

**CALIFORNIA TRAUMA REGULATIONS (Title 22) versus
ACS RESOURCES FOR OPTIMAL CARE
OF THE INJURED PATIENT 2006 (Green Book)
(Level I/II PEDS Trauma Centers Only)**

Hospitals that pursue ACS verification as Pediatric Trauma Centers must meet the same resource requirements as adult Trauma Centers, in addition to the following Pediatric Trauma Center requirements.

Requirement	TITLE 22	ACS GREEN BOOK® Chapter 10 <i>Pediatric Trauma Care</i> provides the ACS requirements for a Level I and Level II Pediatric Trauma Center.
<p>Level I & II Pediatric Trauma Centers</p>	<p>A Level I or II pediatric trauma center is a licensed hospital which has been designated as a Level I or II pediatric trauma center by the local EMS agency. A Level I or Level II pediatric trauma center shall have at least the following:</p> <ul style="list-style-type: none"> • A Pediatric Trauma Program Medical Director • A Pediatric Trauma Nurse Coordinator/Manager • A Pediatric Trauma Service • A Pediatric trauma team with a surgeon with pediatric trauma experience as the team leader <p><i>Section 100261 (a)</i></p> <p>Pediatric Trauma Service which can implement the regulatory requirements and coordinate with the local EMS agency.</p> <p><i>Section 100261 (a) (3)</i></p> <p>Multidisciplinary Pediatric Trauma Team with a team leader who is a surgeon with pediatric trauma experience. The team shall include physician, nursing and support personnel in sufficient numbers to treat and stabilize pediatric trauma patients.</p> <p><i>Section 100261 (a) (4)</i></p>	<p>Definition of a pediatric patient is <15 years of age</p> <p>A Level I or Level II pediatric trauma center shall have an organized pediatric trauma service led by a Pediatric Trauma Medical Director with at least the following:</p> <ul style="list-style-type: none"> • A pediatric trauma program medical director • A pediatric trauma nurse coordinator/manager • Pediatric Trauma Service led by Pediatric Medical Director • A pediatric Trauma Team <ul style="list-style-type: none"> • All team members should be pediatric board certified in their respective specialties. If unable, BC/BE general surgeons may serve on the team if credentialed by the hospital to provide pediatric trauma care and are a member of the adult trauma panel. The Pediatric Trauma Medical Director must agree that these surgeons have had sufficient training and experience in pediatric trauma care. • Separate Pediatric Emergency Area (if within an adult hospital) <p>“Children’s Hospital” is understood to mean a freestanding children’s hospital or a separate administrative entity within a larger general hospital organization.</p>

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<p><u>Trauma Medical Director</u></p>	<p>Board certified surgeon with experience in pediatric trauma care (may also be Trauma Medical Director for adult trauma services) with the following responsibilities:</p> <ul style="list-style-type: none"> • Recommend pediatric trauma team physician privileges • Develop pediatric trauma treatment protocols • Determine appropriate equipment and supplies for pediatric trauma care • Policy development for domestic violence, elder and child abuse and neglect • Authority and accountability for the pediatric PIPS program • Correcting deficiencies or exclude from trauma call if standards not met • Coordinate pediatric trauma • Coordinate with local and state EMS agencies • Budgetary process • Identify representatives to assist in identifying specialty physicians qualified to be members of pediatric trauma team <p><i>Section 100261 (a) (1)</i></p> <p>Level I Requirement Only A pediatric trauma program medical director who is a board-certified pediatric surgeon</p> <p><i>Section 100262 (a)</i></p>	<p>Must be BC/BE in general surgery qualified to serve on the pediatric trauma team.</p> <ul style="list-style-type: none"> • May have a “Certificate of Special Qualifications in Pediatric Surgery” from the American Board of Surgery <p>Should be a BC/BE pediatric surgeon.</p> <p>Level I Requirement Only: Must be a board-certified surgeon and is BC/BE in pediatric surgery.</p>
<p><u>Trauma Program Manager</u></p>	<p><i>Registered Nurse (may also be Trauma Program Manager for adult trauma services) with evidence of education preparation and clinical experience in the care of the pediatric trauma patient, administrative ability, and the following responsibilities:</i></p> <ul style="list-style-type: none"> • Organize services necessary for the multidisciplinary approach to the care of the injured child • Coordinate clinical process and PI with pediatric trauma 	<p>Program manager should be dedicated to the pediatric trauma service</p> <p>Level I Requirement Only: Program manager (RN) shall be dedicated to the pediatric trauma service</p>

