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

AUTHORITY:
Title 22, Division 9, Chapter 7

POLICY:
A Level III Trauma Center is a licensed hospital and a designated Base Hospital which has met the State requirements and has successfully been designated by Nor-Cal EMS as a Level III Trauma Center.

ROLE:
Level III Trauma Center will include equipment and resources necessary for initial stabilization, immediate operative intervention to control hemorrhage, and, in the case of identified critical injuries, stabilization before transfer to a higher level Trauma Center. A significant percentage of patients may remain at the Level III Trauma Centers if their injuries do not require transfer and the facility has the resources necessary to meet the needs of the injured patient.

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 agencies. The Level III trauma program shall include the following:

1. Trauma Program Medical Director who is a board-certified surgeon, 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. Attends and participates in the Regional Trauma Audit Committee meetings as scheduled;
   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.
   g. Having authority and accountability for the quality improvement peer review process.
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 Trauma Program Manager Policy 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 a designated Trauma Resuscitation Area of adequate size and necessary equipment to accommodate a multi-system-injured patient, and staffed so that trauma patient's are assured of immediate and appropriate initial care.

TRAUMA CENTER RESPONSE POLICIES AND PROCEDURES:
The designated Trauma Center will have policies and procedures for defining its response to the trauma patient. These will include:
1. Identification of appropriate staff/team(s) who are to be activated for trauma patients. Call schedules will identify individuals by name and will be date and time specific.

2. Individual (by position) responsible for activation (notification) of the resuscitation and trauma teams, including the trauma surgeon.

3. Procedure for activation (notification) of the resuscitation and trauma teams, including the surgeon.

4. Determining appropriate equipment and supplies for trauma care.

5. If applicable, tiered levels of response to trauma patients, as defined in regional policy.


7. Notification of other surgical or non-surgical specialties.

8. Procedure for documentation of compliance with this policy, including time surgeon paged and time of arrival of trauma surgeon in the trauma resuscitation area, as well as the response times of other trauma team members.

9. Identification guidelines of patients who should be transferred to a higher level Trauma Center or a 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. In the case where the trauma surgeon is 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.

2. Trauma Team: Shall have a trauma team that consists of a trauma surgeon, anesthesiologist, and operating room crew and SHALL be promptly available or respond as clinically indicated.

TRAUMA SERVICE AVAILABILITY:

1. Emergency Physician: A Qualified Emergency Medicine Specialist is in-house, immediately available at all times, 24 hours a day, and directs the resuscitation team until the patient is transferred out or until the trauma surgeon arrives.

2. Trauma Surgeon: A general surgeon capable of evaluating and treating adult and pediatric patients shall be on call at all times, 24 hours a day and shall be:
   a. Promptly available for Tier I Activations. A surgeon may be on call from outside of the facility provided that he/she is promptly available from the time the Trauma Notification is made or if a patient has greater than a thirty (30) minute ETA, the surgeon shall meet the Critical Trauma Patient upon arrival in the Trauma Resuscitation Area.
   b. Promptly available for Tier II Activations or as clinically indicated.

3. Anesthesiologists: Shall be promptly available, with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives in the surgical suite. If Certified Registered Nurse Anesthetists (CRNA) 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 trauma team is used, availability of the operating room personnel and the timeliness of starting operations must be evaluated by the hospital PIPS process and measures implemented to ensure optimal care.

OTHER SPECIALTIES RESPONSE TIMES/AVAILABILITY:

1. Surgical Services- which shall be promptly available:
   a. Orthopedic Surgical Specialists
   b. Neurosurgical Specialists - these services can be provided through a transfer agreement.

2. Non-Surgical Services: These services may be provided through a written transfer agreement.
a. Burn Care  
b. Pediatric Care  
c. Rehabilitation services  

3. Intensive Care Service:  
a. The ICU will have appropriate equipment and supplies as determined by the physician responsible for the intensive care service and the trauma program medical director.  
b. The ICU will have a qualified specialist to care for patients in the intensive care unit and be a member of the trauma team.  

4. Other Service Capabilities:  
a. Radiological service: The radiological service will have **promptly available** a radiological technician capable of performing plain film and preferably computed tomography imaging.  
b. 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.  

5. Additional Resources Needed: Written transfer agreements with Level II Trauma Centers shall be provided for the immediate transfer of those patients for whom the most appropriate medical care requires additional resources.  

6. Outreach Program - This program shall include:  
a. The capability to provide both telephone and on-site consultations with physicians in the community and outlying areas;  
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.  
b. Nurses who are involved in the trauma program shall have their educational needs identified and served.  
c. Cooperative arrangements with other facilities may enhance available educational programs and reduce unnecessary duplication.  

2. Trauma 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 a 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 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.

- 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.