

Chapter 6.1: Trauma Care Systems Regulatory Updates



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Health & Safety Code (HSC) & California Code of Regulations (CCR)

Statutes in Effect as of January 1, 2022 • X

1797.259. (Community Paramedicine or Triage to Alternate Destination Program Plan Submission)	92
ARTICLE 3. Emergency Medical Care Committee [1797.270 - 1797.276] (Article 3 added by Stats. 1983, Ch. 1246, Sec. 35.)	92
1797.270. (Emergency Medical Care Committee Formation)	92
1797.272. (Emergency Medical Care Committee Membership)	93
1797.273. (Emergency Medical Care Committee and Community Paramedicine or Triage to Alternate Destination Act Programs)	93
1797.274. (Emergency Medical Care Committee Duties)	94
1797.276. (Emergency Medical Care Committee Annual Report)	94
CHAPTER 5. Medical Control [1798 - 1798.8] (Chapter 5 added by Stats. 1980, Ch. 1260.)	95
1798. (Medical Director Responsibilities)	95
1798.2. (Base Hospital Direction of Prehospital Personnel)	95
1798.3. (Alternative Base Station Direction of Prehospital Personnel)	95
1798.6. (Medical Control in an Emergency)	96
1798.8. (911 Call Processing Authority)	97
CHAPTER 6. Facilities [1798.100 - 1798.183] (Chapter 6 added by Stats. 1980, Ch. 1260.)	98
ARTICLE 1. Base Hospitals [1798.100 - 1798.105] (Heading of Article 1 amended by Stats. 1984, Ch. 1391, Sec. 5.)	98
1798.100. (Designation by Local EMS Agency)	98
1798.101. (Base Hospital/Receiving Facility Alternatives)	98
1798.102. (Base Hospital Supervision)	99
1798.104. (Personnel Training & Continuing Education)	99
1798.105. (Alternative Base Station Approval)	100
ARTICLE 2. Critical Care [1798.150- 1798.150.] (Article 2 added by Stats. 1980, Ch. 1260.)	100
1798.150. (Guidelines for Critical Care Facilities)	100
ARTICLE 2.5. Regional Trauma Systems [1798.160 - 1798.169] (Article 2.5 added by Stats. 1983, Ch. 1067, Sec. 2.)	100
1798.160. (Definitions)	100
1798.161. (EMSA Required to Establish Regulations)	101
1798.162. (Trauma Care System Implementation)	102
1798.163. (Trauma Care System Policies & Procedures)	102
1798.164. (Trauma Care Facility Fees)	102
1798.165. (Trauma Facility Designation)	103
1798.166. (Trauma Care System Plan)	103
1798.167. (Licensed Health Facility Not Restricted)	103
1798.168. (Local EMS Agency Boundaries)	103
1798.169. (CHP Helicopter Unrestricted)	104
ARTICLE 3. Transfer Agreements [1798.170 - 1798.172] (Article 3 added by Stats. 1980, Ch. 1260.)	104
1798.170. (Development of Triage & Transfer Protocols)	104
1798.172. (Patient Transfer Agreement Guidelines)	104
ARTICLE 3.5. Use of "Emergency" [1798.175- 1798.175.] (Article 3.5 added by Stats. 1986, Ch. 1377, Sec. 1.)	105

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services

Table of Contents

Chapter 1. Emergency Medical Services Authority and Commission on Emergency Medical Services - Conflict of Interest Code	2
Chapter 1.1: EMS System Regulations	3
Chapter 2.1: Training Standards for Child Care Providers	3
Chapter 2.2: First Aid Testing for School Bus Drivers	13
Chapter 2.3: First Aid and CPR Standards and Training for Public Safety Personnel	14
Chapter 2.4: Lay Rescuer Epinephrine Auto-Injector Training Certification Standards	25
Chapter 3.1: Emergency Medical Technician	30
Chapter 3.2: Advanced Emergency Medical Technician	50
Chapter 3.3: Emergency Medical Technician-Paramedic	67
Chapter 3.4: Emergency Medical Technician:	100
Chapter 3.5: EMS Continuing Education	101
Chapter 4. Discipline	108
Chapter 4.1: EMT and Advanced EMT Disciplinary Action	108
Chapter 5. Community Paramedicine and Triage to Alternate Destination	121
Chapter 6. Specialty Programs	132
Chapter 6.1: Trauma Care Systems	132
Chapter 6.2: ST-Elevation Myocardial Infarction Critical Care System	149
Chapter 6.3: Stroke Critical Care System	156
Chapter 6.4: Emergency Medical Services for Children	164
Chapter 7: Prehospital EMS Aircraft Regulations	173
Chapter 8: Poison Control Center Regulations	177
Chapter 9: California Central Registry	182
Chapter 10: Data and Quality Assurance	186

