

## Trauma Team Activation

The intent of this section is to demonstrate compliance with [WAC 246-976-700](#) regarding activation of the trauma team, patient criteria, general surgeon response, trauma team membership, and monitoring of activations.

Level: All

**Section Item 1:**  A trauma team activation protocol consistent with the facility's trauma scope of service. The protocol must:

- Define the physiologic, anatomic, and mechanism of injury criteria used to activate the full and modified (if used) trauma teams.
- Identify members of the full and modified (if used) trauma teams consistent with the provider requirements of this chapter.

**Section Item 2:**  Define the process to activate the trauma team. The process must:

- Consistently apply the trauma service's established criteria.
- Use information obtained from prehospital providers or an emergency department assessment for patients not delivered by a prehospital agency.
- Be applied regardless of time post injury or previous care, whether delivered by prehospital or other means and whether transported from the scene or transferred from another facility.
- Include a method to initiate and/or upgrade a trauma activation when newly acquired information warrants additional capabilities and resources.

**Section Item 3:**  Yes  No Staff and providers have easy access to the activation tool/form with criteria for all TTAs.

Level: I-III

**Section Item 4:**  For full trauma team activations, include the mandatory presence of a general surgeon. The general surgeon assumes leadership and overall care using professional judgment regarding the need for surgery and/or transfer.

Level: Pediatrics, All

**Section Item 5:** For trauma team activations in pediatric designated trauma services, one of the following pediatric physician specialists must respond (within five minutes for level I). Check all that apply; skip to response item 1 if not pediatric designated.

- A pediatric surgeon;
  - A pediatric emergency medicine physician;
  - A pediatric intensivist;
  - A pediatrician;
  - A postgraduate year two or higher pediatric resident.

## Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

Note: Only facilities with general surgeons are expected to have full trauma team activations (FTTA). Facilities with no general surgeons can have only modified trauma team activations (MTTA). Facilities with general surgeons can choose to have MTTA as well as FTFA.

**Response Item 1:** Provide the adult and/or pediatric trauma team activation (TTA) protocol(s), outlining the full and modified teams and responses for both. Include the items below in the protocol. Check the boxes indicating items included:

- Staff/providers authorized to activate the trauma team.
- Adult and pediatric trauma patient physiologic, anatomic, and/or mechanism of injury criteria for full and modified TTA. (Consider the Department of Health FTFA Criteria guideline as a basis to develop FTFA criteria. See Glossary).
- List members of the full trauma team required to respond for the activation.
- List members of the modified trauma team (if used) required to respond for the activation.
- Procedure to upgrade to a full trauma team activation when newly acquired information warrants additional resources.
- How a “walk-in” patient is evaluated to determine the need for TTA.
- How a patient transferred-in from another facility is evaluated for TTA (if applicable).