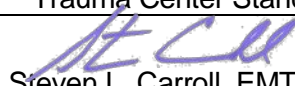
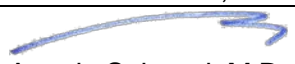


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Trauma Center Standards		Policy Number 1406	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2014	
APPROVED: Medical Director:	 Angelo Salvucci, M.D.	Date: June 1, 2014	
Origination Date:	July 1, 2010		
Date Revised:	February 9, 2012	Effective Date: June 1, 2014	
Date Last Reviewed:	March 29, 2017		
Review Date:	March, 2020		

- I. PURPOSE: To establish Ventura County Trauma Center facility and personnel standards for trauma patient care. To obtain and maintain designation as a Level II Trauma Center, the Trauma Center shall be in compliance with the standards contained in this policy.
- II. AUTHORITY: Health and Safety Code, § 1798, 1798.165 and 1798.170, California Code of Regulations, Title 22, Division 9, Chapter 7.
- III. DEFINITIONS:
 - A. “On-site” means being physically present within the patient treatment area at all times.
 - B. “In-house” means being physically present in the trauma center and responding immediately upon trauma team activation. Arrive to the patient treatment area within ten (10) minutes of placement of call with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than fifteen (15) minutes from time call is placed.
 - C. “Immediately available” means: a) dedicated to the trauma center while on duty, b) unencumbered by conflicting duties or responsibilities; c) responding without delay when notified; and d) being physically present within the patient treatment area when the patient arrives or within fifteen (15) minutes of placement of call, whichever is later, and not to exceed fifteen (15) minutes from patient arrival, with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than thirty (30) minutes from time call is placed.
 - D. “Promptly available” means arrival to the patient treatment area within thirty (30) minutes with a minimum documented compliance rate of 80% for each calendar month, and in no case greater than forty-five (45) minutes, from time call is placed.

- E. “On-call” requires the specified healthcare professional to be available to respond for trauma care in a defined manner and time period (i.e., immediately available, promptly available).

IV. POLICY:

A. General Provisions

1. California Statutes and Regulations: Trauma Centers will meet all applicable requirements set forth in California Health and Safety Code, Division 2.5, Chapter 6, Article 2.5 and California Code of Regulations, Title 22, Division 9, Chapter 7.
2. American College of Surgeons Committee on Trauma (ACS-COT) standards:
 - a. Trauma Centers will obtain within three (3) years of designation by VCEMS, and continuously maintain, ACS-COT Level II Trauma Center verification.
 - b. Trauma Centers are required to continuously comply with ACS-COT trauma center verification standards, as determined by VCEMS through the QI program and other oversight activities.
3. VCEMS may establish standards that exceed the requirements above.

B. Trauma System Activation

Trauma centers will accept all patients that meet trauma triage criteria, as described in VCEMS Policy 1405, except when on diversion per VCEMS Policy 402.

C Interfacility Transfers

1. As an inclusive trauma system, all hospitals will have a role in providing trauma care to injured patients. All Ventura County trauma centers are required to establish and maintain transfer agreements with each of the Ventura County hospitals.
2. The trauma center is obligated to immediately accept all patients who meet trauma transfer criteria from hospitals in Ventura County per VCEMS Policy 1404.
3. To initiate a transfer, a call shall be placed by the transferring hospital emergency physician or surgeon to the trauma center on-call trauma surgeon or designee. The verbal report for transfer shall be physician to physician.

4. The transferring hospital, in consultation with the trauma center, will be responsible for obtaining the appropriate level of transportation. Consideration of transport modality (e.g., ground vs. air) should be a collaborative decision between transferring hospital and the trauma center.

D. Response Requirements:

Staff response times will be documented in the patient care record and trauma registry for VCEMS review.

1. Surgical Service:

Availability: an operating suite is continuously available or being utilized for trauma patients and has operating staff who are on-call and promptly available unless operating on trauma patients.

