

Tuolumne County Emergency Medical Services Agency  
EMS System Policies and Procedures

---

---

**Policy: Level III Trauma Center Standards**

**#534.30**

Medical Director:

EMS Coordinator:

Creation Date: 05-05-2004

Revision Date: 11-28-2018

Review Date: 11-2018

---

---

I. AUTHORITY

Division 2.5, California Health and Safety Code, Section 1797.220. Division 9, Title 22, California Code of Regulations, 100263 & 100265.

II. DEFINITIONS

- A. Adult patient means a patient age 15 years or older.
- B. Immediately available or Immediately means:
1. Unencumbered by conflicting duties or responsibilities;
  2. Responding without delay when notified; and
  3. Being physical available to the specified area of the trauma center when the patient is delivered in accordance with Tuolumne County EMS Agency Policy.
- C. On-call means agreeing to be available to respond to the trauma center in order to provide a defined service.
- D. Pediatric patient means a patient age newborn through 14 years.
- E. Promptly available or Promptly means:
1. Responding without delay when notified and requested to respond to the hospital; and
  2. Being physically available to the specified area of the trauma center within a period of time that is medically prudent.
- F. Qualified Specialist or Qualified Surgical Specialist or Qualified Non-Surgical Specialist means a physician licensed in California who is board certified or eligible for board certification in a specialty by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialties, a Canadian board or other appropriate foreign specialty board as determined by the American Board of Medical Specialties for that specialty.
1. A non-board certified physician may be recognized as a qualified specialist by the Tuolumne County EMS Agency if:

- a. The physician can demonstrate to the appropriate hospital body and the hospital is able to document that he/she has met requirements which are equivalent to those of the Accreditation Council of graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada;
  - b. The physician can clearly demonstrate to the appropriate hospital body that he/she has substantial education, training and experience in treating and managing trauma patients which shall be tracked by the trauma quality improvement program; and
  - c. The physician successfully completed a residency program.
- G. Trauma patient means a patient who is identified by Tuolumne County EMS Agency Policy as needing to be managed by the trauma care system.
- H. Trauma resuscitation area@ means a designated area within a trauma center where trauma patients are evaluated upon arrival.

### III. PURPOSE

The purpose of this policy is to establish the standards for Level III Trauma Center designation by the Tuolumne County EMS Agency.

### IV. POLICY

- A. Level III trauma center designation process is open to all interested and eligible hospitals in Tuolumne County.
- B. General Requirements:
  - 1. The Hospital shall be licensed by the State Department of Health Services as a general acute care hospital.
  - 2. The Hospital shall have a special permit for Basic or Comprehensive Emergency Medical Services pursuant to Division 5, Title 22 of the California Code of Regulations.
  - 3. The Hospital shall have and maintain accreditation by the Joint Commission on Accreditation of Health Care Organizations.
  - 4. The Hospital shall agree to periodic evaluations by the Tuolumne County EMS Agency. The Hospital shall agree to pay all reasonable costs directly associated with periodic evaluations.
  - 5. The Hospital shall participate in Tuolumne County EMS system planning and quality improvement activities.

- C. Clinical and Operational Requirements: the Hospital shall have and maintain:
1. The capability of providing prompt assessment, resuscitation and stabilization of trauma patients.
  2. The ability to provide treatment or arrange for transportation to a higher level trauma center as appropriate.
  3. A trauma service which can provide for the implementation of the requirements and standards established herein and provide for trauma system coordination with the Tuolumne County EMS Agency.
  4. An emergency department, division, service or section staffed so that trauma patients are assured of immediate and appropriate initial care.
  5. A multi-disciplinary trauma team led by a qualified surgical specialist or emergency medicine physician which shall be responsible for the initial resuscitation and management of trauma patients.
  6. An intensive care service:
    - a. The intensive care unit (ICU) shall have appropriate equipment and supplies as determined by the physician responsible for intensive care service and the trauma program medical director;
    - b. The ICU shall have a qualified specialist promptly available to care for trauma patients in the ICU. 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;
    - c. The qualified specialist in (b) above shall be a member of the trauma team.
  7. Qualified surgical specialists on-call and promptly available from inside or outside the hospital as follows:
    - a. Surgical specialties:
      - (1) General surgery;
      - (2) Orthopedic surgery;
      - (3) Neurosurgery provided through a written transfer agreement with a Level I/II Trauma Center and a Level I/II Pediatric Trauma Center.

