

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 333 Page 1 of 2
Subject	Trauma Center Criteria	
References	California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7. Trauma Care Systems	Effective 11/08/88

I. POLICY

A trauma center is a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, IV, or Pediatric Level I or II trauma center by the Local EMS Agency. Designated trauma centers for the Central California EMS Region shall adhere to the minimum standards set forth in the California Code of Regulations, Title 22, Division 9, Chapter 7, Trauma Care Services and EMS Agency policy and procedure.

II. PROCEDURE

- A. Trauma centers shall maintain, at all times, the standards required of its designation as a Level I, II, III, IV, or Pediatric Level I or II trauma center in accordance the California Code of Regulations, the Central California EMS Policies and Procedures, and the American College of Surgeons Committee on Trauma (ACS-COT) once verified
- B. All designated trauma centers shall achieve and maintain ACS-COT verification within two (2) years of their initial designation as a trauma center. Copies of consultative visits or verification visits by the ACS-COT shall be submitted to the EMS Agency. Designated trauma centers at the time of this policy shall achieve their ACS-COT verification by January 1, 2016.
- C. In addition to the requirements listed in the Trauma Center Standards, a designated trauma center for the CCEMSA EMS Region shall meet and maintain the following additional requirements:
 - 1. Designated trauma centers shall designate a Trauma Program Medical Director, Trauma Nurse Coordinator/Manager, and an emergency department physician who shall regularly attend the EMS Agency’s Regional Trauma Audit Committee. They each shall attend at least nine (9) of the Regional Trauma Audit Committee meetings each calendar year. The emergency department physician representative shall be a board certified in emergency medicine or maintain current certification in Advanced Trauma Life Support (ATLS) and be a certified base hospital physician.
 - 2. Trauma centers shall be designated Base Hospitals and shall meet all requirements outlined in EMS Policy and Procedure.

Approved By EMS Director	DANIEL J. LYNCH (Signature on File at EMS Agency)	Revision 01/01/2015
EMS Medical Director	JIM ANDREWS, M.D. (Signature on File at EMS Agency)	

Subject	Trauma Center Criteria	Policy Number 333
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3. Trauma centers are expected to provide a full activation of their team resources for patients that meet the triage criteria for major trauma patients. Patients that are hemodynamically stable, without major anatomic injury may be considered for a reduced trauma team response. If a trauma center chooses to implement a tiered trauma team response, a quality assessment and improvement process must be in place to monitor the effectiveness of the care delivery. A copy of the Trauma Centers written procedure on trauma team response, including the process to monitor its effectiveness, must be on file at the EMS Agency.
4. Designated trauma centers shall implement and maintain an EMS Agency approved trauma registry data collection program and provide registry data to the EMS agency on a monthly basis. The trauma registry program used in the CCEMSA is Trauma One by Lancet Technology.
5. Designated trauma centers shall have a written agreement with the Local EMS Agency
6. Designated trauma centers shall have a written transfer agreement with all affiliated trauma care hospitals and appropriate specialty care facilities. A copy of the written agreement shall be on file with the EMS Agency.

D. Immediately Available

Immediately available implies the physical presence of the surgeon in a stated location at the time of need by the trauma patient within 15 minutes 80% of the time, otherwise upon patient arrival with sufficient advanced notice.

E. Promptly Available

Promptly available is defined in this policy as the return of a notification call within 20 minutes and available to the Trauma Center within 30 minutes 80% of the time when requested by the trauma team leader.

