TRAUMA TEAM ROLES AND RESPONSIBILITIES

Cross references	SGSHHS TRAUMA TRIAGE ACTIVATION CRITERIA CLIN Trauma Trauma service/ED service level agreement Trauma – Radiographer response to the ED trauma activation, St George Hospital
1. What it is	Outlines the roles and response required of each member of the trauma team.
2. Employees it applies to	Members of the trauma team as listed below
3. When to use it	On activation of trauma call (see trauma triage activation criteria)
4. Why the rule is necessary	To ensure staff aware of roles and responsibilities when a trauma call is activated
5. Who is responsible	Director of Trauma

Response

When a trauma team required is activated, the following core people are notified and response required. The response in and out of hours is described in the following document:

Staff	Trauma team required	Trauma team standby
ED Staff Specialist	Y	
ED Registrar	Y	Y
ED Nursing staff	Y	Y
ED Social worker	Y	
ED Orderly	Y	
ICU Registrar	Y	
Contact anaesthetist	Y	
Trauma registrar	Y	Y
Trauma SRMO	Y	Y
Trauma intern	Y	Y
Trauma fellow	Y	Y
Surgical Registrar (AH)	Y	
Trauma Case Manager	Y	Y
Trauma CNC	Y	Y
Trauma Director	Y	Y
Radiology	Y	
Blood Bank	Y	
Orthopaedic registrar	Y	

Other staff members including the Director of Nursing, Clinical Services and bed management are on the paging system but not required to respond.

ED Staff Specialist

Preparation to receive trauma:

- Allocates medical team leader
- Confirms with nursing team leader that the Trauma Page is to be activated (if notification via batphone)
- Alerts trauma team to resus via ED PDA
- Allocates medical roles tailored to staff/pre-hospital information per description in appendix 1
- Discusses pre-hospital information with team and decides on priorities and plan of action.
- Ensures ultrasound machine available in resus bay
- Considers activation of Massive Transfusion Protocol
- Ensures self and all other trauma team members apply personal protective equipment including: lead apron, impermeable gown, eye shield and gloves
- Ensures all staff are clearly labelled with role identifying stickers
- After hours – consults with the ED registrar on management and plan for patient

ED Resuscitation nurse
Preparation to receive trauma:
• Is the nurse team leader and scribe
• Confirms with medical team leader that the Trauma standby/required page has been activated (if notification via batphone)
• Allocates nursing roles tailored to staff/pre-hospital info per description in appendix 1
• Documents pre-hospital information on the resus bay whiteboard
• Requests blood products on standby (if indicated). Scribe will be the ongoing contact between blood bank and resus.
• Ensures self and all other trauma team members apply personal protective equipment including: lead apron, impermeable gown, eye shield and gloves
• Ensures all staff are clearly labelled with role identifying labels.

Contact Anaesthetist

The contact anaesthetist is to attend immediately in person to all 'Trauma Team Required ED' They are to assist as required per the medical team leader and liaise with the operating suite in charge nurse regarding the need (or potential) for operative intervention

After hours: If the contact anaesthetist is unable to answer the phone or attend immediately and the trauma team leader needs urgent advice from anaesthesia, please call the anaesthetic consultant on call via switch

ICU registrar

The ICU registrar is to attend immediately in person to all 'Trauma Team Required ED. They are to assist as required per the medical team leader and faciliate an ICU bed if needed. The ICU senior registrar on call is to be notified by the ICU registrar of all Trauma team required calls.

After hours: As above

Trauma Service
The trauma service is to attend immediately in person to all 'Trauma Team Required ED' pages per the service level agreement. The trauma registrar should attend or call within 20 minutes of a 'Trauma Team Standby ED' page.

