

TITLE: TRAUMA TEAM AVAILABILITY AND ACTIVATION (LEVEL II CENTERS)

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I. AUTHORITY

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

II. DEFINITION

- A. "Immediately available" means:
- * unencumbered by conflicting duties or responsibilities;
 - * responding without delay when notified; and
 - * 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:
- * responding without delay when notified and requested to respond
 - * being physically available to the specified area of the trauma center within a period of time that is medically prudent and in accordance with this policy.
- D. "Resuscitation team" means a multidisciplinary team responsible for the initial resuscitation and management of the trauma patient. An emergency physician directs this team until the arrival of the trauma surgeon.
- E. "Tier 1" means the triage category for a patient meeting the criteria shown in Policy 553.25(4)(C)(1).
- F. "Tier 2 " means the triage category for a patient meeting the criteria shown in Policy 553.25(4)(C)(2).
- G. "Trauma team" means a team that consists of a trauma surgeon, anesthesiologist, and operating room crew and which is dedicated to the trauma service and does not participate in any activities that would delay their response to a major trauma patient.

III. PURPOSE

To establish criteria for trauma surgeon and trauma team availability and response.

IV. POLICY

- A. Resuscitation team: The resuscitation team, including the emergency physician shall be in-house

and immediately available on a 24-hour/day, seven-day/week basis.

B. Tier 1 activation:

1. Trauma team notification: The trauma center will notify all members of the trauma team, including the trauma surgeon, within two (2) minutes of receiving the initial trauma alert from pre-hospital personnel of a patient meeting Tier 1 criteria.
2. Trauma surgeon: A trauma surgeon, capable of evaluating and treating adult and pediatric patients shall be immediately available for trauma team activation and promptly available for consultation. The surgeon may be located outside of the trauma centers if s/he is:
 - a. Unencumbered by conflicting duties or responsibilities (including being on call to another hospital or performing surgery on non-trauma patients).
 - b. Able to respond without delay when notified by the trauma center or an apparent major trauma patient.
 - c. For a Tier 1 activation, able to meet the patient within twenty (20) minutes, ninety (90) percent of them time from the time that the trauma notification is made or able to meet the patient upon the patient's arrival at the trauma center if the estimated time of arrival is greater than twenty (20) minutes.

C. Tier 2 activation:

1. Trauma team notification: When a patient meets trauma triage criteria for a Tier 2 activation, the emergency physician may elect to delay notification of the trauma surgeon until after the patient arrives at the trauma center and is evaluated by the emergency physician.
2. The emergency physician will notify the trauma surgeon for an immediate evaluation if the patient is:
 - a. critically injured, or
 - b. hemodynamically unstable, or
 - c. requiring admission to a critical care setting, or
 - d. any patient for whom the emergency physician feels that an immediate evaluation is warranted.

In such cases, the surgeon must be present at the patient's side, within twenty (20) minutes of request by the trauma center, ninety percent (90%) of the time.

3. The ED physician will notify the trauma surgeon of all tier II trauma patients requiring admission to the medical floor. The trauma surgeon response must be within 8 hours from notification, ninety percent (90%) of the time.
4. All trauma activations requiring surgical operations will have an evaluation by the trauma surgeon prior to any surgical procedures with the exception of isolated single system injuries.
5. Isolated penetrating head injuries may be admitted and evaluated exclusively by neurosurgery.

D. Backup trauma team: If the primary trauma team is committed to surgery on a major trauma patient, a back up trauma team must be promptly available.

E. Anesthesiologist: An anesthesiologist will be promptly available within thirty (30) minutes with a

mechanism to ensure that the anesthesiologist is in the operating room upon arrival of the patient in the operating room.

- F. Other specialties that are on-call and promptly available for consultation via telephone within twenty (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 specialty:
 - 3. Neurosurgery
 - 4. Obstetric/gynecologic
 - 5. Ophthalmologic
 - 6. Oral or maxillofacial or head and neck
 - 7. Orthopedic
 - 8. Plastic
 - 9. Urologic

- G. 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

- H. Other specialties that are available for consultation:
 - 1. Burns
 - 2. Cardiothoracic
 - 3. Pediatric
 - 4. Reimplantation/microsurgery
 - 5. Spinal cord injury
 - 6. Cardiology
 - 7. Gastroenterology
 - 8. Hematology
 - 9. Infectious disease
 - 10. Internal medicine
 - 11. Nephrology
 - 12. Neurology
 - 13. Pathology
 - 14. Pulmonary medicine

- I. All trauma centers shall have the following policies and procedures that address:
 - 1. Identification of an individual (by position) responsible for notification of the trauma surgeon.
 - 2. The process of notifying the trauma surgeon.
 - 3. Identification of an individual (by position) responsible for notification of the other members of the trauma team.
 - 4. The process of trauma team activation including situations where the trauma surgeon is not called prior to evaluation of the patient by the emergency physician.
 - 5. The process to mobilize back-up trauma teams and personnel.
 - 6. The process of notifying other surgical and non-surgical specialties.
 - 7. A process to document 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.