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	<p><i>nursing and ancillary personnel</i></p> <ul style="list-style-type: none"> • <i>Collaborate with the Pediatric Trauma Medical Director all educational, clinical, research, administrative and outreach activities of the pediatric trauma program</i> <p>Section 100259 (a) (2)</p>	
<p><u>Surgical Specialties</u></p> <p>Qualified Specialists with Pediatric Experience</p> <p><i>Definition in Section 100242</i></p>	<p><i>Surgical Departments:</i></p> <ul style="list-style-type: none"> • <i>Neurologic</i> • <i>Obstetric/gynecologic (may be provided through a written transfer agreement)</i> • <i>Ophthalmologic</i> • <i>Oral or Maxillofacial or Head/Neck</i> • <i>Orthopedic</i> • <i>Pediatric</i> • <i>Plastic</i> • <i>Urologic</i> • <i>Microsurgery/Reimplantation (may be provided through a written transfer agreement with a hospital that has a department, division, service, or section that provides this service)</i> <p>Section 100261 (a) (5)</p>	<p>Pediatric trauma patients with serious injuries should be admitted to the pediatric trauma service. Those patients with single system injury should be admitted to or evaluated by the pediatric trauma service but may be transferred or admitted to the appropriate surgical subspecialty service once they have been evaluated and their conditions stabilized.</p>
<p><u>Non-Surgical Specialties</u></p> <p>Qualified Specialists with Pediatric Experience</p> <p><i>Definition in Section 100242</i></p>	<p><i>Non-Surgical Departments:</i></p> <ul style="list-style-type: none"> • <i>Anesthesiology</i> • <i>Cardiology</i> • <i>Critical Care</i> • <i>Emergency</i> • <i>Gastroenterology</i> • <i>General Pediatrics</i> • <i>Hematology/oncology</i> • <i>Infectious disease</i> • <i>Neonatology</i> 	

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	<ul style="list-style-type: none"> • Nephrology • Neurology • Pathology • Psychiatry • Pulmonology • Radiology • Rehabilitation/physical medicine (This requirement may be provided through a written agreement with a pediatric rehabilitation center) <p><i>Section 100261 (a) (6)</i></p>	
Volume Standards		<p>Annual Trauma Center pediatric admissions greater than 100</p> <p>Level I Requirement Only: Annual Trauma Center pediatric admissions greater than 200</p> <p>The following types of patients should <u>NOT</u> be included in the number of admissions:</p> <ul style="list-style-type: none"> • Isolated hip fracture from same level fall • Drowning or near drowning • Poisoning • Foreign bodies • Suffocation injuries • DOAs
<p>Qualified Surgical Specialist Availability</p> <p><i>Definition Section 100242</i></p>	<p><u>Immediately Available (Section 100237):</u> Pediatric surgeon. May be fulfilled by:</p> <ul style="list-style-type: none"> • Staff pediatric surgeon with experience in pediatric trauma care • Staff surgeon with experience in pediatric trauma care • Senior surgical resident (general surgeon or pediatric surgeon shall be promptly available, be advised of all 	<p><u>Immediately Available:</u> Pediatric surgeon; maximum response time of 15 minutes with an 80% threshold for highest level of activation</p> <p>The following are the minimally accepted criteria for highest activation:</p> <ul style="list-style-type: none"> • Age-specific hypotension in children

