

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	6000.11
	PROGRAM DOCUMENT: Trauma Care System: General Provisions	Initial Date:	02/10/97
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 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

- A. To provide standards and guidelines for the Sacramento County Trauma Care System.
- B. To provide all injured patients the accessibility to an organized, multi-disciplinary and inclusive system of trauma care.
- C. To ensure that all injured patients are transported to the time-closest and most appropriate medical facility.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. Multi-disciplinary nature of the trauma care system:
 The Sacramento County Emergency Medical Services Agency (SCEMSA) recognizes the multi-disciplinary nature of the systemized approach to trauma care. SCEMSA has adopted policies, guidelines and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all injured patients.
- B. Public information and education about the trauma system:
 - 1. SCEMSA is committed to the establishment of trauma system support and the promotion of injury prevention and safety education.
 - 2. SCEMSA facilitates speakers to address public groups, and serves as a resource for trauma information/education.
 - 3. SCEMSA assists community and professional groups in the development and dissemination of education to the public on such topics as injury prevention, safety education programs and access to the Trauma Care System.
 - 4. Each designated facility must participate in the development of public awareness and education campaigns for their service area.
- C. Marketing and advertising:
 - 1. In accordance with the Health and Safety Code, Division 2.5, no healthcare provider shall use the term "trauma facility," "trauma hospital," "trauma center," "trauma care provider," "trauma care vehicle," or similar terminology in its signs or advertisements, or in printed materials and information it furnishes to the general public, unless its use has been authorized by SCEMSA.

2. All marketing and promotional plans, with respect to trauma center designation shall be submitted to SCEMSA for review and approval, prior to implementation. Such plans will be reviewed by SCEMSA based on the following guidelines:
 - a) Shall provide accurate information;
 - b) Shall not include false claims;
 - c) Shall not be critical of other providers;
 - d) Shall not include financial inducements to any providers or third parties.
 3. Sacramento County has consumer protection ordinances related to advertising and marketing, which shall also be applicable.
- D. Service areas for hospitals:
Service areas for local trauma hospitals are determined by the SCEMSA policy of transporting patients to the time-closest and most appropriate facility.
- E. Emergency Medical Services (EMS) dispatching:
Each of the cities and fire districts in Sacramento County has approved dispatch policies and procedures for their respective jurisdictions. The dispatch of Basic Life Support and Advanced Life Support units for trauma patients will continue, as per the operational procedures of SCEMSA and the cities and fire districts.
- F. Communication system:
 1. All of the cities and fire districts in Sacramento County utilize an enhanced 9-1-1 universal emergency number.
 2. All SCEMSA designated advanced life support provider transporting units shall be equipped with SCEMSA approved radio/ communications system(s) to communicate with all local hospitals.
 3. SCEMSA has developed policies, procedures and protocols that address the requirements for field personnel to make base hospital contact and procedures and skills that may be performed on standing orders.
- G. Transportation including inter-trauma center transfer and transfer from a receiving hospital to a trauma center:
 1. As an inclusive trauma system, all hospitals have a role in providing trauma care to injured patients.
 2. Designated trauma centers are required to establish and maintain a transfer agreement with other trauma center(s) of higher designation for the transfer of patients that require a higher level of care.
 3. The higher-level facilities will be required to work with and establish transfer guidelines for the lower level facilities.
Transferring facilities, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of transportation when transferring trauma patients.
- H. Integration of pediatric hospital, when applicable, into the overall trauma care system to ensure that all trauma patients receive appropriate trauma care in the most expeditious manner possible:
 1. Designated trauma centers are required to maintain a transfer agreement with a pediatric trauma center.
 2. Consultation with appropriate pediatric specialists should occur as soon as possible after presentation at the emergency department.
 3. The transferring facility, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of care during transport.

- I. Training:
 - 1. Designated facilities will provide training to hospital staff on trauma system policies and procedure.
- J. EMS and trauma care coordination and mutual aid between neighboring jurisdictions:
 - 1. SCEMSA has established reciprocity agreements with neighboring EMS jurisdictions that provide for the coordination of mutual aid within those jurisdictions.
 - 2. SCEMSA works cooperatively and executes agreements, as necessary, in order to ensure that patients are transported to the time-closest and appropriate facility.
 - 3. SCEMSA works cooperatively with other EMS agencies in data collection and evaluation efforts when patients from another EMS jurisdiction are served by the SCEMSA trauma care system.
 - 4. SCEMSA maintains contact with neighboring EMS agencies in order to monitor the status of trauma care systems in surrounding jurisdictions.
- K. Coordinating and integration of trauma care with non-medical emergency services:
 - 1. SCEMSA ensures that all non-medical emergency service providers are apprised of trauma system activities, as it relates to their agency/organization.
 - 2. Non-medical emergency service providers are included in the SCEMSA committee memberships, as appropriate.
 - 3. SCEMSA disseminates information to non-medical emergency service agencies through written communication, as necessary.
- L. Fees, including those of application designation, monitoring and evaluation:

SCEMSA has developed a fee structure that covers the direct cost of the designation process and to effectively monitor and evaluate the trauma care system. Fees are based on the direct SCEMSA cost of administering the trauma care system.
- M. Medical control and accountability, including triage and treatment protocols:
 - 1. Each designated trauma center shall:
 - a) Provide base hospital medical control for field prehospital care providers.
 - b) Provide base hospital service in accordance with California Code of Regulations, Title 22, as outlined in the SCEMSA Base Hospital Agreements.
 - c) Participate in the SCEMSA data collection system.
 - d) Participate in the SCEMSA continuous quality improvement program.
- N. Mass Casualty Incident (MCI):

Additional policy direction for Multi Casualty Incidents in MCI policy PD# 7510 directs EMS responders regarding the response, organization, personnel, equipment, resources and procedures for field operations during a multiple casualty incident. The policy is intended to be utilized in combination with the California OES Region IV and MCI Plan PD# 7500.

 - 1. Each designated trauma center shall be familiar with PD# 7510- MCI and PD# 7500.