



## TRAUMA SYSTEM DESIGN

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### I. AUTHORITY:

*Health and Safety Code 1798.165. Local emergency medical services (EMS) agencies may designate trauma facilities as part of their trauma care system pursuant to the regulations promulgated by the authority.*

*The health facility shall only be designated to provide the level of trauma care and service for which it is qualified and which is included within the system implemented by the agency.*

*Title 22 (T-22), 100254: The local EMS agency which has implemented a trauma care system shall:*

- *Establish policies and/or procedures to assure compliance of the trauma system with the provisions of the law, at a minimum; and*
- *Submit its trauma system plan to the EMS Authority for approval.*

The local EMS Agency may specify additional and/or more rigorous trauma system and/or trauma center requirements than those specified in the law exclusive of the definitions in the law.

*After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS Agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.*

### II. APPLICATION:

Title 22, 100253: (a) A local EMS agency which has implemented or plans to implement a trauma care system shall develop a written trauma care system plan that includes policies and/or procedures to assure compliance of the trauma system with the provisions of this Chapter.

- A local EMS agency may specify additional requirements in addition to those specified in this Chapter.
  - A local EMS agency that implements a trauma care system on or after the effective date of this Chapter shall submit its trauma system plan to the EMS Authority and have it approved prior to implementation.
- (d) A local EMS agency that has implemented a trauma system prior to the effective date of the revisions to this Chapter shall submit its updated trauma system plan to the EMS Authority within two (2) years of the effective date of the revisions to this Chapter which is August 12, 1999.
- (e) The EMS Authority shall notify the local EMS agency submitting its trauma care system plan within fifteen (15) days of receiving the plan that:
  - its plan has been received, and
- (2) it contains or does not contain the information requested in Section 100255 of this Chapter.
- (f) The EMS Authority shall:
  - notify the local EMS agency either of approval or disapproval of its trauma system plan within sixty (60) days of receipt of the plan; and



## TRAUMA SYSTEM DESIGN

- provide written notification of approval or the reasons for disapproval of a trauma system plan.
- (g) If the EMS Authority disapproves a trauma system plan, the local EMS agency shall have six (6) months from the date of notification of the disapproval to submit a revised trauma system plan which conforms to this Chapter or to appeal the decision to the Commission on Emergency Medical Services (EMS) which shall make a determination within four (4) months of receipt of the appeal. If a revised trauma system plan is approved by the EMS Authority the local EMS agency shall begin implementation of the plan within six (6) months of its approval.
- (h) If the EMS Authority determines that a local EMS agency has failed to implement the trauma system in accordance with the approved plan, the approval of the plan may be withdrawn. The local EMS agency may appeal the decision to the Commission on EMS, which shall make a determination within six (6) months of the appeal.
- After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.
  - The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.
  - No health care facility shall advertise in any manner or otherwise hold themselves out to be a trauma center unless they have been so designated by the local EMS agency, in accordance with this Chapter.
  - No provider of prehospital care shall advertise in any manner or otherwise hold itself out to be affiliated with the trauma system or a trauma center unless they have been so designated by the local EMS agency, in accordance with this Chapter.

### III. CRITERIA:

*T-22, 100254: A local EMS agency that plans to implement or modify a trauma system shall include with the trauma plan, a description of the rationale used for trauma system design planning for number and location of trauma centers including:*

- *projected trauma patient volume and projected number and level of trauma centers necessary to provide access to trauma care;*
- (A) *No more than one (1) Level I or II trauma center shall be designated for each 350,000 population within the service area.*
- (B) *Where geography and population density preclude compliance with subsection (a)(1)(A), exemptions may be granted by the EMS Authority with the concurrence of the Commission on EMS on the basis of documented local needs.*
- (2) *resource availability to meet staffing requirements for trauma centers;*
- *transport times;*
  - *distinct service areas; and*
  - *coordination with neighboring trauma systems.*