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	<p style="text-align: center;">admissions and present in the ED for major resuscitations and OR)</p> <p style="text-align: center;"><i>Section 100261 (a) (8) (A)</i></p>	<ul style="list-style-type: none"> • GSW neck, chest, abdomen • GCS <8 with trauma mechanism • Transfer from other facilities where blood given to maintain BP • Intubation (not needed if intubated prior to transfer and stable) • Respiratory compromise or obstruction • Emergency physician's discretion • Post cardiac arrest • Hanging if meet any of the above <p>At least 1 BC/BE pediatric surgeon (alternate pathway available)</p> <ul style="list-style-type: none"> • Must be present in the OR with times documented • A pediatric surgical resident who is BC/BE in general surgery or taking further training in pediatric surgery can lead the resuscitation in a hospital that takes care of children only <p>When the number of pediatric trauma surgeons is too few to maintain a panel, BC/BE general surgeons may serve on the trauma team. They must be credentialed to provide pediatric trauma care, approved by the Trauma Medical Director, and be a member of the adult trauma team. Performance should be reviewed as part of the PIPS Program.</p> <p>A pediatric surgical resident who is BC/BE in general surgery or taking further training in pediatric surgery can lead the primary resuscitation <u>in a hospital that takes care of children only.</u></p> <p>Pediatric surgeons who are non-boarded or non-board-eligible (after 5 years) may be included on the call panel if they are members of the American Pediatric Surgical Association or the Surgical Section of the American Academy of Pediatrics.</p> <p>A surgeon from the pediatric trauma team should respond to the</p>

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		<p>pediatric ED for all injured children who require major resuscitation:</p> <ul style="list-style-type: none"> • Age-specific hypotension • Respiratory compromise or obstruction • Transfer patients who are receiving blood • GSW to abdomen, neck or chest • GCS ≤ 8 or deteriorating by 2 • ED physician's discretion <p>Level I Requirement Only:</p> <ul style="list-style-type: none"> • At least 2 BC/BE pediatric surgeons
<p>Qualified Surgical Specialist with pediatric experience availability</p> <p><i>Definition Section 100242</i></p>	<p><u>Promptly Available (Section 100241):</u></p> <ul style="list-style-type: none"> • Pediatric Surgeon (for consultation) • Neurologic • Obstetric/Gynecologic (may have written transfer agreement) • Ophthalmologic • Oral or Maxillofacial or Head/ Neck • Orthopaedic • Plastic • Reimplantation/Microsurgery (May be provided by written transfer agreement.) • Urologic <p><i>This requirement may be fulfilled by supervised senior residents who are capable of assessing emergent situations in their respective specialties.</i></p> <p><i>Section 100261 (a) (8) (C)</i></p> <p><i>1. The senior resident shall be able to provide the overall control and surgical leadership necessary for the care of the patient, including initiating surgical care; 2. a staff trauma</i></p>	<p>Available on-call:</p> <ul style="list-style-type: none"> • BC/BE Adult Neurosurgeon with interests and skills in pediatric surgery • BC/BE Adult Orthopaedic surgeon with interests and skills in pediatric surgery <p>Level I Requirement Only: Orthopedic surgeons shall have pediatric fellowship training. (may be fulfilled by a trauma fellowship trained orthopaedic surgeon that has demonstrated expertise and interest in pediatric orthopaedic trauma.)</p> <p>Neurosurgeons shall have pediatric fellowship training. (may be fulfilled by a BC/BE neurosurgeon that has demonstrated expertise and interest in pediatric neurotrauma and can be met by:</p> <ul style="list-style-type: none"> ○ BC in pediatric neurosurgery OR ○ Completed an approved pediatric neurosurgical fellowship OR ○ Pre-visit demonstration of pediatric interest OR ○ Active membership in pediatric neurosurgical organizations)

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	<p><i>surgeon or a staff surgeon with experience in trauma care shall be on-call and promptly available; 3. a staff trauma surgeon or a staff surgeon with experience in trauma care shall be advised of all trauma patient admissions, participate in major therapeutic decisions, and be present in the emergency department for major resuscitations and in the operating room for all trauma operative procedures.</i></p> <p><i>Section 100261 (a) (8) (C)</i></p> <p>Level I Requirement Only: Additional qualified pediatric surgical specialists or specialty availability on-call and promptly available:</p> <ul style="list-style-type: none"> • Cardiothoracic • Pediatric Neurology • Pediatric orthopedic • Pediatric Ophthalmologic • Pediatric Oral or Maxillofacial or Head and Neck <p><i>Section 100262 (b)</i></p>	<p>Orthopedic and Neurosurgeons providing care for injured children that are NOT specifically pediatric trained, should have sufficient training and experience in pediatric trauma care and be knowledgeable about current management of pediatric trauma. The trauma program must make specialty specific education available.</p> <p>Level I Requirement Only: Additional qualified pediatric surgical specialists or specialty availability on-call and promptly available:</p> <ul style="list-style-type: none"> • Cardiothoracic • Pediatric Neurology • At least 1 additional BC/BE orthopedic surgeon with demonstrated skills in the care of pediatric trauma patients. • At least 1 additional BC/BE Neurosurgeon with demonstrated skills in the care of pediatric trauma patients (demonstrated by: <ul style="list-style-type: none"> ○ BC in pediatric neurosurgery OR ○ Completed approved pediatric neurosurgical fellowship OR ○ Pre-visit demonstration of pediatric interest OR ○ Active membership in pediatric neurosurgical organization)