**CCEMSA TRAUMA CENTER STANDARDS
SUMMARY OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, CHAPTER 7**

CRITERIA	Level I	Level II	Level PEDS **	Level III	Level IV
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Institutions/Organization					
JACAHO Accreditation	E	E	E	E	E
Proof of licensure as a general acute care hospital in the State of California	E	E	E	E	E
Basic or comprehensive emergency services with special permits	E	E	E	E*	D
Shall have equipment and resources needed for initial stabilization and personnel knowledgeable in the treatment of adult and pediatric trauma (Pediatric TC – pediatric trauma)	E	E	E	E	E
A trauma center must demonstrate substantial medical, administrative, and financial commitment for the level of designation requested. Commitment must be demonstrated and include documentation from the hospitals: Administration Medical Staff Nursing	E*	E*	E*	E*	E*
Level I shall have one of the following patient volumes annually; A minimum of 1200 trauma program hospital admissions or A minimum of 240 trauma patients per year whose Injury Severity Score (ISS) is >15, or An average of 35 trauma patients (ISS >15) per trauma program surgeon per year	E				
A trauma research program	E		E#		
An ACGME approved surgical residency program	E		E#		
Requirements for Trauma Centers					
Pediatric trauma centers must have qualified pediatric personnel and pediatric specific resources for all areas					
Trauma Program Medical Director					
Qualifications					
Board Certified Surgeon or Fellow of ACSE *	E E*	E E*	E E* E#	D	
Board Certified Pediatric Surgeon for Pediatric Trauma Center			E#		
A qualified surgical specialist				E	
A qualified non-surgical specialist					E
Responsibilities include but not limited to:					
Recommending trauma team physician privileges	E	E	E	E	E

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Working with nursing & administration to support needs of trauma patients	E	E	E	E	E
Developing trauma treatment protocol	E	E	E	E	E
Determining appropriate equipment and supplies	E	E	E	E*	E*
Ensuring development of policies/procedures for domestic violence, elder/child abuse/neglect	E	E	E	E*	E*
Having authority & accountability for QI peer review process	E	E	E	E	E
Correct deficiencies in trauma care/exclude team members that don't meet standards	E	E	E	E	E
Coordinating pediatric trauma care with other hospitals/professional services	E	E	E	E*	E*
Coordinating with local and State EMS agencies	E	E	E	E*	E*
Assisting with the coordination of budgetary processes for trauma program	E	E	E	E	E
Identifying representatives from neurosurgery, orthopedic surgery, emergency medicine, pediatrics, and other appropriate disciplines to assist in identifying physicians from their disciplines who are qualified to be members of the trauma team	E	E	E	E*	E*
Trauma Nurse Coordinator/Manager	E	E	E	E	E
Qualifications:					
Registered nurse	E	E	E	E	E
Provide evidence of educational preparation, clinical experience in care of adult and pediatric trauma patients, and administrative responsibilities	E	E	E	E	E
Responsibilities include but not limited to:					
organizing services and systems necessary for multidisciplinary care of the injured patient	E	E	E	E	E
coordinating day-to-day clinical process & performance improvement of nursing and ancillary personnel	E	E	E	E	E
collaborating with trauma program medical director to carry out educational, clinical, research, administrative and outreach activities of the trauma program	E	E	E	E	E
Trauma Service	E	E	E	E	E
Pediatric TC must provide Pediatric Specialist/Services					
Implement requirements of Title 22 and Local policy & coordinate with the EMS agency	E	E	E	E	E

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Capable of providing immediate initial resuscitation and management of the trauma patient	E	E	E		
Capable of providing prompt assessment and stabilization of the trauma patient				E	E
Ability to provide treatment or arrange for transportation to a higher level trauma center				E	E
Trauma Team	E	E	E	E	E
A multidisciplinary team responsible for the initial resuscitation and management of the trauma patient.	E	E	E	E	E
Pediatric trauma center – the pediatric trauma team leader shall be a surgeon with pediatric trauma experience as defined by the trauma program medical director, and Remainder of team shall include physician, nursing and support personnel in sufficient numbers to evaluate, treat, stabilize pediatric patients			E		
SURGICAL DEPARTMENT (S), DIVISION(S), SERVICE(S), SECTION(S): Includes at least the following surgical specialties & staffed by qualified specialists: Pediatric TC must provide Pediatric Specialist					
General Surgery	E	E		E	
Neurologic May be provided through a written transfer agreement for Level III	E	E	E	E	
Obstetric/Gynecologic May be provided through written transfer agreement for Pediatric TC	E	E	E		
Ophthalmologic	E	E	E		
Oral/maxillofacial or head and neck	E	E	E		
Orthopedic	E	E	E	E	
Pediatrics	D	D	E		
Plastic	E	E	E		
Urologic	E	E	E		
Microsurgery/re-implantation (may be through transfer agreement with a hospital that has a department, division, service that provides this service			E		

