

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 165
Effective Date: 03/01/2012
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SUBJECT: TRAUMA TEAM AVAILABILITY

I. PURPOSE

To establish standards for the availability of the trauma team at a level II or level III trauma center 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. Prehospital Trauma Alert

1. Prehospital trauma alert is based on the determination by prehospital personnel that patient condition meets trauma patient criteria according to the Trauma Patient Triage and Transport Policy.
2. It is the responsibility of prehospital personnel to record all relevant information and report it to the trauma center.
3. It is the responsibility of the trauma center to request any relevant information that is not volunteered by prehospital personnel.
4. Trauma alert may be received by a trauma center MICN or ED physician.

B. Trauma Team Activation

1. The trauma center ED physician is responsible for the activation of the trauma team.
2. The trauma team shall be activated in the following situations:
 - a) Trauma alert from prehospital personnel
 - b) Notification from a referring hospital of an impending trauma patient transfer
 - c) ED determination that patient condition meets trauma patient criteria
3. The trauma team consists of the following resources:
 - a) Trauma/general surgeon: responds with trauma team activation
 - b) ED physician: responds with trauma team activation

- c) Trauma nurse: responds with trauma team activation
 - d) Respiratory therapy: responds with trauma team activation
 - e) Radiology: responds as requested
 - f) Laboratory: responds as requested
 - g) Operating room and surgical service: responds as requested
 - h) Surgical specialists: responds as requested – see Trauma Team Response Standards for the types of surgical specialists required for level II and level III trauma centers.
4. A general surgeon capable of treating adult and pediatric trauma patients shall be promptly available for trauma team activation and consultation.
 5. The trauma center ED physician may de-activate (cancel) the trauma team based on an updated report from prehospital ALS personnel or the initial ED assessment that the patient condition no longer meets trauma patient criteria. The decision to de-activate (cancel) the trauma team shall be documented.
 6. Trauma centers shall develop internal trauma team policies that detail trauma team activation and response processes including documentation of all times for alert, activation, response and consultation.
 7. Trauma centers shall maintain a log of all trauma team members on-call, including back up on-call coverage.

C. Level III Trauma Team Response Standards

Surgical Specialists:	Response:
Trauma/general surgeon	In ED within 30 minutes or on patient arrival 80% of the time
Neurosurgery	In ED within 30 minutes Consultation: Reply within 5 minutes (can be provided through a transfer agreement)
Orthopaedic surgery	In ED within 30 minutes Consultation: Reply within 5 minutes
Surgical Services:	Response:
Operating room service	Available within 30 minutes
Burns	Available for consultation or consultation and transfer agreements
Cardiothoracic	
Pediatric	
Reimplantation/microsurgery	
Non-surgical specialists:	Response:
Emergency medicine	In-house and immediately available
Trauma nurse	
Respiratory therapy	
Radiology	
Laboratory	
Anesthesiology	Within patient arrival to OR
Available for consultation:	
Cardiology	

Gastroenterology
Hematology
Infectious diseases
Internal medicine
Nephrology
Neurology
Pathology
Pulmonary medicine

3. On-call back-up coverage is required to meet the same response times, starting at initial trauma activation.