- b. Surgical specialists on call for a Level III Trauma Center shall be promptly available to trauma patients of that facility or shall make arrangements for another surgical specialist to be available as a back-up in the event that the on call specialist is occupied at another facility.
  - c. Surgical specialists while on call shall not be occupied with **elective** surgical procedures that are expected to prevent surgeon availability for more than 30 minutes, unless arrangements have been made for back-up call coverage during the elective procedure.
  - d. If response of the qualified surgical specialist exceeds 30 minutes, the trauma team leader shall consider the immediate transfer of the patient to a higher level trauma center with an available qualified surgical specialist based on the risks and benefits of transfer.
8. Qualified non-surgical specialists available as follows:
- a. Emergency medicine in-house and immediately available.
  - b. Anesthesiology, on-call with a mechanism established to ensure that the anesthesiologist is in the operating suite when the patient arrives in the operating suite consistent with established specialty guidelines. 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 emergent anesthesia treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist on-call shall be advised about the patient, be promptly available at all times and be present for all operations.
9. Radiological service that at a minimum has:
- a. One (1) licensed radiological technologist promptly available at all times for general radiologic procedures;
  - b. Computerized tomography (CT), for both head and body, with a licensed radiological technologist qualified in CT promptly available at all times;
  - c. Hospital may use the same licensed radiological technologist in meeting the aforementioned requirements.
10. Clinical laboratory service that at a minimum has:
- a. A comprehensive blood bank or access to a community central blood bank;
  - b. Clinical laboratory service promptly available.

11. Surgical service that at a minimum has:
  - a. One (1) operating suite available or being utilized for trauma patients;
  - b. Operating staff who are promptly available;
  - c. Thermal control equipment for patients and blood products;
  - d. Radiologic procedure capability.

D. Additional Services and Transfer Agreements:

1. Hospital shall have written transfer agreements with specialty care centers providing for the prompt transfer of patients with special needs including patients requiring:
  - a. Burn Care;
  - b. Pediatric care and pediatric intensive care;
  - c. Rehabilitation services; and
  - d. Re-implantation.
2. Hospital shall have written transfer agreements with Level I and Level II Trauma Centers and Level I and II Pediatric Trauma Centers providing for the immediate transfer of patients requiring additional resources or a higher level of care.

E. Administrative Requirements:

1. The trauma service established by the Hospital shall be organized and directed by a trauma program medical director who is an expert in and committed to the care of trauma patients. The trauma program medical director shall be a board certified surgeon or be eligible for board certification, whose responsibilities include:
  - a. Recommending trauma team privileges;
  - b. Working with nursing administration to support the nursing needs of trauma patients;
  - c. Developing trauma treatment protocols;
  - d. Having the authority and accountability for the quality improvement peer review process;
  - e. Correcting deficiencies in trauma care or excluding from trauma call those trauma team members who no longer meet the standards of the quality improvement program and;
  - f. Assisting in the coordination of budgetary process for the trauma program.
2. The Hospital shall provide for the ongoing coordination of the trauma program by a trauma nurse coordinator who, in

collaboration with the trauma program medical director, monitors and coordinates the trauma program including:

- a. Organizing services and systems necessary for the multi disciplinary 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;
- c. Collaborating with the trauma program medical director in carrying out the educational, clinical, research, administrative, outreach and quality improvement activities of the trauma program;
- d. Supervision of the trauma registry.

3. The trauma nurse coordinator shall:

- a. Minimally be half-time in the position of trauma nurse coordinator;
- b. Be licensed as a Registered Nurse in the State of California;
- c. Have demonstrated experience in trauma care as defined by a minimum of five (5) years recent experience in one or more of the following areas:
  - (1) Trauma program care/management;
  - (2) EMS program care/management;
  - (3) Emergency department care/management;
  - (4) Critical care management.
- d. Maintain current continuing education (CE) as follows:
  - (1) Trauma Nurse Core Course (TNCC) or approved equivalent;
  - (2) Ten (10) hours of CE per year in trauma care or trauma program management.

4. The trauma program medical director in cooperation with the Tuolumne County EMS Agency shall develop policies regarding the type and number of trauma team members, levels of trauma team activation and trauma team membership requirements.

F. Quality Improvement: Hospital shall have a trauma service quality improvement program to include structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes and take steps to correct the process. In addition the program shall include:

1. A detailed audit of all trauma related deaths, major complications, patient transfers and all in-house ICU pediatric admissions;
2. A multi disciplinary trauma peer review committee that includes all members of the trauma team;

3. Participation in the Tuolumne County EMS Agency trauma evaluation committee;
  4. A written policy establishing a system for patients, parents/legal guardians of minor children who are patients and immediate family members to provide input and feedback to hospital staff regarding the care provided to the patient.
- G. Outreach: The Hospital shall have an outreach program to include:
1. The capability to provide both telephone and on-site consultations with physicians in the community; and
  2. Trauma prevention for the general public.
- H. Continuing Education: The Hospital shall provide continuing education in trauma care, including courses in Trauma Nurse Core Course (TNCC) or approved equivalents for:
1. Staff physicians;
  2. Staff nurses;
  3. Staff allied health personnel;
  4. EMS personnel; and
  5. Other community physicians and health personnel.