Network(s)

Midlands Trauma Networks

Publication:

Document name: Trauma Team Activation

Document purpose: This is an over-arching policy for the Midlands Trauma Networks. Each Trauma Unit and Major Trauma Centre will have their own version within their Hospital Trust.

Author: Midlands Trauma Networks

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Review next due: January 2027 Ref: No. 14

Target audience: Major Trauma Centres, Trauma Units

Superseded document(s):

Action required: Dissemination to MTC, TU, LEH personnel for action. Dissemination to Ambulance Provider Representatives for information.

Timings / Deadlines (if applicable): Immediate

Contact details for further information:

Midlands Critical Care, Trauma and Burns Networks 15 Frederick Road

13 I ledelick itoa

Birmingham B15 1JD

Document status:

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Purpose

This is an over-arching policy for the Midlands Trauma Networks to aid development of a Trauma Team Activation policy.

Scope of document

All Major Trauma Centres and Trauma Units within the West Midlands must have an internal Trauma Team Activation policy.

Introduction

The Trauma Team Activation policy should provide information about specific areas and should be readily available for staff. It is important that any new or rotational staff are made aware of the policy and fully understand the process.

Principles

The following areas should be identified in the policy

- Method of activation and communication
- Team membership
- Trauma team leader
- Whether full trauma team or limited trauma team is to be called.
- Procedure to call in from home additional or extended team members as required.
- Whether pre-hospital activation of the massive haemorrhage protocol is supported or not.
- Code red activation

Staging activation

- An individual unit may have an internal policy that provides a tiered response to a trauma alert.
- 2. Trauma activation should be aligned to the regional trauma desk triage tool about when a full team response is mandated or where a limited response may be used to undertake a primary survey.
- 3. Where a patient is being triaged on the basis of >20 weeks gestation the team must include a midwife and senior obstetrician (Consultant or ST4 or above) who is able to make rapid assessment and decisions about need for delivery. The procedure for activating obstetric support needs to be clearly documented.

Recommendations

All units should audit the trauma team activation process on a regular basis.

The policy details should be written into the Trust Trauma Operational Policy.

References

2012 CAG document.