



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STATEWIDE EMERGENCY MEDICAL AND TRAUMA CARE SYSTEM

6 CCR 1015-4

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on April 15, 2020. Effective June 14, 2020.

CHAPTER ONE – STATE EMERGENCY MEDICAL AND TRAUMA CARE SYSTEM STANDARDS

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- 100. Definitions
 - 1. Adult – Any patient age 15 and older is considered an adult in the trauma system.
 - 2. Advisory – The trauma facility is experiencing a specific resource limitation.
 - 3. Bypass – EMS transport of a trauma patient past a routinely used or closer receiving facility for the purpose of accessing a higher level of trauma or specialty care.
 - 4. Department – The Colorado Department of Public Health and Environment.
 - 5. Designated – A status that the Department assigns to a health care facility based on the level of trauma services the facility is capable of and committed to providing to injured persons. Designation levels include Levels I through V, as defined in 25-3.5-703(4)(a)-(e), C.R.S., Regional Pediatric Trauma Centers as defined in 25-3.5-703(4)(f), and nondesignated facilities.

6. Disaster Medical Care – Medical care provided during the occurrence or imminent threat of widespread or severe damage, injury, illness, or loss of life resulting from an epidemic or a natural, man-made, technological, or other cause.
 7. Divert Status – The facility cannot currently accept EMS traffic. EMS shall transport trauma patients to an alternative designation in accordance with the prehospital trauma triage algorithm.
 8. Facility – For purposes of these rules, any designated health care facility, Regional Pediatric Trauma Center (RPTC), or nondesignated health care facility.
 9. Interfacility Transfer – The movement of a trauma patient from one licensed health care facility participating in the trauma system to another licensed health care facility participating in the trauma system.
 10. Nondesignated – A facility that has not met the criteria of Levels I-V or RPTC, but that receives and is accountable for injured persons, including having a transfer agreement to transfer persons to Level to V or RPTC facilities as set forth in Section 25-3.5-703(4)(a.5)-(f), C.R.S. and these rules. “Nondesignated” is considered a designation level pursuant to Section 25-3.5-703(4)(a), C.R.S.
 11. Pediatric – Any patient from birth through age 14 is considered a pediatric patient in the trauma system.
 12. Prehospital Transport – Transport by air or ground ambulance service of a trauma patient to the most appropriate receiving facility consistent with the Regional Emergency Medical and Trauma Services Advisory Council (RETAC) destination protocols and guidelines and the best interest of the patient.
 13. Regional Emergency Medical and Trauma Services Advisory Council (RETAC) – The representative body appointed by the governing bodies of counties or cities and counties for the purpose of providing recommendations concerning regional area emergency medical and trauma service plans for such counties or cities and counties.
 14. Trauma Transport Protocols – Written standards adopted by the State Board of Health that address the use of appropriate resources to move trauma victims from one level of care to another on a continuum of care.
 15. Trauma Care System – An organized approach to providing quality and coordinated care to trauma victims throughout the state on a twenty-four-hour per day basis by transporting a trauma victim to the appropriate designated facility.
101. Prehospital Care
1. Prehospital Algorithms
 - A. Adult patients: Scene transport for adults with trauma or suspected trauma shall be in accordance with national best practice guidelines, the algorithm found in Exhibit A of these rules, and applicable RETAC protocols.
 - B. Pediatric patients: Scene transport for pediatric patients with trauma or suspected trauma shall be in accordance with national best practice guidelines, the algorithm found in Exhibit B of these rules, and applicable RETAC protocols.

2. Facility Divert Status

A. Facilities may go on to divert status for the following reasons:

- (1) Lack of critical equipment
- (2) Operating room saturation
- (3) Emergency department saturation
- (4) Intensive care unit saturation
- (5) Facility structural compromise
- (6) Internal/external disaster
- (7) Lack of equipment/staff necessary to safely and adequately care for the trauma patient.

B. When a trauma center is on divert status, destination of the trauma patient shall be in accordance with the prehospital trauma triage algorithms (Exhibits A and B).

C. Trauma facilities must keep a record of times and reasons for going on divert status for at least 3 years. This information must be made available for RETAC and/or department audit upon request.

D. Trauma facilities must notify impacted EMS agencies and impacted local facilities of divert status in a manner consistent with RETAC protocols.