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<p>Qualified Non-Surgical Specialist Availability</p>	<p>Immediately Available: Emergency Department</p> <ul style="list-style-type: none"> • A basic or comprehensive emergency department, division, service or section staffed with qualified specialists in emergency medicine with pediatric trauma experience, who are immediately available. • Designate an ED physician to be a member of the pediatric trauma team • Appropriate equipment as approved by the ED Medical Director in collaboration with the Trauma Program Medical Director <p>Emergency Medicine In-house and immediately available at all times. This requirement may be fulfilled by:</p> <ul style="list-style-type: none"> • a qualified specialist in pediatric emergency medicine; or • a qualified specialist in emergency medicine with pediatric experience; or • a subspecialty resident in pediatric emergency medicine who has completed at least one year of subspecialty residency education in pediatric emergency medicine. <p><i>In such cases, the senior resident(s) shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. (Pediatric emergency medicine or emergency medicine with pediatric experience shall be promptly available, be advised of patients requiring resuscitation, surgical intervention or ICU admission.)</i></p> <p>Section 100261 (9) (A)</p> <p>Emergency medicine physicians who are qualified specialists in emergency medicine and are board certified in emergency</p>	<p>Immediately Available: Emergency Department</p> <ul style="list-style-type: none"> • An emergency department, division, service or section staffed with qualified specialists in emergency medicine with pediatric trauma experience, who are immediately available. • Separate pediatric emergency area (if within adult hospital). <p>Emergency Medicine In-house and immediately available at all times. This requirement may be fulfilled by:</p> <ul style="list-style-type: none"> • a qualified specialist in pediatric emergency medicine; or • a qualified specialist in emergency medicine with pediatric experience; or • a subspecialty resident in pediatric emergency medicine who has completed at least one year of subspecialty residency education in pediatric emergency medicine. <ul style="list-style-type: none"> ○ In such cases, the senior resident(s) shall be capable of assessing emergency situations in trauma patients and of providing for initial resuscitation. <p>Emergency Medicine physicians providing care for injured children that are NOT specifically pediatric trained, should have sufficient training and experience in pediatric trauma care and be knowledgeable about current management of pediatric trauma. The trauma program must make specialty specific education available.</p> <p>Level I Requirement Only:</p> <ul style="list-style-type: none"> • 2 physicians BC/BE in pediatric emergency medicine <ul style="list-style-type: none"> ○ If a physician is BC in both emergency medicine and pediatrics – this satisfies the requirement for one BC/BE pediatric emergency medicine

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	<p>medicine or pediatric emergency medicine shall not be required by the local EMS agency to complete an advanced trauma life support course. Current ATLS verification is required for all emergency medicine physicians who provide emergency trauma care and are qualified specialists in a specialty other than emergency medicine.</p> <p><i>Section 100261, (a), (9), (A)</i></p> <p>Pediatrics Critical Care In-house and immediately available. The in-house requirement may be fulfilled by:</p> <ol style="list-style-type: none"> 1. a qualified specialist in pediatric critical care medicine; or 2. a qualified specialist in anesthesiology with experience in pediatric critical care; or 3. a qualified surgeon with expertise in pediatric critical care; or 4. a physician who has completed at least two years of residency in pediatrics. <p><i>When a senior resident is the responsible pediatric critical care physician then a qualified specialist in pediatric critical care medicine, or a qualified specialist in anesthesiology with experience in pediatric critical care, shall be on-call and promptly available; and; the qualified specialist on-call shall be advised about all patients who may require admission to the pediatric intensive care unit and shall participate in all major therapeutic decisions and interventions</i></p> <p><i>Section 100261, (a), (9), (E)</i></p>	<p style="text-align: center;">physician.</p> <p>The pediatric section of the ED must be staffed by individuals credentialed by the hospital to provide pediatric trauma care.</p> <p>The pediatric section of the pediatric ICU must be staffed by individuals credentialed by the hospital to provide pediatric trauma care.</p> <p>Level I Requirement Only: At least 2 BC/BE in pediatric critical care medicine (pediatric or surgical)</p> <ul style="list-style-type: none"> ○ May be certified in pediatric medical or surgical critical care <p>Boards in cardiology, pulmonary medicine, and/or anesthesia are NOT acceptable alternatives to BC/BE in pediatric critical care.</p>