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NON-SURGICAL DEPARTMENT (S), DIVISION(S), SERVICE(S), SECTION(S):					
Which includes at least the following non-surgical specialties & staffed by qualified specialists:					
Pediatric TC must provide Pediatric Specialist					
Anesthesiology	E	E	E	E	
Internal Medicine	E	E			
Cardiology			E		
Critical Care			E		
Emergency medicine			E		
Gastroenterology			E		
General Pediatrics			E		
Hematology/Oncology			E		
Infectious Disease			E		
Neonatology			E		
Nephrology			E		
Neurology			E		
Pathology	E	E	E		
Psychiatry	E	E	E		
Pulmonology			E		
Rehabilitation/physical medicine, can be provided by written agreement			E	E	
Radiology	E	E	E		
Emergency Department with qualified specialist in emergency medicine, immediately available	E	E	E		
Emergency Department staffed, trauma patients are assured of immediate and appropriate initial care				E	E
QUALIFIED SURGICAL SPECIALIST(S):					
Pediatric TC must have Pediatric specialists in all areas					
General Surgeon capable of evaluating & treating adult and pediatric trauma patients, Board Certified, Immediately available In-house* at all times for trauma team activation and promptly available for consultation	E	E	E	D	

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Pediatric TC may be fulfilled by: A staff pediatric surgeon with experience in pediatric trauma, or A staff trauma surgeon with experience in pediatric trauma, or A senior surgical resident, who has completed 3 clinical years of surgical residency (See resident coverage below)			E		
General Surgeon capable of evaluating & treating adult and pediatric trauma patients, promptly available at all times				E	
Published on-call schedule	E*	E*	E*	E*	
Published back up schedule	E*	E*	E*	E*	
Surgical specialists' requirements may be fulfilled by supervised senior residents as defined in Section 100245 of Title 22 at the Level I, II, or pediatric trauma center.	E	E	E		
Residency coverage: (Pediatric TC must have pediatric specialist) Senior resident must be capable of assessing emergent situations in their respective specialty, and Shall be able to provide overall control and surgical leadership including surgical care if needed, and A supervising, staff trauma surgeon/surgeon with experience in trauma care shall be on-call and promptly available, and A supervising, staff trauma surgeon shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the ED for all major resuscitations and in the OR for a all trauma operative procedures	E	E	E		
Qualified Surgical Specialist On-Call and promptly available Pediatric TC must have Pediatric specialists in all areas					
Neurologic, Dedicated to one hospital or back up call *	E	E	E		
Level III may be provided through a written transfer agreement				E	
Obstetric/Gynecologic Pediatric TC available by Transfer agreement	E	E	E	D	
Ophthalmologic	E	E	E	D	
Oral/maxillofacial or head and neck	E	E	E	D	
Orthopedic, Dedicated to one hospital or back up call *	E	E	E	E	
Plastic	E	E	E	D	

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Reimplantation/microsurgery capability. May be provided through transfer agreement	E	E	E		
Urologic	E	E	E	D	
Cardiothoracic	E		E#	D	
Pediatrics	E				
Pediatric neurologic			E#		
Pediatric ophthalmologic			E#		
Pediatric oral or maxillofacial or head and neck			E#		
Pediatric orthopaedic			E#		
Surgical service- available for consultation or by transfer agreements					
Burns	E	E	E	E	
Cardiothoracic		E	E	D	
Pediatrics		E		E	
Re-implantation/Microsurgery	E	E	E		
Spinal cord injury	E	E	E	D	
QUALIFIED NON-SURGICAL SPECIALIST(S):					
Emergency Medicine					
Board Certified, in-house , immediately available at all times	E	E	E	E	
Emergency medicine physicians, board certified in emergency medicine shall not be required to complete ATLS.	E	E	E		
Current ATLS is required for all emergency medicine physicians who are qualified specialist in a specialty other than emergency medicine	E	E	E	D	
Residency coverage					
Maybe be fulfilled by supervised senior residents as defined in Section 100245 or Title 22, in emergency medicine, who are assigned to ED and serving in the same capacity.	E	E			
The senior resident shall be capable of assessing emergency situation in trauma patients and providing initial resuscitation.	E	E	E		
Pediatric trauma center:					
May be fulfilled by a qualified specialist in pediatric emergency medicine; or			E		
A qualified specialist in emergency medicine with pediatric experience; or			E		