3. Bypass for Trauma Patients

A. At times, the best interests of the patient and the prehospital trauma triage algorithms (Exhibits A and B) may require that prehospital providers bypass the nearest facility to transport the patient to a higher level trauma center of specialty care.

B. Whether bypass is necessary must initially be determined by the criteria in the algorithms. However, deviations from the algorithms may occur due to the patient's emergency conditions, excessive transport time to the nearest trauma center, specific medical direction, or if it is determined that air transport is the most appropriate option for the patient.

4. Advisory for Trauma Patients

The trauma facility may issue an advisory when it is experiencing specific resource limitations but is able to accept trauma patients who do not require the limited resource. Ambulance agencies are advised to consider transport to other trauma facilities as time and conditions allow for patients impacted by the specific advisory.

102. Transport Protocols

1. When an air or ground ambulance service transports a trauma patient to a receiving facility, its determination of what constitutes the most appropriate receiving facility must conform with:

- A. The applicable RETAC plan assessment of regional considerations as required by Chapter Four, 6 CCR 1015-4, Section 405.3.B.(1); and

- B. The RETAC trauma destination protocol as required by 6 CCR 1015-4, Chapter Four, Section 406 and Chapter One, Exhibits A and B.
- 2. Each designated and nondesignated facility shall meet the transfer requirements, including transfer agreements as required by statute and in rule, appropriate to its designation level, as set forth in 6 CCR 1015-4, Chapter Three.
- 3. Every licensed health care facility that participated in the trauma system shall develop and implement protocols that, at a minimum, address the following components of the trauma system as set forth in 6 CCR 1015-4, Chapter Three:
 - A. When a patient arrives at a facility, the facility will provide the patient with the appropriate available care based on the patient's injury, which may include stabilization before transferring to a higher level of care or specialty care;
 - B. If the patient requires a higher level of care or specialty care that is not available, the facility shall transfer the patient as soon as medically feasible to the appropriate facility, which may be in or out of state; and
 - C. When determining what receiving facility is the most appropriate trauma facility for the injured person, the sending facility shall consider, at a minimum:
 - (1) Accessibility to the receiving facility by ground or air transport,
 - (2) Transport time to the receiving facility by ground or air transport,
 - (3) Treatment options and transport modes that best meet the needs of the patient during ground or air transport, and
 - (4) Whether the best interests of the patient require the attending physician at the sending facility to exercise his or her discretion to bypass a closer facility.

103. Hospital/Facility Care

Hospital/facility care includes all care provided to the trauma patient in licensed healthcare facilities that are governed by the rules and regulations of 6 CCR 1015-4, Chapter Three and 6 CCR 1015-4, Chapter Four, Section 406.

104. Rehabilitative Care

Each facility shall meet the rehabilitative care requirements appropriate to its designation level, as set forth in 6 CCR 1015-4, Chapter Three.

105. Injury Prevention

Each facility shall meet the injury prevention program requirements appropriate to its designation level, as required by 6 CCR 1015-4, Chapter Three and 6 CCR 1015-4, Chapter Four.

106. Education and Research

Each facility shall meet the requirements pertaining to public information, education, and research (as applicable) appropriate to its designation level, as required by 6 CCR 1015-4, Chapter Three.

107. State Trauma Registry and Epidemiology

Each facility shall meet the State registry requirements appropriate to its designation level, as required by 6 CCR 1015-4, Chapter Two.

108. Disaster Medical Care

1. Each facility must provide trauma patients with appropriate access to disaster medical care to the extent necessary and subject to each facility's capabilities and resources. Facilities shall collaborate with and coordinate their planning and provision of disaster medical care with local, regional, and state emergency medical and trauma organizations, and any other entities involved in disaster response.

2. For purposes of these rules, "Disaster Medical Care" is defined in Section 100.6 of these rules.

109. Trauma Communications

1. Each facility shall meet the trauma communications requirements appropriate to its designation level, as required by 6 CCR 1015-4, Chapter Three.

2. Each RETAC biennial plan shall ensure access to emergency medical and trauma services through the 911 telephone system or its local equivalent, and include adequate provisions for services, as required by 6 CCR 1015-4, Chapter Four.

110. Regional Emergency Medical and Trauma Advisory Councils

1. The rules governing RETACS in the trauma system are set forth in 6 CCR 1015-4, Chapter Four.

2. Each facility shall meet the RETAC requirements as set forth in 6 CCR 1015-4, Chapters Three and Four.

111. Trauma Care for Pediatrics

1. Each facility shall meet the requirements pertaining to the care of pediatric patients that is appropriate to its designation level, as required by 6 CCR 1015-4, Chapter Three.

