TRAUMA TASK FORCE PERSONNEL AND ORGANIZATION

Purpose: Delineate personnel and responsibilities for trauma 900 and 911 activations.

900 ACTIVATION ORGANIZATION:

Activation consists of a team comprised of:

EM Team: Consists of a total of 3 from the following:
- 1 EM Attending
- 2 EM Residents (senior and junior)

Trauma Team: Consists of a total of 3 from the following:
- 1 Trauma Attending
- 1 Trauma Fellow (days or Fellow nights)
- 1 Trauma NP
- 1 Trauma Senior Resident
- 1 Trauma Junior Resident

Anesthesia Team: Consists of a total of 2 from the following
- 1 Anesthesia Attending
- 1 Anesthesia Resident/CRNA
- 1 Anesthesia Junior Resident

Nursing:
- 2 Resuscitation Nurses
- 1 Scribe Nurse

Additional Team:
- As needed 1 EM Scribe and 1 Trauma Scribe will be incorporated into the team.

Other Staff:
- RT (1)
- Radiology Tech (1)
- Social Worker (1)

Other members of each service will stay available outside the resuscitation room and limit entry into the resuscitation room for direct action and monitoring. Extra members of the team may be called into the room as needed by the Resident Resuscitation Team or Attending Resuscitation Team.

Ancillary Consultant Services:
Ancillary consultant services including Pediatrics, Obstetrics, Neurosurgery, Orthopedics, ENT, etc. will announce their arrival to the Resident Resuscitation Team leader. Consulting services will be in the resuscitation room only when directly examining the patient or communicating with the resuscitation team. At all other times consulting services are to be available directly outside the resuscitation room.

Resuscitation Leadership Team:
The Resuscitation Leadership Team is a collective of the Resident and Attending Resuscitation Teams.

Resident Resuscitation Team:

Anesthesia Senior Resident
EM Senior Resident
Trauma Senior Resident

The **Resident Resuscitation Team** consisting of the EM Senior Resident, the Anesthesia Senior Resident and the Trauma Senior Resident will lead the resuscitation. The Resuscitation Team will be led by one ATLS trained resuscitation leader, which will alternate days, between the Trauma Senior Resident (even days) and EM Senior Resident (odd days).

On EM Airway days the Anesthesia Senior Resident will remain part of the Resuscitation Team and will participate in the resuscitation (despite not being primarily responsible for the airway) as a member of that team.

On days where there is no Anesthesia Resident, a second EM Resident will make up the third member of the Resident Resuscitation Team

It is the assumption that the **Resident Resuscitation Team** will work collaboratively to assess the patient and guide the resuscitation working as a team with one clear Team Leader whose responsibility will be the repository for information and communication with other members of the trauma team.

Attending Resuscitation Team:

Anesthesia Attending
EM Attending
Trauma Attending

The Resuscitation Team will be supervised and guided by the **Attending Resuscitation Team**, which will consist of the EM Attending, the Trauma Attending and the Anesthesia Attending. **The ultimate decision-making responsibility for the patient's care will fall with the Trauma Attending.**

The **Attending Resuscitation Team** will collaboratively supervise the resuscitation and help guide the resident team.

Resuscitation Team Notes:
The Resident Resuscitation Team leader will be responsible for assigning and guiding tasks and should not therefore be involved in performing or supervising procedures. Their role will be to integrate data, disseminate information and plans to all in the room. Ideally, they will be the big picture and communication person and will avoid becoming primarily involved in procedures. In the event that the specified resuscitation leader is needed to perform a procedure they will verbally announce that the resuscitation leader

duties are being transferred to one of the other ATLS trained members of the Resident Resuscitation Team.