The trauma registrar will perform role of Circulation doctor in Trauma Team. The trauma registrar is responsible for documentation, secondary survey and facilitating investigation (CT requests, clearing cervical spine, arranging subspeciality consultation etc), management (suturing, POP casts etc) and admission of patients likely to be admitted. They are responsible for discussing patient admission and further management with Surgical Trauma Consultant on call and documenting such in medical record, as well as liaising with the Operating Suite NUM re procedure type. Other medical members of the trauma service will participate in the trauma resuscitation as directed by the medical team leader.

The trauma service nursing staff are to faciliate the nursing leadership in conjunction with the RESUS nurse leader/scribe. Additionally they are to assist the medical team leader as required.

After hours**:** This role falls to the surgical registrar (099) as below

Surgical registrar (099)
During hours the surgical registrar is to attend immediately in person to all 'Trauma Team Required ED' and assist per the medical team leader. The surgical registrar should attend or call within 20 minutes of a 'Trauma Team Standby ED' page.

After hours: Perform the role of the trauma service registrar as described above

Blood Bank
On activation of "trauma team required" the Blood Bank will call RESUS 1 on 31673 or 31674 and check with resus/scribe nurse that the Emergency Blood Esky is required. In a number of instances, many of the specific details re: the trauma patient are not available, so the Emergency Release information that we will enter to print on the blood product issue form blood product labels will be "Unknown, Unknown", and ask that a sample and form be sent ASAP.

If the Emergency Blood Esky has been issued blood bank will call RESUS within 30 minutes of the Emergency Blood Esky leaving the lab, and inquire if the Emergency Blood Esky is still required, is used, or can be returned. In the event that the Scribe Nurse has left RESUS to accompany the patient, ask the RESUS staff if the Emergency Blood Esky is still required/in use/can be returned. Blood products must remain in the esky until use, if not used within the hour it must be returned to blood bank.

After hours: As above

Security
In some instances the presence of security officers may be required during the management of a trauma patient. If pre-hospital information indicates that an aggressive or agitated trauma patient is en route, security should be contacted and be present on arrival of the patient to the ED. Security officers will assist in the mechanical restraint as directed by the medical trauma team leader as per the "Activation of the ED medical response team for aggressive or resistive behavious and code black response Clinical Business Rule CHN Emerg Dept)' Security staff will stand down at the direction of the medical trauma team leader.

After hours: As above

Radiographer
Per the service level agreement, on receiving the trauma team required page the radiographer is to present to the resuscitation bays and consult with the medical trauma team leader regarding trauma series required. Ideally the x-ray plates are to be placed on the x-ray shelf of the trauma bed *prior* to patient arrival to facilitate swift radiographic imaging. This will be directed by the medical trauma team leader.The radiographer is to be situated on the patient's left side. Once x-rays are taken they are to be viewed by the primary survey doctor and any injuries will be identified to the medical trauma team leader. The radiographer is to stand down after confirmation from the medical trauma team leader that all necessary x-rays have been completed in the resuscitation bay. Further imaging will take place in the medical imaging department once the patient is deemed stable for transfer.

After hours: As during hours

ED Orderly
- Identifies self to medical and nursing team leader
- Applies personal protective equipment including: lead apron, impermeable gown, eye shield and gloves (as required)
- Ensures following equipment is available at the request of the medical/nursing trauma leaders
    - ➤ Trauma bed with x-ray shelf
    - ➤ Warm blankets
    - ➤ Portable oxygen with suction
    - ➤ IV poles and pumps

On reception of trauma patient:
- Positions self at the front of the resus bay on the right hand side
- Assist with transfer of the patient onto the trauma bed
- Assist in the removal of shoes and clothing
- Assist with log-roll
- Pick up blood products from blood bank and deliver them swiftly to the resuscitation bay (if required)
- If not required return blood products to blood bank within 30 mins of dispatch, after liasing with scribe nurse.
- Assist with transfer of patient out of the ED (e.g. to CT/OT/ICU)
- Does not leave trauma resuscitation until directed to do so by the medical trauma team leader
- Assists with cleaning and restocking of resus bay as required
- Ensures all monitoring, oxygen cylinders, drug/airway packs and any other equipment used is returned to the emergency department after patient transfer to OT/ICU

Allocation of Staff

The allocation of trauma nursing staff is the responsibility of the resuscitation RN 1. Prior to patient arrival in resus (if batphoned) resuscitation RN 1 nurse is to delegate nursing team roles. The need for extra nursing resources is to be escalated to ED NUM.