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A subspecialty resident in pediatric emergency medicine who has completed at least one year of subspecialty residency in pediatric emergency medicine, and			E		
A supervising qualified specialist in pediatric emergency medicine, or emergency medicine with pediatric experience shall be promptly available,			E		
A supervising qualified specialist on-call shall be notified of all patients requiring resuscitation, operative surgical intervention or ICU admission.			E		
Anesthesiology Immediately available at all times, may be fulfilled by senior residents or CRNAs capable of assessing emergent situations, providing treatment, and supervised by staff anesthesiologist. The staff anesthesiologist on-call shall be promptly available at all times and present for all operations.	E	D	E# D	D	
Promptly available and must be in operating room when patient arrives, may be fulfilled by senior residents or CRNAs capable of assessing emergent situations, providing treatment, and supervised by staff anesthesiologist. The staff anesthesiologist on-call shall be promptly available at all times and present for all operations.		E	E	D	
On-call and promptly available and must be in operating room when patient arrives, may be fulfilled by senior residents or CRNAs capable of assessing emergent situations, providing treatment, and supervised by staff anesthesiologist. The staff anesthesiologist on-call shall be promptly available at all times and present for all operations.				E	
Radiology, promptly available	E	E	E	E	
Qualified non-surgical specialists available for consultation. Pediatric trauma centers must have qualified specialists with pediatric experience; pediatric TC - may be provided through transfer agreement					
Cardiology	E	E			
Gastroenterology	E	E			
Hematology	E	E		D	
Infectious Diseases	E	E		D	

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Internal medicine	E	E		D	
Nephrology	E	E		D	
Neurology	E	E		D	
Pathology	E	E		D	
Pulmonary Medicine	E	E		D	
Adolescent medicine			E		
Child development			E		
Genetics/dysmorphology			E		
Neuroradiology			E		
Obstetrics			E		
Pediatric allergy and immunology			E		
Pediatric dentistry			E		
Pediatric endocrinology			E		
Pediatric pulmonology			E		
Rehabilitation/physical medicine			E		
<p>Pediatric Critical Care - in-house, immediately available, fulfilled by: Qualified specialist in pediatric critical care medicine, or Qualified specialist in anesthesiology with experience in pediatric critical care; or Qualified surgeon with expertise in pediatric critical care, or A physician who has completed at least 2 years of residency in pediatrics. When a senior resident is responsible for critical patient care, there shall be a qualified specialist in pediatric critical care or qualified specialist in pediatric anesthesiology on-call and promptly available, and, is advised of all patients requiring admission to the PICU and participate in all major decisions and interventions.</p>			E		
The qualified pediatric PICU specialist shall be immediately available, advised of all admitted patients to the PICU, and shall participate in all major therapeutic decisions and interventions			E#		
<p>Pediatric trauma centers – qualified specialists with pediatric experience shall be on hospital staff and available for consultation, and Level I Pediatric Trauma Center, qualified pediatric non-</p>					

