

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 164
Effective Date: 03/01/2012
Review Date: 03/01/2015

SUBJECT: TRAUMA CENTER REQUIREMENTS LEVEL III

I. PURPOSE

To establish the minimum standards for a level III trauma center designation in San Luis Obispo County.

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Chapter 7

III. POLICY

A. All trauma centers in San Luis Obispo County shall adhere to the minimum requirements set forth in the following:

- 1. California Code of Regulations, Title 22, Division 9, Chapter 7. Trauma Care Systems
- 2. California Health and Safety Code, Division 2.5, Chapter 6. Facilities
- 3. San Luis Obispo County EMS Agency Policies and Procedures
- 4. San Luis Obispo County Trauma System Plan

B. Trauma centers shall be designated Base Hospitals and adhere to all requirements in the Base Station Agreements.

C. Level III trauma center shall have at least the following:

- 1. A trauma program medical director who is a board- certified surgeon (in trauma or general surgery), whose responsibilities include, but are not limited to, factors that affect all aspects of trauma care such as:
 - a) recommending trauma team physician privileges;

- b) working with nursing and administration to support the needs of trauma patients;
 - c) developing trauma treatment protocols;
 - d) determining appropriate equipment and supplies for trauma care;
 - e) ensuring the development of policies and procedures to manage domestic violence, elder and child abuse and neglect;
 - f) having authority and accountability for the quality improvement peer review process;
 - g) correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet standards;
 - h) coordinating pediatric trauma care with other hospital and professional services;
 - i) coordinating with local and State EMS agencies;
 - j) assisting in the coordination of the budgetary process for the trauma program; and
 - k) identifying representatives from neurosurgery, orthopaedic surgery, emergency medicine, pediatrics and other appropriate disciplines to assist in identifying physicians from their disciplines who are qualified to be members of the trauma program.
2. A trauma program manager/nurse coordinator who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of the adult and/or pediatric trauma patient, administrative ability, and responsibilities that include but are not limited to:
- a) organizing services and systems necessary for the multidisciplinary approach to the care of the injured patient;
 - b) coordinating day-to-day clinical process and performance improvement as it pertains to nursing and ancillary personnel; and
 - c) collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program.
3. A trauma service that can provide for the implementation of these requirements and provide for coordination with the EMS Agency.
4. The ability to provide treatment or arrange for transportation to a higher level trauma center as appropriate.
5. An emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care.
6. An Intensive Care Service that:

- a) shall have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director;
 - b) shall have a qualified specialist promptly available to care for trauma patients in the intensive care unit. The qualified specialist may be a resident with two (2) years of training who is supervised by the staff intensivist or attending surgeon who participates in all critical decision making; and
 - c) the qualified specialist in b) above shall be a member of the trauma team.
7. A trauma team that is a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.
 8. Qualified surgical specialist(s) who shall be available as defined in the San Luis Obispo County EMS Agency Trauma Team Availability Policy:
 - a) general surgeon
 - b) orthopedic surgeon
 - c) neurosurgery (may be provided through a transfer agreement)
 9. Qualified non-surgical specialist(s) or specialty availability, which shall be available as defined in the San Luis Obispo County EMS Agency Trauma Team Availability Policy:
 - a) Emergency medicine
 - b) Anesthesiology. This requirement may be fulfilled by senior residents or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and of providing any indicated treatment and are supervised by the staff anesthesiologist.
 - c) Available for consultation or consultation and transfer agreements for adult and pediatric trauma patients requiring the following services:
 - (1) Burn care
 - (2) Pediatric care
 - (3) Rehabilitation services

D. Trauma centers shall have the following service capabilities:

1. A radiological service that shall have a radiological technician promptly available.
2. A clinical laboratory service that shall have:
 - a) a comprehensive blood bank or access to a community central blood bank; and
 - b) clinical laboratory services immediately available.

3. A surgical service that shall have an operating suite that is available or being utilized for trauma patients and that has:
 - a) operating staff who are available as defined in the San Luis Obispo County EMS Agency Trauma Team Availability Policy unless operating on trauma; and
 - b) appropriate surgical equipment and supplies as determined by the trauma program medical director.

- E. Written transfer agreements with Level I or II trauma centers, Level I or II pediatric trauma centers, or other specialty care centers, for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.

- F. An outreach program, to include:
 1. Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas
 2. Trauma prevention for the general public

- G. Continuing education. Continuing education in trauma care shall be provided for:
 1. Staff physicians
 2. Staff nurses
 3. Staff allied health personnel
 4. EMS personnel
 5. Other community physicians and health care personnel