

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

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TRAUMA CENTER BYPASS

I. AUTHORITY

Division 2.5 of the California Health and Safety Code, section 1798.163

II. DEFINITIONS

- A. "Trauma Center" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I, II, III, or IV Trauma Center and/or Level I or Level II Pediatric Trauma Center by the local EMS Agency, in accordance with California Trauma Care System Regulations.
- B. "Disaster Control Facility" or "DCF" means a facility designated by the EMS Agency as having primary responsibility for patient disbursement decisions during a multiple casualty incident.
- C. "Trauma bypass" means all Tier I and Tier II trauma patients are redirected to the next closest level I or level II trauma facility.

III. PURPOSE:

To establish standards and procedures for Trauma Center bypass.

IV. POLICY

- A. The on-call trauma surgeon is responsible for determining the bypass status of his/her Trauma Center and will utilize the following criteria for making this determination. The Trauma Center must go on bypass status if one of the following criteria is met:
 - 1) More than 30 minutes is needed to obtain a backup trauma surgeon, neurosurgeon, orthopedist, or anesthesiologist because the primary physician is occupied with another trauma patient, or is unavailable.
 - 2) More than 1 hour is needed to identify a second operating room because the primary room is being utilized and another is not readily available.

- 3) Two or more trauma patients with major injuries are being resuscitated in the trauma room.
- 4) The hospital is closed due to an internal disaster.
- 5) The CT scanner(s) is being serviced or is broken.

V. PROCEDURE

- A. Once a Trauma Center determines that they must go on Trauma Bypass, the on-duty Trauma Nurse is responsible for ensuring that:
 - a. All trauma patients are redirected to another trauma center, taking into consideration transport time, the patient's medical needs, and the institution's available resources.
 - b. Trauma Center personnel immediately notify the appropriate resources at the time of initiation with reasons/conditions for the bypass and estimated time of bypass. Notifications will include:
 - i. Submission of an unusual occurrence report to the Mountain-Valley EMS Agency by fax at the initiation and discontinuation of the bypass.
 - ii. Update of the Trauma Center status in EMSytem:
 1. upon initiation of Trauma Bypass to Advisory Status, indicating the activation of Trauma Bypass and reason for the bypass (e.g. "TRAUMA BYPASS: CT down")
 2. upon termination of Trauma Bypass, removal of the Trauma Bypass status and text.
 - iii. DCF will be notified by telephone at the initiation and termination of the bypass. The DCF shall notify the ground ambulance dispatch center(s).
- B. In the event that both Level II Trauma Centers are requesting trauma bypass, both facilities shall remain open to trauma patients. The EMS Agency will consult with both Trauma Medical Directors and take appropriate action to ensure the safety and welfare of the public.
- C. All occurrences of Trauma Bypass greater than (60) sixty minutes, or more than (5) five hours in a (30) thirty day period, shall be referred to the Administrative Trauma Committee for review of contract compliance.