The allocation of trauma medical staff is the responsibility of the trauma medical team leader. Prior to patient arrival in resus (if batphoned) trauma medical team leader is to delegate medical team roles.

If the allocated staff member is not accredited to perform certain tasks (e.g. FAST examination) they should notify the medical trauma team leader of this. It is then the responsibility of the medical trauma team leader to allocate an accredited staff member to perform that task.

The final decision on who is to undertake a particular role during a trauma resuscitation is to be decided by the medical trauma team leader based on staff seniority and availability.

TRAUMA TEAM ROLES – TEAM LEADER

Suitable medical staff – ED staff specialist > ED registrar > Dr with EMST certification > Dr with most *trauma experience* (ED, ICU, Anaesthetics, Surgery)

DOCTOR 1 – Team Leader	RESUS NURSE 1/Scribe Nurse
Preparation	Preparation
1. Obtain prehospital information. 2. Ensure 'Trauma Team' activation – 'required' vs 'standby' 3. Ensure trauma team arrival, role allocation, universal precautions. 4. Allocate documentation responsibilities – ED SS vs ED reg vs Surgical registrar. 5. Ensure contact with radiology and blood bank.	1. Delegate nursing role to 2nd and 3rd nurses 2. Conduct phone calls to relevant team members ie radiology, blood bank, surgical teams, ICU 3. Liaise with medical and nursing team to ensure that each team member is clear about their role and responsibilities 4. Liaise with medical team leader on preparation for patient
Actions	Actions
1. Establish communication with ambulance staff and patient. 2. Obtain accurate handover from ambulance staff, handover should be given prior to transfer onto trauma bed (unless patient in extremis). 3. Co-ordinate primary survey and early resuscitation. 4. Prioritise management and investigation flow plan. 5. Assess trauma radiology series. 6. Consider 'FAST' scan. 7. Consider RSI drugs, opiate analgesia, tetanus prophylaxis, antibiotics, mannitol, MTP etc.	1. Establish communication with ambulance staff and patient 2. Close interaction and decision making with medical team leader 3. Scribe 4. Continuing communication with other resus nurses on ongoing patient plan and progress 5. Liaise with NUM/ TC on disposition and progress 6. Communicate with definitive care (eg CT, Opsuite) to expedite transfer of patient 7. Determine step down of 2nd and 3rd resus nurse

8. Ensure appropriate blood product availability and administration. 9. Consider invasive monitoring. 10. Liaise with surgical registrar to ensure sub speciality notification where indicated. 11. Ensure documentation of : - Clinical history and exam - ED investigations and radiology - Management/treatment and investigation plan 12. Plan dispatch pathway and notify admitting team. 13. Ensure relatives informed. 14. Arrange social worker, minister etc. 15. Debrief	

TRAUMA TEAM ROLE – AIRWAY/BREATHING TEAM

Suitable medical staff – ED Staff Specialist/Registrar, Anaesthetic, ICU registrars

DOCTOR 2 – Airway/Breathing	RESUS NURSE 2 – Airway/Breathing (R2T2/ SAR3/ N3)
Preparation	Preparation
1. Check airway resuscitation equipment. 2. Ensure anaesthetic drugs, including analgesics ordered as requested by team leader. 3. Ensure availability of difficult airway tray	1. Co ordinates with nurse team leader. 2. Check/prepare airway resuscitation equipment i.e. airway adjuncts/ventilator 3. Prepare monitoring i.e ETCO2
Actions	Actions
1. Commence primary survey – control airway, apply oxygen. 2. Oversee or immobilise cervical spine. 3. Intubation. 4. Naso/orogastric tube insertion. 5. Suture scalp/face for haemostasis. 6. Communicate with patient.	1. Airway adjuncts– suction, oxygen, bag and mask. 2. Assist with cervical immobilisation. 3. Assist intubation and NGT insertion. 4. Prepare pt for transfer/dispatch – monitoring, ventilator, oxygen, drug infusion apparatus. 5. Remain with patient until delegated to step down.