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surgical specialist or specialty availability on call and promptly available:					
General pediatrics			E		
Mental health			E		
Neonatology			E		
Nephrology			E		
Pathology			E		
Pediatric anesthesiology			E#		
Pediatric cardiology			E		
Pediatric emergency medicine			E#		
Pediatric gastroenterology			E E#		
Pediatric hematology/oncology			E		
Pediatric infectious disease			E E#		
Pediatric nephrology			E#		
Pediatric neurology			E E#		
Pediatric pulmonology			E#		
Pediatric radiology			E E#		
SERVICE CAPABILITIES:					
Radiological Service					
Radiologist technician immediately available in-house*, capable of performing plain film and computed tomography imaging.	E	E	E	D	
Promptly available - angiography and ultrasound	E	E	E		
Radiological technician promptly available				E	E
Clinical laboratory Service					
Immediately available at all times, Promptly available for Level III and IV, and	E	E	E	D E	E
Comprehensive blood bank or access to a community central blood bank	E	E	E	E	E
Type & cross, coagulation studies, micro-sampling	E*	E*	E*		
Surgical Service					
Operating suite available for trauma patient or being utilized for	E	E	E	E	

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trauma patients					
Operating staff - with trauma education*, Immediately available unless operating on trauma patients and backup personnel promptly available	E		E#		
Operating staff promptly available unless operating on trauma patients and backup staff who are promptly available		E	E		
Operating staff who are promptly available				E	
Appropriate surgical equipment/supplies as determined by trauma program medical director or EMS Agency for Level III	E	E	E	E	
Cardiopulmonary bypass	E		E#		
Operating microscope	E		E#		
Nursing Services – staffed by qualified licensed nurses with education, experience, and demonstrated clinical competence in the care of critically ill and injured children			E		
Basic Emergency Services per Chapter 1, Division 5 of Title 22:	E	E	E	E	
Physician in-house, immediately at all times	E	E	E	E*	
Designate emergency physician to be member of trauma team, and	E	E	E	E	
Provide emergency medical services to adult and pediatric (pediatric patients for Pediatric TC) patients, and	E	E	E	E	
Trauma trained nursing personnel to provide continual monitoring, and	E*	E*	E*	E*	
Equipment and supplies appropriate for adult and pediatric patients as approved by the director of emergency medicine in collaboration with the trauma program director	E	E	E	E*	
Emergency department staffed so that trauma patients are assured of immediate and appropriate initial care	E	E	E	E	E
Communication with EMS vehicles	E	E	E	E	E
SUPPLEMENTAL SERVICES					
Pediatric trauma centers shall have Pediatric specialists in all areas					
Intensive Care Service , special permit licensing ICU services, Chapter 1, Division 5, of Title 22	E	E		E	
Appropriate equipment and supplies determined by physician responsible for intensive care service and the trauma program	E	E		E	

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medical director					
Qualified specialist, in-house, immediately available for trauma patients in ICU	E	D		D	
ICU specialist promptly available		E		E	
Qualified specialist may be a resident with 2 years of training, supervised by the staff intensivist or attending surgeon who participates in all critical decision making	E	E		E	
The qualified specialist shall be a member of the trauma team	E	E		E	
Registered Nurses with trauma education 24/7	E*	E*	E*	E*	
Burn Center					
In house or through written transfer agreement with a Burn Center	E	E	E	E	
Physical Therapy Service					
To include personnel trained in physical therapy and equipped for acute care of the critically injured patient	E	E	E		
Rehabilitation Center					
Services to include personnel trained in rehabilitation care and equipped for acute care of the critically injured patients. May be provided through a written transfer agreement with rehabilitation center	E	E	E	E	
Respiratory Care Service					
Services to include personnel trained in respiratory therapy and equipped for acute care of the critically injured patient	E	E	E	E*	
Acute Hemodialysis Capability					
	E	E	E		
Occupational Therapy Service					
To include personnel trained in occupational therapy and equipped for acute care of the critically injured patient	E	E	E		
Speech Therapy Service					
To include personnel trained in speech therapy and equipped for acute care of the critically injured patient	E	E	E		
Social Service					
	E	E	E	D	
Services or Programs (Special license or permit not required)					
Pediatric Service – Adult TC who provides in-house pediatric					

