

**HOSPITAL TUANKU JA'AFAR**

# Trauma Team Activation (TTA)



# HTJS Trauma Team Activation (TTA) Protocol



## ACTIVATION TRIGGERS & CRITERIA

### Clinical & Physiological Triggers



**Traumatic Arrest**



**SpO2 < 90%**

**SBP < 90 mmHg**

**Airway Compromise**

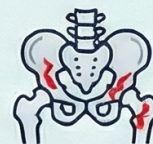
### Mechanism & Anatomic Markers



**Falls  
> 4 meters**



**Vehicle  
Rollovers**



**Pelvic  
Fractures**



**Penetrating  
Torso/Neck Wounds**

### Physician Discretionary Power



**Mass Casualty  
or Clinical  
Judgment**

### Activation Level Comparison (Optional)



#### Activation A

**Primary Teams:** Surgery, Anaesthesia, Radiology

**Authority:** Emergency Physician

**Notifications:** Radiology & Blood Bank MOs

#### Activation B (Primary Teams)

**Surgery, Anaesthesia, Orthopaedic, Radiology**

**Authority:** Emergency Physician

**Notifications:** Radiology & Blood Bank MOs

## ACTIVATION SEQUENCE & QUALITY TARGETS

### The 3-Step Alert Chain



**EP  
Notifies  
Operator**



**Operator  
Calls "TRAUMA  
ACTIVATION L1"**



**Team**



#### 15-Minute Response Deadline

All response team members must physically present at the ETD within 15 minutes.

### Critical Time-to-Treatment Targets



**CT Scans  
Completed**



**Booking to  
Incision Times  
Completed**



# ACTIVATION CRITERIA

TRAUMATIC ARREST	
ABC COMPROMISE	<ul style="list-style-type: none"><li>• Airway compromise (i.e unable to secure airway, destructive upper airway injury)</li><li>• SPaO<sub>2</sub> &lt; 90%</li><li>• SBP &lt; 90 mmHg at any time</li></ul>
MECHANISM CRITERIA WITH ABC COMPROMISE	<ul style="list-style-type: none"><li>• Fall &gt; 4 meters in height</li><li>• Vehicle rollover</li><li>• MVA with the occupant of the same vehicle dead on the scene</li></ul>
ANATOMIC CRITERIA	<ul style="list-style-type: none"><li>• Pelvic fracture (with ABC compromise)</li><li>• Mangle limb (with ABC compromise)</li><li>• Any penetrating wound to the cardiac box</li><li>• Any penetrating wound to torso, neck, or extremity (with ABC compromise)</li></ul>
OR	
As requested by the Emergency Physician based on current judgment of situation (i.e mass casualties)	



## TRAUMA TEAM ACTIVATION

### ACTIVATION A

**A**

**ACTIVATION AUTHORITY:**

Emergency Physician

**TEAM RESPONSE:**

- **Emergency Physician**
- Emergency Registrar/Medical Officer
- 1 x ED Nurse
- **Trauma Surgeon** or **General Surgeon On-call**
- Trauma Fellow/Surgery Registrar
- Surgery Medical Officer
- **Anaesthesiologist**
- Anaesthesia Registrar/Medical Officer
- **Emergency Radiographer**

**TEAM NOTIFICATIONS:**

- Radiology MO On-call
- Blood Bank Doctor On-call

### ACTIVATION B

**B**

**ACTIVATION AUTHORITY:**

Emergency Physician

**TEAM RESPONSE:**

- **Emergency Physician**
- Emergency Registrar/Medical Officer
- 1 x ED Nurse
- **Trauma Surgeon** or **General Surgeon On-call**
- Trauma Fellow/Surgery Registrar
- Surgery Medical Officer
- **Anaesthesiologist**
- Anaesthesia Registrar/Medical Officer
- **Emergency Radiographer**
- **Orthopaedic Surgeon**
- Orthopaedic Registrar/Medical Officer

**TEAM NOTIFICATIONS:**

- Radiology MO On-call
- Blood Bank Doctor On-call



## TRAUMA TEAM ACTIVATION

# OPERATOR TO CALL

ACTIVATION A		CHECK
<b>A</b>	<b>SURGERY</b> <ul style="list-style-type: none"><li>• Trauma Surgeon</li><li>• General Surgeon Oncall</li></ul>	
	<b>ANAESTHESIOLOGY</b> <ul style="list-style-type: none"><li>• Pakar Peri Oncall</li></ul>	
	<b>RADIOLOGY</b> <ul style="list-style-type: none"><li>• Juru X-ray Oncall</li></ul>	
	<b>TO NOTIFY</b> <ul style="list-style-type: none"><li>• Radiology MO Oncall</li><li>• Blood Bank MO Oncall</li></ul>	

ACTIVATION B		CHECK
<b>B</b>	<b>SURGERY</b> <ul style="list-style-type: none"><li>• Trauma Surgeon</li><li>• General Surgeon Oncall</li></ul>	
	<b>ORTHOPAEDIC</b> <ul style="list-style-type: none"><li>• Orthopaedic Surgeon Oncall</li></ul>	
	<b>ANAESTHESIOLOGY</b> <ul style="list-style-type: none"><li>• Pakar Peri Oncall</li></ul>	
	<b>RADIOLOGY</b> <ul style="list-style-type: none"><li>• Juru X-ray Oncall</li></ul>	
	<b>TO NOTIFY</b> <ul style="list-style-type: none"><li>• Radiology MO Oncall</li><li>• Blood Bank MO Oncall</li></ul>	



## TRAUMA TEAM ACTIVATION

### ACTIVATION SEQUENCE

1	Activating authority (criteria met or upon discretion) calls the hospital information service (switchboard) ----> <b>"TRAUMA ACTIVATION"</b> (no details should be given)
2	Switchboard operator ----> individuals within response and notify groups via phone lines such as Speed Dial (SD) ----> <b>"TRAUMA ACTIVATION L1"</b> (no details should be given)
3	Each member of the <b>response team</b> (that receives the trauma activation) shall <b>physically present</b> themselves at ETD immediately. <b>No communication</b> by any of the responding team members will be entertained by phone before the arrival in ETD.
4	All members of the <b>"notified" team</b> (that receives the trauma notification call) will be called by the respective staff members from the ETD when the need arises to discuss details.
5	For "after working hour" activation, the Consultant Trauma Surgeon can be consulted at any time on selected cases or circumstances if he/she is not part of the team.
6	The Emergency Physician team leader briefs the team on the condition of the patient and begins to assign duties.
7	All members of the <b>response team</b> shall participate in the process of resuscitation according to the <b>Trauma Team Resuscitation Protocol</b> .

### STAND DOWN

The Attending Emergency Physician has the sole right to issue a "Stand-Down" from "Activation" status if the situation warrants it. The stand-down order can be issued by paging system as a "Trauma Activation Stand Down" message or verbally if the team has assembled in ETD.



# QUALITY INDICATORS

## TEAM MEMBERS RESPONSE

after "Trauma Activation"

Attendance and arrival times will be recorded on the Trauma Team Activation Form.

≤15 MINUTES

## CT REQUEST TO SCAN TIME

≤1 HOUR

## OT BOOKING TO INCISION TIME

≤1 HOUR