TRAUMA TEAM ROLES – CIRCULATION TEAM

Suitable medical staff – ED Registrar/RMO, surgical, ICU registrars

DOCTOR 3 – Circulation	RESUS NURSE 3 – Circulation
Preparation	Preparation
1. Check appropriate IV fluids available and warmed. 2. Prepare for IV access. 3. Ensure availability and location of invasive procedure packs.	1. Check IV lines, pump sets primed. 2. Check fluid warmer administrator. 3. Assist in locating/preparing invasive procedure packs. 4. Help prepare monitoring equipment - Manual and auto NIBP - ECG - Pulse oximetry - Temperature
	Actions
1. Complete primary survey – BCDE, including log roll. 2. Right sided IV access. 3. Procedures as indicated and requested by team leader - Intercostal catheter - Suture scalp laceration - Nerve blocks - Arterial line 4. Secondary survey.	1. Cut off clothes right side. 2. Perform manual blood pressure 3. Apply monitoring. 4. 12 lead ECG. 5. Ensure fluid administration – pumpset, fluid warmer 6. Assist with procedures. 7. Where possible assist procedure nurse to draw up other drugs. 8. Apply bare hugger or warm blanket

TRAUMA TEAM ROLES – PROCEDURE TEAM

Suitable medical staff – Allocated resus RMO, ED, Surgical, ICU registrars

DOCTOR 4 - Procedure	RESUS NURSE 4 - Procedure
Preparation	Preparation
1. Prepare all blood tubes – labelled URGENT - FBC/Coags - EUC/LFT/Amylase - Blood G&H - BHcg, CK, ABG if indicated - Forensic blood alcohol if indicated 2. Prepare for necessary or anticipated procedures - additional IV access - ICC insertion.	1.Help prepare monitoring equipment - NIBP - ECG - Pulse oximetry - Temperature 2. Help prepare IV lines, pump sets. 3. Help prepare for procedures. 4. Prepare required drugs.
Actions	Actions
1. Left sided IV access. 2. Order pathology and imaging on EMR 3. Take blood and send - notify lab of urgency. 4. ABG – if indicated. 5. Apply pressure dressings. 6. Splint limb fractures. 7. Suture simple lacerations.	. 1. Ensure patient identity band attached 2. Assist with procedures i.e chest drains/IDC/artlines etc. 3. Arrange pt valuable storage.

7. Compliance evaluation	Q1: Who allocated medical team roles? A: Trauma team leader Q2: Who is the liaison with Blood Bank? A: Scribe nurse/nurse team leader Monitoring of compliance occurs by trauma service
8. Keywords	Trauma, Emergency, Trauma Team
9. External references	
10. Relevant committee approval	St George Hospital Trauma Committee
11. Patient information brochure	Final patient information brochure (or related material) submitted to: St George Hospital CAG: N/A The Sutherland Hospital CAG N/A Both CAGs N/A

12. Consumer Advisory Group (CAG) meetings and secretariat	St George Hospital Penny Glezellis 3rd Tuesday of month	The Sutherland Hospital Wendy Fyfe 1st Wednesday of month
	Patient information brochure (or related material) CAG review date: N/A	

I, *Andrew Bridgeman, Clinical Group Manager, Division of Critical Care and Surgery at SGSHHS* attest that this clinical business rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

Date	Revision number	Contact Officer (Position)	Date for revision
August 13	0	Trauma CNC	August 2016