Chapter 23
Only criteria that have a clarification will be noted in this document. New updates will be highlighted in yellow.

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Chapter 5: Hospital Organization and the Trauma Program				
5	I, II, III	During the resuscitation phase, the general surgeon, emergency physici		

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		surgeon who is board certified or eligible for certification by the ABS according to current requirements in Pediatric surgery (ICD 10-21).		PIPS process, protocol development, and c of the injured child.
10	PTC I, II	In Level I and II pediatric trauma centers, the pediatric TMD must be board certified or eligible for certification by the ABS according to current requirements for pediatric surgery or alternatively, a pediatric surgeon who is a Fellow of the ACS with a		

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				centers, there must be a representative (TM or designee) from the adult program or from the pediatric program, who will attend the other program's meeting and ensure dissemination of communication is sent to the other panel members. (rv 11/9/16)
10	PTC I, II	In Level I and II pediatric trauma centers, the pediatric TMD and the liais from neurosurgery, orthopaedic surgery, emergency medicine, and critical care medicine must each accrue an 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		

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11	III	In Level III trauma centers without in-house anesthesia services, protocols must be in place to ensure the timely arrival at the bedside by the anesthesia provider within 30 minutes of notification and request (TYPE I CD 11-8).	In Level III facilities, operative anesthesia may be provided by a CRNA under onsite physician supervision. The specialty of the supervising physician should follow state and local/institutional practices. In states where CRNAs are licensed to practice independently, CRNAs should follow local or institutional practices and may not require physician supervision.

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				the attendance will be counted simultaneously.
11	I, II, III	This ICU liaison must attend at least 50 percent of		

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from the trauma program manager) with a job description and salary support (CD 18–2).

ensure effective injury prevention in the community based on the registry data.

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