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services, in addition to Chapter 1, Division 5 of Title 22 shall have the following:	E	E			
Pediatric Intensive Care Unit (PICU), Shall be approved by California State Department of Health Services' California Children Services (CCS)	E	E	E		
Adult hospitals without a PICU shall establish written criteria for consultation and transfer of pediatric patients needing ICU care	E	E			
Have appropriate equipment/supplies approved by the pediatric intensive care specialist and pediatric trauma program medical director			E		
Pediatric intensive care specialist shall be promptly available for trauma patients in the PICU			E		
Qualified specialist shall be a member of the trauma team			E		
Have a multidisciplinary team to manage child abuse and neglect	E	E			
Pharmacy In house, 24 hour availability with pharmacist on call	E*	E*	E*	D	
Shall be in-house within 30 minutes of call				E*	
Acute Spinal Cord Management Capability In-house or by transfer agreement	E	E	E		
Organ Donor Protocol as described in Div. 7, Chapter 3.5, Cal. HS Code	E	E	E	E*	
Outreach Program , to include Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas, and	E	E	E	E	
Trauma prevention to the general public	E	E	E	E*	
Public education and illness/injury prevention education	E*	E*	E	E*	
Continuing Education Continuing education in trauma care shall be provided for: Staff physicians Staff nurses Staff allied health personnel EMS personnel	E	E	E	E	E
Community physicians and health care personnel	E	E	E	E	E
Trauma physicians (CME, 50% must be extramural)	E*	E*	E*	E*	E*
General Trauma Surgeon, ATLS completion	E*	E*	E*	E*	

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Orthopedic Surgeons	E*	E*	E*	E*	
Neurosurgeons	E*	E*	E*	E*	
Emergency Medicine	E*	E*	E*	E*	E*
Pediatric Trauma Centers – In addition to special permit licensing services shall have:					
Outreach and injury prevention programs specifically related to pediatric trauma and injury prevention;			E		
A suspected child abuse and neglect team (SCAN)			E		
An aeromedical transport plan with designated landing site; and			E		
Child Life program			E		
Written Interfacility Transfer Agreements					
Transfer agreements with referring and specialty hospitals	E	E	E		
Written transfer agreements with Level I or II trauma centers, Level I or II pediatric trauma centers or specialty care centers for the immediate transfer of those patients whose medical care need additional resources				E	
Written transfer agreements with Level I, II, or III trauma centers, Level I or II pediatric trauma centers or specialty care centers for the immediate transfer of those patients whose medical care need additional resources					E
Trauma Quality Improvement Program					
Trauma centers of all levels shall have a quality improvement process to include structure, process, and outcome evaluations, identify root causes of problems, intervene to reduce or eliminate root causes and take appropriate steps to correct the process	E	E	E	E	E
Process shall include:					
Detailed audit of all trauma-related deaths, major complications, and transfers (including interfacility transfers);	E	E	E	E	E
A multidisciplinary trauma peer review committee that includes all members of the trauma team; (CCEMSA* 50% attendance by reps of Surg, Ortho, Neuro, EM, Anesthesia)	E	E	E	E	E
Participate in the trauma system data management system;	E	E	E	E	E
Participate in the local EMS agency trauma evaluation committee;	E	E	E	E	E

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Have a written system in place for patient, parents of minor children who are patients, legal guardian(s) of children who are patients, and/or primary caretaker(s) of children who are patients to provide input and feedback to hospital staff regarding the care provided to the child;	E	E	E	E	E
Follow applicable provisions of Evidence Code Section 1157.7 to ensure confidentiality	E	E	E	E	E
Appropriately licensed helicopter landing site	E*	E*	E*	D	
Interfacility Transfer of Trauma Patients Patients may be transferred between and from trauma centers providing: Any transfer shall as determined by the trauma center surgeon of record, be medically prudent; Be in accordance with local EMS agency interfacility transfer policies.	E	E	E	E	E
Hospitals shall have written transfer agreements with trauma centers and develop written criteria for consultation and transfer of patients needing a higher level of care.	E	E	E	E	E
Hospitals which have repatriated trauma patients from a designated trauma center shall provide the information required by the system trauma registry, as specified by local EMS agency policies.	E	E	E	E	E
Hospitals receiving trauma patients shall participate in system and trauma center quality improvement activities for those trauma patients who have been transferred.	E	E	E	E	E