Other tasks to be verbally appointed by the Team Leader include:

- Physical Exam/assessment
- Lines
- FAST
- Chest Tubes
- Thoracotomy
- Other Procedures

These tasks/procedures will be performed and all data will flow back to the Team Leader for dissemination and discussion

Resuscitation/procedures:
The Resuscitation Team Leader will be responsible for leading the resuscitation of the patient and dissemination of information, coordination of planning, disposition adjudication etc. until the patient reaches initial disposition which consists of IR, OR, FLOOR or ICU or until a leadership handoff has occurred. The residents who perform procedures and lead resuscitations will stay/be kept involved with decision making of severely injured patients to their initial disposition. In the RARE occurrence that a senior resident is needed urgently for another patient and cannot continue to participate in the Resuscitation Team, they will collaborate with the other members of the Resident Resuscitation Team and will specify a replacement resuscitation leader.

The Attending Resuscitation Team and ultimately the Trauma Attending can make adjustments to the plan, task assignments, or any aspect of the care conduct and will be primarily and finally responsible for all decisions and care.

Debrief:
When time allows at the end of resuscitation a few minute debrief will take place. This will be led by the Attending Resuscitation Team and will include the Resident Resuscitation Team, Nursing Staff, and other team members as appropriate.

Research:
Researchers will be allowed in the resuscitation room ONLY for CHR approved and Trauma Research Committee approved studies. Every attempt should be made to reduce the number of and time spent by researchers directly in the resuscitation room. Researchers must be identifiable (by clothing, signs, hats, pins etc.) and will not be permitted in the resuscitation room without visual identification.

Students:
Medical students will be permitted (maximum 1 from each service) and encouraged at the discretion of the Resident and Attending Resuscitation Team.

911 RESUSCITATION ORGANIZATION:

EM Team: Consists of a total of 2-3 from the following:
- 1 EM Attending
- 2 EM Residents (R2-R4)

Trauma Team: Consists of a total of 2-3 from the following
- 1 Trauma Fellow (days or Fellow nights)
- 1 Trauma NP
- 1 Trauma Senior Resident
- 1 Trauma Junior Resident

Nursing: Will be 1-3 from the following
- 1 'Left' Side Resuscitation Nurse
- 1 'Right' Side Resuscitation Nurse
- 1 Scribe Nurse

Other Staff:
- RT (1)
- Radiology Tech (1)
- Social Worker (1)

Other staff will make every attempt to be available outside the resuscitation room and limit entry into the resuscitation room for direct action and monitoring.

Ancillary Consult Services:
Ancillary consultant services including Neurosurgery, Orthopedics, ENT, etc. will announce their arrival to the resident resuscitation team leader. Consulting services will be in the resuscitation room only when directly examining the patient or communicating with the resuscitation team. At all other times consulting services are to be available directly outside the resuscitation room.

Resuscitation Leadership Team:
The Resuscitation Leadership Team is a collective of the Resident and Attending Resuscitation Teams.

Resident Resuscitation Team:
- EM Resident
- Trauma Resident

The **Resident Resuscitation Team** will be supervised by the **Attending Resuscitation Team.**

Attending Resuscitation Team:
- EM Attending
- Trauma Fellow/Attending

Resuscitation/procedures:
As with the 900 resuscitations it is expected that the Resident Resuscitation Team will work collaboratively with the Resuscitation Team Leader primarily responsible for leading the team, collecting and disseminating data and the overall care plan and assigning tasks and procedures. Procedures will ideally not be performed by the Resuscitation Leader but rather by their assigned surrogates. As many of the 911s are less acute, it is expected that the procedures can be collaboratively distributed by the **Resident Resuscitation Team** based on the expectations that the Resuscitation Team Leader will not be involved in performing or supervising procedures unless absolutely necessary.

911s would provide an outstanding opportunity for more junior residents to be educated in leading resuscitations. In particular the more junior Trauma Residents could work collaboratively with the EM residents (who could help train and 'co-lead') and be supervised by the ED Attending and Trauma Fellow as they learn to lead resuscitations.

Students:
Medical students will be permitted (maximum 1 from each service) and encouraged at the discretion of the Resident and Attending Resuscitation Team.

Research:
Researchers will be allowed in the resuscitation room ONLY for CHR approved and Trauma Research Committee approved studies. Every attempt should be made to reduce the number of and time spent by researchers directly in the resuscitation room. Researchers must be identifiable (by clothing, signs, hats, pins etc.) and will not be permitted in the resuscitation room without visual identification.