

11-0102C – Level IV Trauma Center Requirements

AUTHORITY:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 7, 100264

PURPOSE:

In addition to the requirements listed in the Trauma Care Systems policy, the following standards define Level IV Trauma Centers for the Nor-Cal EMS region.

POLICY:

A Level IV Trauma Center is a licensed Receiving Facility, which has met the State requirements and has successfully been designated as a Level IV Trauma Center in the Nor-Cal EMS region.

ROLE:

Small rural facilities with a commitment to resuscitate trauma patients based on ATLS guidelines. This facility is a hospital primarily staffed by family physicians with intermittent or no general surgeon at the facility. The Level IV Trauma Center will include equipment, resources, and personnel knowledgeable in the treatment of adult and pediatric trauma patients necessary for initial stabilization and transfer of the Critical Trauma Patient. The goal of the Level IV Trauma Center is to stabilize and facilitate transfer of the trauma patient to a higher level Trauma Center with the capabilities to meet the patient's needs.

TRAUMA PROGRAM:

Trauma programs shall provide for the implementation of the requirements specified in the Trauma Care Systems Module and provide for coordination with the State and local EMS agency. The Level IV trauma program and shall include the following:

1. Trauma Program Medical Director who is a qualified specialist and who can be the Emergency Department Medical Director, and 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 (i.e., trauma call scheduling, diversion authorization process, etc.);
 - c. Developing trauma treatment protocols;
 - d. Having 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 standards of the quality improvement program;
 - f. Assisting in the coordination of the budgetary process for the trauma program.
2. Trauma Program Manager who collaborates with the Trauma Program Medical Director in carrying out the educational, clinical, research, administrative and outreach activities of the trauma program. See the Trauma Care Systems Policy #[11-0105 Trauma Program Manager](#) for further details.
3. The capability of providing prompt assessment, resuscitation and stabilization to the trauma patient.
4. The ability to provide treatment or arrange for transportation to a higher-level trauma center as appropriate.
5. An emergency department with necessary equipment to accommodate both adult and pediatric multi-system-injured trauma patient and staffed so that the patient(s) is assured of immediate and appropriate initial care.
6. A trauma team, which will be a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

TRAUMA CENTER RESPONSE POLICIES AND PROCEDURES:

7. Identification of appropriate staff/team(s) to be activated for trauma patients. Call schedules will identify individuals by name and will be date and time specific.
8. If applicable, individual (by position) responsible for notification of the resuscitation team and the trauma team.
9. Procedure for activation (notification) of the resuscitation team and if applicable, the trauma team.
10. Determining appropriate equipment and supplies for trauma care.
11. If applicable, tiered levels of response to trauma patients, as defined in regional policy.
12. If applicable, making a surgical suite available for Critical Trauma Patients.
13. Notification of other surgical or non-surgical specialties.
14. Documentation of compliance with this policy and the response times of other trauma team members and if applicable, the time surgeon paged and time of arrival of trauma surgeon to the patient's bedside.
15. Identification guidelines of patients who should be transferred out to a higher level trauma center or specialty care center.

TRAUMA TEAM AVAILABILITY:

1. Trauma Resuscitation Team: A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient shall be ***immediately available***.
2. Trauma Team: If available, shall have a trauma team that consists of a trauma surgeon, anesthesiologist, and operating room crew and if team is available, shall be ***immediate available*** and respond as clinically indicated. If and when the trauma surgeon is available on call, but not present in the Trauma Resuscitation Area on patient arrival, a Qualified Emergency Medicine Specialist shall direct the team until the arrival of the trauma surgeon.

TRAUMA SERVICE AVAILABILITY:

1. An Emergency department, division, service, or section staffed so that trauma patients are assured of immediate and appropriate initial care.
2. Emergency Physician: A Qualified Emergency Medicine Specialist shall be ***immediately available*** at all times, 24 hours a day and may be on-call. The emergency physician directs the resuscitation team until the patient is transferred out or (if available) until the trauma surgeon arrives.
3. If applicable or when a trauma team is available at the Level IV Trauma Center:
 - a. Trauma Surgeon: A general surgeon is available and capable of evaluating and treating adult and pediatric patients, s/he may be on call from outside of the facility provided that s/he is ***immediately available*** and responds ***as clinically indicated*** from the time the Trauma Notification is made. If a patient has greater than thirty (30) minute ETA, the surgeon shall meet the patient upon arrival.
 - b. Anesthesiologist: A mechanism will be established to ensure that the anesthesiologist is in the operating room when the patient arrives in the surgical suite. If Registered Nurse Anesthetists are utilized, see additional requirements in Title 22, Division 9, Chapter 7, Section 100263(J)(2), to fulfill requirements or an exception for the anesthesiologist requirement may be requested through an application process from the EMS Authority.
4. Surgical Service: An operating room must be adequately staffed and readily available in a timely manner. The criterion can be met by a team on call from outside the hospital. If an on-call team is used, availability of the operating room personnel and the timeliness of starting operations must