## TRAUMA SYSTEM DESIGN

- *The local EMS agency may authorize the utilization of air transport within its jurisdiction to geographically expand the primary service area(s) provided that the expanded service area does not encroach upon another trauma system, or that of another trauma center, unless written agreements have been executed between the involved local EMS agencies and/or trauma centers.*
- *A local EMS agency may require trauma centers to have helicopter landing sites. If helicopter landing sites are required, then they shall be approved by the Division of Aeronautics, Department of Transportation pursuant to Division 2.5, Title 21 of the California Code of Regulations.*
- *All prehospital emergency medical care personnel rendering trauma patient care within an organized trauma system shall be trained in the local trauma triage and patient care methodology.*
- *All trauma patient transport vehicles shall be equipped with two-way telecommunications equipment capable of accessing hospitals, in accordance with local EMS agency policies regarding communication.*
- *All prehospital providers shall have a policy approved by the local EMS agency for the early notification of trauma centers of the impending arrival of a trauma patient.*

### IV. POLICY DEVELOPMENT:

CCR Title 22, (T-22) 100255: *A local EMS agency planning to implement a trauma system shall develop policies which provide a clear understanding of the structure of the trauma system and the manner in which it utilizes the resources available to it. The trauma system policies shall address at least the following:*

- *system organization and management;*
- *trauma care coordination within the trauma system;*
- *trauma care coordination with neighboring jurisdictions, including EMS agency/system agreements;*
- *data collection and management;*
- *fees, including those for application, designation and redesignation, monitoring and evaluation; establishment of service areas for trauma centers;*
- *trauma center designation/re-designation process to include a written agreement between the local EMS agency and the trauma center;*
- *coordination with all health care organizations within the trauma system to facilitate the transfer of an organization member in accordance with the criteria set forth in Article 5 of this Chapter;*
- *coordination of EMS and trauma system for transportation including intertrauma center transfer and transfers from a receiving hospital to a trauma center;*
- *the integration of pediatric hospitals, if applicable;*
- *trauma center equipment;*



## TRAUMA SYSTEM DESIGN

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- *ensuring the availability of trauma team personnel;*
- *criteria for activation of trauma team;*
- *mechanism for prompt availability of specialists;*
- *quality improvement and system evaluation to include responsibilities of the multidisciplinary trauma peer review committee;*
- *criteria for pediatric and adult trauma triage, including destination;*
- *training of prehospital EMS personnel to include trauma triage;*
- *public information and education about the trauma system;*
- *marketing and advertising by trauma centers and prehospital providers as it relates to the trauma care system; and*
- *coordination with public and private agencies and trauma centers in injury prevention programs.*

### V. DATA COLLECTION:

T-22, 100257: (a) *The local EMS agency shall develop and implement a standardized data collection instrument and implement a data management system for trauma care.*

- (1) *The system shall include the collection of both prehospital and hospital patient care data, as determined by the local EMS agency;*
  - (2) *trauma data shall be integrated into the local EMS agency and State EMS Authority data management system; and*
  - (3) *all hospitals that receive trauma patients shall participate in the local EMS agency data collection effort in accordance with local EMS agencies policies and procedures.*
- (b) *The prehospital data shall include at least those data elements required on the EMT-II or EMT-P patient care record, as specified in Section 100129 of the EMT-II regulations and Section 100176 of the EMT-P regulations.*
- (c) *The hospital data shall include at least the following, when applicable:*
- (1) *Time of arrival and patient treatment in:*
    - (A) *Emergency department or trauma receiving area; and*
    - (B) *operating room.*
  - (2) *Dates for:*
    - (A) *Initial admission;*
    - (B) *Intensive care; and*
    - (C) *discharge.*



## TRAUMA SYSTEM DESIGN

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(3) *Discharge data, including:*

- (A) *Total hospital charges (aggregate dollars only);*
- (B) *patient destination; and*
- (C) *discharge diagnosis.*

(4) *The local EMS agency shall provide periodic reports to all hospitals participating in the trauma system.*

(d) Trauma registry criteria based on inclusion criteria determined by the trauma operations committee.

**Approved:**

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