2. Scene transport, diversion, bypass, and RETAC destination protocols pertaining to pediatric patients shall be in accordance with this chapter and as outlined in Exhibit B.

EXHIBIT A

Prehospital Trauma Triage Algorithm
Adult Patients (Ages 15 and older)

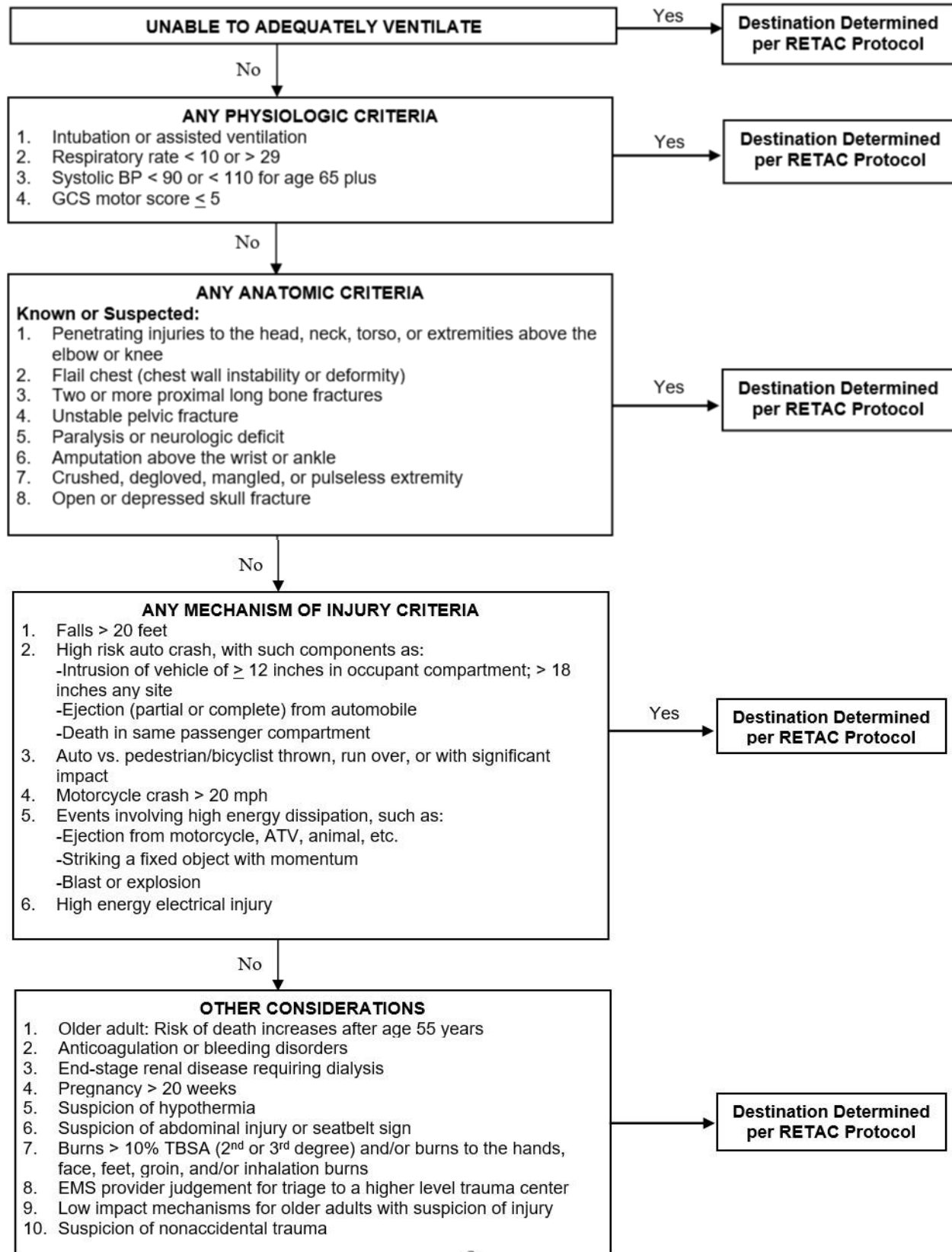


EXHIBIT B

Prehospital Trauma Triage Algorithm
 Pediatric Patients (Less than 15 years old)