OTHER SERVICE CAPABILITIES/AVAILABILITY:

1. Radiological service: The radiological service will have a radiological technician ***promptly available***, capable of performing plain film radiograph.
2. Clinical Laboratory service: A clinical laboratory service will be ***promptly available*** and have a comprehensive blood bank or access to a community central blood bank and clinical laboratory services.
3. Written transfer agreements with Level I or Level II trauma centers, Level I or II pediatric trauma centers or other specialty care centers, for the immediate transfer of those patients for whom stabilization and the most appropriate medical care requires additional resources.
4. Outreach Program: This program shall include:
 - a. Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas and
 - b. Trauma prevention for the general public.

TRAUMA EDUCATION:

1. Trauma Center Education –
 - a. A minimum of eight (8) hours per year of trauma related CME/CE will be provided for staff physicians, staff nurses, staff allied health personnel, EMS personnel and other community physicians and health care personnel.
 - Nurses who are involved in the trauma program shall have their educational needs identified and served.
 - Cooperative arrangements with other facilities may enhance available educational programs and reduce unnecessary duplication.
 - b. Participation in Rural Trauma Team Development Course.
2. Trauma Resuscitation Team Continuing Education -
 - a. Trauma Surgeons –
 - Successful completion of the ATLS Course, at least once, is required for all general surgeons on the trauma team. It is suggested that current ATLS status is maintained.
 - Eight (8) hours of trauma-related CME shall be obtained annually and may be documented over a three year period. During this three-year period, one-half of the 16 hours should be obtained outside the surgeon's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
 - b. ED Physicians -
 - Emergency medicine physicians who are board certified in emergency medicine are not required by the local EMS agency to complete an advanced trauma life support (ATLS) course.
 - Physicians not board certified in emergency medicine must complete an ATLS course. It is suggested that ATLS status is maintained.
 - Eight (8) hours of trauma-related CME shall be obtained annually and may be documented over a three year period. During this three-year period, one-half of the trauma CME hours must be obtained outside the physician's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.

- c. Emergency Department Trauma Nurses:
- Successful completion of the Trauma Nurse Core Curriculum (TNCC) or a national equivalent is required for all Emergency Department nurse within one (1) year of hire.
 - (1) This national trauma certification shall be maintained by all nurses responding to the resuscitation of trauma patients from the field.
 - (2) Upon renewal of the TNCC or the national equivalent, a nationally recognized trauma certification that exceeds this minimum certification may be maintained in its place.
 - Current ACLS and PALS certification required within one (1) year of hire.
 - Six (6) hours of trauma-related continuing education shall be obtained annually and may be documented over a three year period of time. During this three-year period, one-half of these hours shall be obtained outside the nurse's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
- d. Critical Care Nurses:
- Successful completion of the Trauma Nurse Core Curriculum (TNCC) or a national equivalent is required for all critical care nurses within one (1) year of hire.
 - (1) This national trauma certification shall be maintained by all nurses responding to the resuscitation of trauma patients from the field.
 - (2) Upon renewal of the TNCC or the national equivalent, a nationally recognized trauma certification that exceeds this minimum certification may be maintained in its place.
 - ACLS and PALS certification required within one (1) year of hire.
 - CCRN recommended.
 - Six (6) hours of trauma-related continuing education shall be obtained annually and may be documented over a three-year period of time. During this three-year period, one-half of these hours shall be obtained outside the nurse's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
- e. Staff allied health personnel:
- Six (6) hours of trauma-related continuing education shall be obtained annually and may be documented over a three-year period of time. During this three-year period, one-half of these hours shall be obtained outside the allied health personnel's own facility. Programs given by visiting professors, physicians and invited speakers are considered outside education.
- f. EMS personnel, other community physicians and health care personnel:
- Provide for an annual educational opportunity related to the care and transport of the trauma patient.
 - Provide informal opportunity to participate in case reviews and trauma rounds.