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	<p>Promptly Available:</p> <ul style="list-style-type: none"> • Anesthesiology, Level II shall be promptly available with a mechanism established to ensure that the anesthesiologist is in the operating room when the patient arrives. <i>This requirement may be fulfilled by a senior resident or certified registered nurse anesthetists with pediatric experience who are capable of assessing emergent situations in pediatric trauma patients and of providing any indicated treatment and are supervised by the staff anesthesiologist. In such cases, the staff anesthesiologist with pediatric experience on-call shall be advised about the patient, be promptly available at all times, and be present for all operations.</i> <p>Section 100261 (a) (9) (B)</p> <p>Level I Requirement Only Anesthesiology shall be immediately available. This requirement may be fulfilled by a senior resident or certified registered nurse anesthetists who are capable of assessing emergent situations in trauma patients and providing treatment and are supervised by the staff anesthesiologist.</p> <p>Section 100262, (f)</p> <ul style="list-style-type: none"> • Radiology <p>Section 100261 (a) (9) (C)</p>	<p>Promptly Available:</p> <ul style="list-style-type: none"> • Anesthesiology Anesthesiologists providing care for injured children that are NOT specifically pediatric trained should have sufficient training and experience in pediatric trauma care and be knowledgeable about current management of pediatric trauma. The trauma program must make specialty specific education available. • Radiology Radiologists providing care for injured children that are NOT specifically pediatric trained should have sufficient training and experience in pediatric trauma care and be knowledgeable about current management of pediatric trauma. The trauma program must make specialty specific education available.

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<p><u>Available for Consultation Surgical</u></p>	<p>Available for Consultation or consultation and transfer agreements for adults and pediatric trauma patients requiring the following surgical services:</p> <ul style="list-style-type: none"> • Burns • Cardiothoracic • Spinal cord injury <p><i>Section 100261 (a) (8) (D)</i></p>	

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<p><u>Available for Consultation Non-Surgical</u></p>	<p><u>Available for Consultation</u> or provided through transfer agreement, Qualified Specialists with pediatric experience:</p> <ul style="list-style-type: none"> • Adolescent Medicine • Child Development • Genetic/ Dymorphology • Neuroradiology • Obstetrics • Pediatric Allergy and Immunology • Pediatric Dentistry • Pediatric Endocrinology • Pediatric Pulmonology • Rehabilitation/Physical Medicine <p><i>Section 100261, (a), (9), (D)</i></p>	
	<p><u>Available for Consultation</u> shall be on the hospital staff and available for consultation Qualified specialists with pediatric experience</p> <ul style="list-style-type: none"> • General Pediatrics • Mental Health • Neonatology • Nephrology • Pathology • Pediatric Cardiology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Radiology <p><i>Section 100261, (a), (9), (F)</i></p> <p>Level I Requirement Only:</p>	

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	<p>Additional qualified pediatric non-surgical specialists or specialty availability on-call and promptly available:</p> <ul style="list-style-type: none"> • Pediatric Anesthesiology • Pediatric Emergency Medicine • Pediatric Gastroenterology • Pediatric Infectious Disease • Pediatric Nephrology • Pediatric Neurology • Pediatric Pulmonology • Pediatric Radiology <p><i>Section 100262, (d)</i></p>	
<p>Radiology Services Availability</p>	<p>Radiological Services:</p> <ul style="list-style-type: none"> • <u>Immediately Available:</u> The radiological service shall have in-house a radiological technician capable of performing plain films and CT imaging • <u>Promptly Available:</u> <ul style="list-style-type: none"> - Angiography - Ultra Sound <p><i>Section 100261 (b) (1)</i></p>	
<p>Laboratory Services Availability</p>	<p>Laboratory Services:</p> <ul style="list-style-type: none"> • Comprehensive blood bank or access to a community central blood bank • Clinical laboratory services immediately available with micro sampling capability <p><i>Section 100261 (b) (2)</i></p>	

