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Trauma Team Availability and Activation (Level II Centers)

I. AUTHORITY: Division 2.5, California Health and Safety Code, Sections 1798.162, 1798.163. California Code of Regulations Section 100255, 100259.

II. DEFINITIONS:

A. "Immediately Available" means:
1. unencumbered by conflicting duties or responsibilities; and
2. responding without delay when notified; and
3. being physically available to the specified area of the trauma center when the patient is delivered.

B. "On-call" means agreeing to be available to respond to the trauma center in order to provide a defined service.

C. "Promptly Available" means:
1. responding without delay when notified and requested to respond, and
2. being physically available to the specified area of the trauma center within a time frame that is medically prudent and in accordance with EMS agency policies.

D. "Trauma Team" means a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.

E. "Trauma Activation" means a trauma team response to a patient that meets the trauma triage criteria as shown in Policy 553.25.

III. PURPOSE

To establish criteria for the notification, availability and response of the trauma team at designated Trauma Centers.

IV. POLICY

A. Trauma Activation:

1. Designated Trauma Centers shall develop internal activation policies. Implementation of these policies will only occur after written approval from the Mountain-Valley EMS Medical Director.
2. Trauma Center activation policies can change based upon Trauma Audit Committee recommendations or outcomes. Implementation of the changes will occur only after written approval from the Mountain-Valley EMS Medical Director.
3. Until the Trauma Center has an activation policy that has been approved by the Mountain-Valley EMS Medical Director, the activation criteria in appendix A shall be used.

B. Trauma Team Notification:

The Trauma Center will notify all members of the trauma team within two minutes of receiving the initial trauma alert either from the DCF, pre-hospital personnel, or from the Emergency Department.

C. Backup Trauma Team:

If the primary trauma team is committed to surgery on a major trauma patient, a back up trauma team must be available and able to respond within thirty (30) minutes.

D. Anesthesiologist:

The Trauma Center shall have a mechanism to ensure that the anesthesiologist is physically present in the operating room upon arrival of the patient to the operating room.

E. Other specialties that are on-call and promptly available for consultation via telephone within 20 minutes of time that the call is placed and able to meet the patient within a time that is medically prudent for the standard of care for that surgical specialty:

1. Neurosurgery
2. Obstetric/gynecologic
3. Ophthalmologic
4. Oral or maxillofacial or head and neck
5. Orthopedic
6. Plastic
7. Urologic

F. Other specialties that are on-call and promptly available within thirty (30) minutes from outside of the hospital and are available for consultation:

1. Radiology

G. Other specialties that shall be available for consultation:

1. Burns (may be provided through a written agreement)
2. Cardiothoracic
3. Pediatric
4. Reimplantation/microsurgery (may be provided through a written agreement)
5. Spinal cord injury (may be provided through a written agreement)
6. Cardiology
7. Gastroenterology
8. Hematology
9. Infectious disease
10. Internal medicine
11. Nephrology
12. Neurology
13. Pathology
14. Pulmonary medicine

H. Trauma center policies and procedures: All trauma centers shall have the following policies and procedures:

1. Individual (by position) responsible for notification of the trauma surgeon and trauma team.
2. Activation criteria for the trauma teams
3. Trauma team composition
4. Mobilization of back-up trauma teams and personnel
5. Notification of other surgical and non-surgical specialties
6. Documentation of compliance with this policy, including time that the surgeon is notified, time of arrival of the trauma surgeon in the emergency department, and response times of other trauma team members.

Appendix A

Minimum Activation Criteria

Tier I (activation):

Any trauma patient meeting the following criteria will require an immediate response from the trauma team. The trauma surgeon is expected to be in the emergency department upon arrival of the patient with adequate notification from the field. If there is not adequate notification, the trauma surgeon will have 20 minutes from the notification. It is expected that the trauma surgeon response times will be met 90% of the time.

1. GCS of 12 or less with mechanism attributed to trauma
2. Systolic BP 90 mmHg or less
3. Respiratory compromise/obstruction and/or intubation in a patient who is not transferred from another facility
4. GSW or impaled objects to head, neck, and torso
5. Stab wounds to the head, neck, and torso with the following
    a. Excessive blood loss visualized
    b. Evisceration
6. Unstable pelvis or pelvic pain with mechanism attributed to trauma
7. Open or depressed skull fractures
8. Traumatic paralysis
9. Amputation proximal to the wrist or ankle
10. Two or more proximal long bone fractures (humerus or femur)
11. Transfer patients from other hospitals receiving blood to maintain vital signs.
12. Emergency physician's discretion

Tier II (alert):

If the patient does not meet tier I criteria, but meets the following tier II criteria the emergency department physician may elect to delay notification of the trauma surgeon until the initial evaluation is preformed. If injuries are identified that will require an admission to the trauma service, the trauma surgeon will be notified immediately. The trauma surgeon is expected to be physically present in the specified area of the trauma center within 30 minutes from notification. It is expected that the trauma surgeon response times will be met 90% of the time.

1. Mechanism of Injury **with significant compliant or obvious signs of injury**
    a. Unrestrained rollover
    b. Pedestrian vs. vehicle (greater than 10 mph)
    c. Ejection from vehicle (greater than 20 mph)
    d. Fall greater than 3x the patient's height.
    e. All other stab wounds to the head, neck, or torso
    f. Emergency physician's discretion

2. Co-Morbidity factors **with significant compliant and mechanism of injury**
    a. Pregnancy of greater than 20 weeks with complaint
    b. Age greater than 55
    c. Morbid Obesity
    d. Patients with known bleeding disorders or taking anticoagulants (ie: Plavix, Aspirin, Coumadin, etc.)
    e. Patients with major medical disorders

Trauma Consults:

Any patient that requires a trauma consult by the on-call trauma surgeon as requested by a physician will respond in a period of time that is considered medically prudent. Responses will be monitored through TAC process.

Trauma Transfers:

Any trauma patient that has been transferred to the trauma center for a higher level care warrants a prompt trauma evaluation. The trauma surgeon is expected to be physically present in the specified area of the trauma center within 30 minutes of the patients' arrival. It is expected that the trauma surgeon response times will be met 90% of the time.