

Trauma Activations and Tiered Responses

Various other states and organizations have differing interpretations of the concepts and terms for trauma activations. In order to clarify these concerns, the State of California has addressed some of these topics through regulation. One of the key regulations is:

California Code of Regulations

Title 22. Social Security

Division 9. Prehospital Emergency Medical Services

Chapter 7. Trauma Care Systems

Article 3. Trauma Center Requirements

§100259 Level I and Level II Trauma Centers

“(a) Level I or Level II trauma center shall have at least the following:

“ ...

(8) Qualified surgical specialist(s) or specialty availability, which shall be available as follows:

(A): general surgeon capable of evaluating and treating adult and pediatric trauma patients shall be immediately available for trauma team activation and promptly available for consultation;”

Trauma activation:

California regulations specify that if a level I or II trauma center initiates a trauma activation, it must include the immediate availability as defined in CCR §100237 of a general surgeon capable of evaluating and treating adult and pediatric trauma patients (CCR §100259(a)(8)(A)).

Immediately available:

“Immediately available” signifies that the general surgeon shall be physically available to the specified area of the trauma center when the patient is delivered in accordance with local EMS agency policies and procedures (CCR §100237). Although a time frame for such availability is not specified in the regulations, many local EMS agencies and the American College of Surgeons specify that the surgeon should be present in the designated trauma area within 15 minutes of notification.

Tiered activation:

The term “tiered activation” is not defined in the regulations; however, the spirit of “tiered” within the California trauma system refers to resources marshaled by a trauma center for trauma team activations. A hospital may create policies to determine what level of peripheral assistance may be necessary once a trauma activation occurs. Examples of peripheral assistance may include (but are not limited to) duplicate personnel, a blood bank, or social workers.

Delayed response:

A delayed response occurs when a patient has injuries indicating that a trauma activation is necessary, yet the activation occurs after the patient arrived at the trauma

center. A delayed response should be avoided. If a delayed response does occur, the event should be addressed through the quality assurance process (CCR§100265).

Role of the trauma center ED physician:

When field EMS personnel initiate a trauma activation, the trauma center ED physician receives the information and determines if the situation requires actual trauma activation. The ED physician then activates the trauma team in accordance with local EMS Agency policies and procedures. If the trauma center ED physician determines that an actual trauma activation is not necessary, then that physician determines what personnel other than an actual trauma team will be needed to receive the patient. The physician may choose to have a trauma surgeon consultation.

Trauma surgeon consultation:

When a trauma center ED physician needs a trauma consultation, then a general surgeon will be promptly available. “Promptly available” is defined as the surgeon will respond without delay when notified, and be physically available to the trauma area in a period of time that is medically prudent and in accordance with local EMS agency policies and procedures (CCR §100241). Although a timeframe for “promptly available” is not specified in the regulations, many local EMS agencies and the American College of Surgeons recognize “promptly available” as accessible within 30 minutes of notification.

Summary:

When a trauma activation is initiated at the trauma center, then the general surgeon shall be immediately available pursuant to the regulations. Hospitals may choose to triage resources with an internal tiered response. If a trauma center did not initiate an actual trauma activation, the trauma center ED physician is still free to utilize a trauma consultation and the surgeon shall be promptly available to provide a consultation.

For a complete copy of trauma regulations go to:
<http://www.emsa.ca.gov/laws/files/regs7.pdf>