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Service Capabilities - Surgical Services	<p>Surgical Services:</p> <ul style="list-style-type: none"> • OR suite available or being utilized for major trauma patients • OR staff who are <u>Promptly Available</u> unless operating on trauma patients and back-up personnel who are <u>Promptly Available</u> • Appropriate surgical equipment and supplies as determined by the Pediatric Trauma Program Medical Director <p><i>Section 100261 (b) (3)</i></p> <p>Level I Requirement Only:</p> <ul style="list-style-type: none"> • Operating staff immediately available unless operating on trauma patient • Cardiopulmonary Bypass Equipment • Operating Microscope 	
Nursing	Nursing services that are staffed by qualified licensed nurses with education, experience, and demonstrated clinical competence in the care of critically ill and injured children	
Additional Supplemental Services –	<ul style="list-style-type: none"> • Burn Center: This service may be provided through a written transfer agreement with a Burn Center; • Physical Therapy Service: to include personnel trained in pediatric physical therapy and equipped for acute care of the critically injured child; • Rehabilitation Center: to include personnel trained in rehabilitation care and equipped for acute care of the critically injured patient. These services may be provided through a written transfer agreement with a rehabilitation center; • Respiratory Care Service: to include personnel trained 	<ul style="list-style-type: none"> • Pediatric Rehabilitation • Pediatric Social Work • Child Life program. • Family support programs • Child protective services • Injury Prevention • Community outreach • Trauma education program

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	<p>in respiratory therapy and equipped for acute care of the critically injured patient;</p> <ul style="list-style-type: none"> • Acute hemodialysis capability; • Occupational therapy service: to include personnel trained in pediatric occupational therapy and equipped for acute care of the critically injured child; • Speech therapy service: to include personnel trained in pediatric speech therapy and equipped for acute care of the critically injured child; • Social Service <p><i>Section 100261, (d), (1-8)</i></p> <ul style="list-style-type: none"> • Acute spinal cord injury management capability. This service may be provided through a written transfer agreement with a Rehabilitation Center; • Protocol to identify potential organ donors as described in Division 7, Chapter 3.5 of the California Health and Safety Code; • Written interfacility transfer agreements with referring and specialty hospitals; 	
<p>Additional Services - Intensive Care Unit</p>	<ul style="list-style-type: none"> • Pediatric Intensive Care Unit (PICU) approved by the California State Department of Health Services California Children Services (CCS). <ul style="list-style-type: none"> ○ The PICU shall have appropriate equipment and supplies as determined by the physician responsible for the pediatric intensive care service and the pediatric trauma program medical director ○ Qualified specialist shall be a member of the trauma team. <p>Level I Requirement Only: The qualified pediatric PICU specialist shall be immediately</p>	<p>Freestanding Children's hospital or a comprehensive pediatric care unit within a general hospital</p> <ul style="list-style-type: none"> • Staffed with physicians credentialed by the hospital to provide pediatric care in their respective areas.