2. General Surgeon:

- a. Availability: On-call and immediately available for highest level of trauma team activation, and available within one (1) hour of the time of call for other trauma team activations or consultation when requested by the emergency physician.
- b. Advised of all trauma patient admissions;
- c. Participate in major therapeutic decisions;
- d. Present in the emergency department for all major trauma resuscitations; and
- e. Present in the operating room for all procedures.

3. Emergency Medicine:

Availability: On-Site

4. Respiratory Therapist:

Availability: In House

5. Radiology Technician:

Availability: In House

6. CT Technician:

Availability: On call and immediately available

7. Radiologist:

Availability: On-call and promptly available

8. Interventional Radiology Service and Interventional Radiologist

- a. Includes diagnostic and therapeutic procedures

- b. Availability: On-call and promptly available
- 9. Ultrasound Service
Availability: On-call and promptly available
- 10. Anesthesiology:
Availability: On call and promptly available
- 11. Clinical Laboratory:
Availability: On-Site (within the lab)
- 12. Neurosurgery:
Availability: On-call and promptly available
- 13. OB/GYN Service:
Availability: On-call and promptly available
- 14. Orthopedics:
Availability: On-call and promptly available
- 15. Ophthalmologist:
Availability: On-call and promptly available
- 16. Oral or Maxillofacial, or Head and Neck Service:
Availability: On-call and promptly available
- 17. Plastic Surgery:
Availability: On-call and promptly available
- 18. Reimplantation/Microsurgery:
 - a. Availability: On-call and promptly available
 - b. If reimplantation/microsurgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed the reason(s) must be documented in the patient's chart.
- 19. Urologist
Availability: On-call and promptly available
- 20. Thoracic Surgery:
Availability: On-call and promptly available
- 21. Critical Care Services:
Availability: On-site within the critical care area
- 22. Critical Care Physician

Availability: On-call and promptly available

23. Cardiac Surgery:
 - a. Availability: On-call and promptly available if cardiac surgery is available at the trauma center
 - b. If cardiac surgery is provided via a transfer agreement, the patient shall be transferred out within one (1) hour of arrival at that trauma center, unless other life threatening conditions take precedent as determined by the staff trauma surgeon. If transfer is delayed, the reason(s) must be documented in the patient's chart.
24. Additional Specialty Services:
 - a. Burn Center. These services may be provided through a written transfer agreement with a burn center.
 - b. Acute hemodialysis capability.
 - c. Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a rehabilitation center.
 - d. A pediatric intensive care unit approved by the California State Department of Health Services' California Children Services (CCS); or a written transfer agreement with an approved pediatric intensive care unit. Hospitals without pediatric intensive care units shall establish and utilize written criteria for consultation and transfer of pediatric patients needing intensive care
25. Available Consultations:

The following specialist(s) or specialty service(s) will be available for consultation and respond by phone to a call within thirty (30) minutes.

 - a. Cardiology
 - b. Gastroenterology
 - c. Hand Surgery
 - d. Hematology
 - e. Infectious Diseases
 - f. Internal Medicine
 - g. Nephrology
 - h. Neurology
 - i. Pathology

- j. Pulmonary Medicine
- E. Heliport

Trauma Centers are required to operate and maintain a State-permitted heliport, on or immediately adjacent to the hospital, as described in California Code of Regulations Title 21, § 3554.
- F. Prehospital Personnel
 1. Trauma centers will have a written agreement with the Ventura College School of Prehospital and Emergency Medicine that allows paramedic students to schedule and experience their clinical rotations at the trauma center, as well as perform clinical procedures (e.g., endotracheal intubation, intravenous access) on patients.
 2. Trauma centers will allow EMT and paramedic personnel to perform clinical skills for continuing education and remediation purposes as directed by the VCEMS CQI program.
- G. Base Hospital
 1. Trauma Centers must be designated by VCEMS as a Base Hospital and comply with all requirements in VCEMS Policy 410.
 2. Trauma Centers must employ a minimum of one FTE Prehospital Care Coordinator.