CCR – Chapter 6.1 – Trauma Care System

- Current Regulations >10 yrs old
- Regs Review/Revision Process:
 - EMSA Program Staff
 - State Trauma Advisory Committee (STAC)
 - Rule Making Process
 - Office of Admin. Law (OAL)
 - Public Comment(s) – **we are here**
 - EMS Commission review/vote
 - OAL final review
- Current Content (Articles):
 - Definitions
 - Local EMS Agency Trauma System Requirements
 - Trauma Center Requirements
 - Quality Improvement
 - Transfer of Trauma Patients

Chapter 6.1 – Trauma Care System Updates

- General Updates:
 - Reformatting, renumbering
 - Language changes for consistency throughout the Regulations, & updated terminology
 - Edits for clarity
- Definitions (highlights):
 - Abbreviated Injury Scale
 - Updated from AIS 90 to AIS 15.
 - ‘Triage Criteria’ – renamed ‘Trauma Triage Criteria’ to distinguish prehospital TTC from hospital trauma activation criteria
 - “Re-Triage” – added to follow ACS language updates and focus on time sensitive transfers for higher level of care
 - “Trauma Team Activation Criteria” – added to distinguish from prehospital TTC

Chapter 6.1 – Trauma Care System Updates

- Trauma System Criteria

- Trauma volume / population:
 - Current: “No more than one (1) Level I or Level II trauma center shall be designated for each 350,000 population within the service area”
- New Consideration (based on 2021 ACS statement): “An assessment of trauma system needs based on Local EMS defined measures of trauma system access, quality of patient care, population mortality rates, and trauma system efficiency. American College of Surgeons recommended measures to be considered include the following:

- Number of Level I & II centers per 1,000,000 population
- Percentage of population within 60 minutes of a Level I/Level II center
- EMS transport times
- Percentage of severely injured patients seen at a trauma center
- Trauma-related mortality
- Frequency and nature of interhospital transfers
- Percentage of time trauma hospitals are on diversion status”

- Trauma System Criteria

- Data Collection
 - Mandatory Data elements updated to reflect current NTDB and CEMSIS data terminology and definitions

Chapter 6.1 – Trauma Care System Updates

- Trauma Center Requirements

- Current:

- ACS verification encouraged but not required
 - >15 pages of Level I-III requirements that mirror the old ACS standards

- New:

- The “American College of Surgeons Resource for Optimal Care of the Injured Patient 2022 Standards” are ‘incorporated by reference’ making that document part of the Regulations

- EMSA approved exception to ACS verification requirement possible, but available only for:
 - Level II & III
 - ACS verification must be sought first
 - Only available for Type II deficiencies that the LEMSA attests to having been addressed.
- Level IV Trauma Center regulations updated where possible
- Pediatric Trauma Centers – revised to:
 - The GACH is ACS verified as a Pediatric Level I or Level II Trauma Center, or
 - The GACH is AVS verified as an Adult Trauma Center and had the following:
 - Pediatric emergency department area.
 - Pediatric intensive care area.
 - Appropriate resuscitation equipment, as outlines in the pediatric readiness toolkit

Chapter 6.1 – Trauma Care System Updates

- Quality Improvement
 - Renamed to: “Quality Improvement and Trauma Center Performance Improvement and Patient Safety (PIPS)”
 - Clarification of language to require data sharing (aggregate reports & outcome data) between prehospital providers and hospitals

Chapter 6.1 – Trauma Care System Updates

- Interfacility Transfer of Trauma Patients
 - Renamed “**Re-Triage** of Trauma Patients,” with expanded requirements intended to:
 - Follow ACS language updates
 - Distinguish time-sensitive transfers of acute trauma patients to higher levels of care, from IFTs done for less urgent clinical or non-clinical reasons
 - Define requirements that help expedite re-triage when necessary
- Requirements:
 - Specific EMS system policies for re-triage
 - Consideration for pre-arranged re-triage agreements between hospitals, as supported by LEMSA policies to expedite re-triage
 - Pre-defined processes for transfer of consent forms, ED records, pt belongings
 - QI & PIPS programs with PI focused on re-triage process