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	<p>available, advised about all patients who may require admission to the PICU, and shall participate in all major therapeutic decisions and interventions</p> <p><i>Section 100262, (e)</i></p>	
<p>Education / Outreach / Prevention</p>	<ul style="list-style-type: none"> • Outreach program, to include: <ul style="list-style-type: none"> ○ Capability to provide both telephone and on-site consultations with physicians in the community and outlying areas; ○ Trauma prevention for the general public; ○ Public education and illness/injury prevention education. • Continuing education in pediatric trauma care shall be provided for: <ul style="list-style-type: none"> ○ staff physicians; ○ staff nurses; ○ staff allied health personnel; ○ EMS personnel; ○ Other community physicians and health care personnel. • In addition to special permit licensing services, a pediatric trauma center shall have: <ul style="list-style-type: none"> ○ outreach and injury prevention programs specifically related to pediatric trauma and injury prevention; ○ a suspected child abuse and neglect team (SCAN); ○ an aeromedical transport plan with designated landing site; ○ Child Life program. <p><i>Section 100261 (e) (7)</i></p>	<p>Outreach and injury prevention programs specifically related to pediatric trauma and injury prevention;</p> <p>A suspected child abuse and neglect team (SCAN)</p> <p>Education of health professionals and the general public in the care of pediatric trauma patients.</p> <p>Trauma prevention for the general public;</p> <p>Public education and illness/injury prevention education.</p> <p>Continuing education. Continuing education in pediatric trauma care shall be provided for:</p> <ul style="list-style-type: none"> • (A) staff physicians; • (B) staff nurses; • (C) staff allied health personnel; • (D) EMS personnel; • (E) Other community physicians and health care personnel. <p>The pediatric trauma medical director and the liaisons from neurosurgery, orthopedic surgery, emergency medicine and critical care medicine must each accrue and average of 16 hours annually or 48 hours in 3 years of verifiable external CME, of which at least 12 hours (in 3 years) must be related to clinical pediatric trauma care.</p> <ul style="list-style-type: none"> • Specialty-specific pediatric education must be made available for specialists who are not pediatric-trained

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		providers (may be demonstrated by documenting an annual update by pediatric specialists.)
Research	Level I Requirement Only: Pediatric trauma research program. <i>Section 100262, (g)</i>	Level I Requirement Only: Pediatric trauma research program <ul style="list-style-type: none"> • Ten of the center’s publications/scholarly activities must be applicable to pediatric injury patients
Residency Program	Level I Requirement Only: Maintain an education rotation with an ACGME approved and affiliated surgical residency program. <i>Section 100262, (h)</i>	
Quality Improvement	Shall have a quality improvement process to include structure, process, and outcome evaluations to include a detailed audit of all trauma related deaths, major complications and transfers (including interfacility transfers) <ul style="list-style-type: none"> • Multidisciplinary trauma peer review committee • Participate in the trauma system data management system • Participate in the local EMS agency trauma evaluation committee • Written system in place for patients, parents of minor children who are patients, legal guardians of children who are patients, and/or primary caretaker of children who are patients to provide input and feedback to hospital staff regarding the care provided to the child. • Follow applicable provision of Evidence Code Section 1157.7 to ensure confidentiality <i>Section 100265</i>	Pediatric PIPS Program Pediatric process and outcome measures that encompass prehospital, hospital, and post hospital care should be tracked concurrently and reviewed periodically. Analysis of mortality, morbidity, and functional status Multidisciplinary peer review committee with participation by the Trauma Medical Director and representatives from pediatric/general surgery, neurosurgery, emergency medicine, pediatric critical care medicine and anesthesia with review of selected deaths, complications and sentinel events. <ul style="list-style-type: none"> • 50% Attendance record of pediatric trauma surgeons and pediatric surgical specialists at the PIPS review • If combined Pediatric and Adult Trauma Center; the attendees do not have to be pediatric specialists Child Life and family support programs

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		<p>Must have a dedicated Pediatric Trauma Registrar (may also be for adult trauma if a part time position)</p> <p>Should submit data to National Trauma Data Bank.</p> <p>Level I Requirement Only: Pediatric specific PIPS program</p>
<p>Adult hospitals caring for pediatric patients</p>		<p>Any adult Trauma Center that annually admits more than 100 injured children under age 15 must:</p> <ul style="list-style-type: none"> • Have surgeons credentialed for pediatric trauma care • Have a pediatric area of the emergency department • Have a pediatric intensive care area • Have appropriate resuscitation equipment • Have a pediatric specific PIPS program <p>Any adult trauma center that admits fewer than 100 injured children under the age of 15 annually must:</p> <ul style="list-style-type: none"> • Review the care of injured children through their PIPS program.

Requirements specific to Level I Trauma Centers are noted in **Bold**

Requirements specific **ONLY** to Title 22 and not found specifically in ACS Green Book in **red**

A “Criteria Quick Reference Guide” is found in Chapter 23 of the ACS Green Book (attached) and detailed by Trauma Center level at

<http://www.facs.org/trauma/verifivisitoutcomes.html>

FAQs - Changes/additions/clarifications of the Green Book (found at <http://www.facs.org/trauma/optimalcare.pdf> for additional clarification)