

In paediatric trauma, if the child is conscious and not requiring lifesaving treatment, then the following positioning of the trauma team is suggested. Individuals can come forward to assess the child as needed.

- If the child is unconscious and/or requires immediate lifesaving interventions the standard positioning of the trauma team should be used.

- In both circumstances parents or guardians should be given the option of being with the child during reception and resuscitation, accompanied by a dedicated member of staff to liaise with them during this process.

Debrief

Post trauma call, it is helpful (where possible and practical) to undertake a ‘hot’ debrief with trauma team members, led by the TTL. If there are specific issues raised, a further multi-professional debrief should be undertaken as part of the internal major trauma governance processes and any learning from this, shared with the wider the network. TTLs may require wellbeing support as well, and this should form part of the operational policy of the hospital.