PURPOSE
To reduce the morbidity and mortality related to pediatric trauma by organizing a system of pediatric trauma centers to serve this population through preventative education, emergency care, hospitalization, rehabilitation, and research. Through data collection and the trauma registry, the EMS Agency can monitor and evaluate the pediatric trauma care system. This critical care system links prehospital and hospital care to deliver optimal treatment to the population of Pediatric trauma patients.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services, Chapter 3; Chapter 6 Article 2.5
California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7
Trauma Care System

TRAUMA RECEIVING CENTER DEFINITIONS
Trauma Base Hospital
A licensed general acute care hospital that has been designated as a trauma Receiving Center by Riverside County EMS Agency (REMSA) and functions as a base hospital.

Pediatric Trauma Receiving Center
A hospital with pediatric trauma team resources and designated by the Riverside County EMS Agency to provide rapid intervention for pediatric trauma patients.

DESIGNATION BY REMSA AS A TRAUMA CENTER
Initial REMSA Designation as a pediatric trauma center in the EMS System requires an application, satisfactory site survey and verification of the following:
1. Currently serving in the EMS system as a Prehospital Receiving Center (PRC) or a Base Hospital (BH).
2. Compliance with all requirements listed in Title 22, Division 9, Chapter 7 Trauma Care System, for the requested level of pediatric designation.
3. Pediatric Trauma Center Verification from American College of Surgeons
   a. Continued designation shall depend on re-verification, and a copy of the verification certificate shall be provided to REMSA not less than 30 days upon receipt of letter.
4. Participation in the trauma data management system and commitment to provide additional data as required by REMSA and/or the Trauma Audit Committee.
5. Current written agreement with REMSA for designation as a pediatric trauma center to provide services in Riverside County.

Designation Renewal
1. The pediatric trauma center shall be designated after satisfactory review of written documentation, an initial site survey by REMSA personnel/designees.
2. The pediatric trauma center must remain compliant with all requirements listed in Title 22, Division 9, Chapter 7 Trauma Care System, for the requested level of designation.
3. Re-designation shall occur every three (3) years. REMSA staff will attend and perform trauma center audits during the entire American College of Surgeons site visit.
4. Failure to comply with the criteria outlined in this policy will result in disciplinary action up to and including suspension or rescission of EMS pediatric trauma center designation.
PEDIATRIC TRAUMA CENTER STANDARDS FOR ALL HOSPITALS DESIGNATED BY REMSA AS A PEDIATRIC TRAUMA RECEIVING CENTER

Staffing Requirements
1. Trauma Centers shall staff the following positions:
   a. Pediatric Trauma Program Medical Director:
      i. A qualified board-certified physician, with experience in pediatric trauma care, by the American Board of Medical Specialties (ABMS) as defined by the local EMS agency and designated by the hospital that is responsible for the Pediatric trauma program, performance improvement, and patient safety programs related to a Pediatric trauma critical care system.
   b. Pediatric Trauma Program Director / Program Manager:
      i. A registered nurse or qualified individual as defined by the local EMS agency, and designated by the hospital responsible for monitoring, coordinating, and evaluating the Pediatric trauma program.
   c. Pediatric Trauma Registrar:
      i. A pediatric trauma registrar dedicated to the registry, must be available to process the data in compliance with the American College of Surgeons registrar standards listed in the “Resources for Optimal care of the injured patient” current manual.

Data Collection and Submission
1. The pediatric trauma centers shall:
   a. Participate in the EMS data management system, which includes the collection of both pre-hospital and hospital patient care data utilizing specified format rules. Pediatric trauma data shall be integrated into REMSA and State EMS Authority data management systems.
   b. Submit quarterly data to REMSA, synchronized with data submission to the state EMS Authority, via the REMSA approved data collection method and on the schedule agreed upon by the Trauma Audit Committee.
   Pediatric trauma data collected shall include but not be limited to:
      i. Data elements listed in Title 22, Division 9, Chapter 7, section 100257
      ii. National Trauma Data Bank data elements
      iii. Any additional data elements as required by REMSA.

Performance Standards
1. Written EMS policies and procedures shall be revised within thirty (30) days as Continuous Quality Improvement (CQI) determines that changes need to be made to individual policies and shall be reviewed as a whole at a minimum of every two (2) years.
2. Pediatric Trauma Performance Improvement plan will be available upon request. The documentation of monitoring of the plan must reflect the structure, process, and outcome standards.
3. Trauma Center will work with REMSA to develop, monitor, evaluate and report on the necessity, quality, and level of trauma care services.

Education
1. Hospital to maintain documentation of public education and injury prevention outreach activities specific to the Pediatric population, consistent with trauma system goals, and to submit an annual summary of completed activities to REMSA for review.
2. Education of staff listed in the American College of Surgeons resource manual must be current and up to date.

Trauma System Participation
1. Pediatric Trauma Program Medical Directors, Program Directors and other specified individuals as identified shall actively participate as members of the Trauma Audit Committee and other related committees.
2. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected trauma cases.
Hospital Services / Obligations
1. The hospital shall meet the following requirements:
   a. Hospital shall not advertise themselves as a level of trauma center other than the level of designation by the local EMS agency.
   b. The hospital shall have established protocols for triage and diagnosis following field notification of inbound suspected pediatric trauma patients.
   c. The hospital shall have a single call activation system to activate the Pediatric trauma Team directly.
   d. The hospital shall have a process in place for the treatment and triage of simultaneously arriving trauma patients.
   e. A dedicated audio recorded phone line or radio system, capable of being answered twenty-four (24) hours per day, seven (7) days per week, used by paramedics to notify the trauma center of incoming trauma patients.
   f. Hospital agrees to follow the current trauma diversion criteria as specified in REMSA Ambulance diversion policy 6103.
   g. The hospital will provide the necessary medical staffing with reputable medical skills in providing trauma center services. Documentation will be maintained by the hospital.

Reporting Requirements
1. Trauma Center shall notify REMSA in writing of any failure to meet these EMS Pediatric trauma Receiving Center Standards within 10 (ten) business days.
2. Changes to key Pediatric trauma Receiving Center personnel shall be reported to REMSA within 10 (ten) business days to include:
   a. Pediatric Trauma Program Medical Director
   b. Pediatric Trauma Program Director / Program Manager