

Trauma System Regulations

February 26, 2015

Amended by the Board of Health <Month Day, Year>

Southern Nevada Health District ~ P.O. Box 3902 ~ Las Vegas, Nevada 89127
TRAUMA SYSTEM
REGULATIONS

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the public health authority for those entities and, pursuant to Nevada Revised Statutes (NRS) Chapter 439, has jurisdiction over all public health matters in the Health District; and

WHEREAS, the Southern Nevada District Board of Health (Board) is the governing body of the SNHD, and is authorized to adopt regulations to standardize the trauma system in the interest of the public health, and to protect and promote the public health and safety in the geographical area subject to the jurisdiction of the Health District and is specifically authorized to adopt regulations regarding the designation of hospitals as Centers for the Treatment of Trauma as per NRS 450B.237.

WHEREAS, failure to establish a trauma system plan constitutes a hazard to public health and welfare, the Board finds that the regulation of hospitals as Centers for the Treatment of Trauma does affect the public health, and finds that it is necessary to adopt Southern Nevada Health District Regulations Governing Trauma Systems to promote and regulate a comprehensive trauma system plan; and

WHEREAS, the Board believes that the following Regulations are designed to protect and promote the public health and safety, it does therefore publish, promulgate, and order compliance within Clark County, Nevada with the substantive and procedural requirements hereinafter set forth.

~~TERMS AND ACRONYMS~~

ACS _____	means American College of Surgeons
COBRA _____	means Consolidated Omnibus Budget Reconciliation Act
MAB _____	means Medical Advisory Board
NAC _____	means Nevada Administrative Code
NRS _____	means Nevada Revised Statutes
OEMSTS _____	means Office of Emergency Medical Services & Trauma System
RTAB _____	means Regional Trauma Advisory Board
SNHD _____	means Southern Nevada Health District
TMAC _____	means Trauma Medical Audit Committee

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SECTION 100 DEFINITIONS

- 100.000** **DEFINITIONS.** When a word or term is capitalized, within the body of these Regulations, it shall have the meaning ascribed to it as defined in subsections 100.010 to ~~100.170~~ 100.390 of these Regulations. Unless otherwise expressly stated, words not defined herein shall be given their common and ordinary meaning. The words “shall” and “will” are mandatory; and the word “may” is permissive.
- 100.010** ~~"AUTHORIZATION" means the process by which the Board confirms a general hospital licensed in this State has met the requirements pursuant to the provisions of Section 300 of these Regulations which demonstrates the facility's capacity, capability and commitment to pursue Designation by the Nevada Division of Public and Behavioral Health as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.~~
- 100.010** "ADMINISTRATOR" means the officers and authorized agents of the Nevada Division of Public and Behavioral Health or the Department of Human and Health Services.
- ~~100.170~~** **ADOPTION OF PUBLICATION BY REFERENCE.** The most recent edition of **100.020** "Resources for Optimal Care of the Injured Patient" published by the American College of Surgeons, is hereby adopted by reference.
- 100.030** "ANNUAL TRAUMA REGISTRY REPORT" means the annual report on trauma generated by Nevada's Division of Public and Behavioral Health.
- 100.040** "AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA" or "ACS-COT" means the organization that adopts standards considered by the State Board of Health as a guide for such regulations to verify a hospital as a trauma Center.
- 100.020** **"BOARD"** means the Southern Nevada District Board of Health.
- 100.050**
- ~~100.025~~** **100.060** "CATCHMENT AREA" means the geographical area described by the Office of Emergency Medical Service & Trauma System that defines, manages, and supervises the service area for the delivery and treatment of trauma by a when more than one designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma is established in close proximity, and the time required to transport to all Centers is less than 30 mins. in its plan for providing treatment for trauma as the area served by that center

- 100.030** **100.070** **"CENTER FOR THE TREATMENT OF TRAUMA" or "TRAUMA CENTER(s)"** means a general hospital licensed in this State that can care for Patients of all ages and both genders and which has been designated as a Level I, II or III center by the administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons ACS-COT 'Trauma Center Classification Scheme'.
- 100.080** **"DIVISION OF PUBLIC AND BEHAVIORAL HEALTH" or "DIVISION"** means the Division of the Department of Human and Health Services of Nevada.
- 100.040** **100.090** **"INITIAL DESIGNATION"** means the process by which the Nevada Division of Public and Behavioral Health, with a provisional authorization by the Health Authority of a county whose population is 700,000 or more, confirms a general hospital licensed in this State has met the requirements of a Center for the Treatment of Trauma Level III or Pediatric Center for the Treatment of Trauma, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.
- 100.042** **100.100** **"DISTRICT PROCEDURE"** means Southern Nevada Health District Standard Operating Procedure.
- 100.044** **100.110** **"HEALTH AUTHORITY"** shall have the meaning ascribed to it in NRS 450B.077 that states, "Health Authority means:
1. In a county whose population is less than 700,000, the Division.
 2. In a county whose population is 700,000 or more, the district board of health."
- 100.046** **100.120** **"HEALTH DISTRICT" or "DISTRICT"** means the Southern Nevada Health District, its officers and authorized agents.
- 100.048** **100.130** **"HEALTH DISTRICT OFFICE OF EMSTS" or "OEMSTS"** means the staff of the Health District charged with the responsibility of administering and regulating the Emergency Medical Services & Trauma System in Clark County.
- 100.050** **100.140** **"HEALTH OFFICER"** means the Chief District Health Officer of the Southern Nevada Health District or the Chief District Health Officer's designee.
- 100.150** **"IMPACT REPORT"** means a report generated by OEMSTS that defines the existing trauma centers in relation to a proposed trauma center.
- 100.055** **100.160** **"INJURY SEVERITY SCORE" or "ISS"** means an anatomical scoring system that provides an overall score for Patients with multiple injuries.

- 100.170** **“INCLUSIVE TRAUMA SYSTEM”** means an all-encompassing, planned and regulated, approach to the optimal treatment and care of medical trauma that is patient-focused.
- 100.180** **“LEVEL OF CENTER” or “LEVEL”** means the ACS-COT verified Level of a Center for the Treatment of Trauma (I, II, III, or IV) or Pediatric Center for the Treatment of Trauma (I or II) and congruent designation by the Administrator of the Division of Public and Behavioral Health.
- 100.060** **“MEDICAL ADVISORY BOARD” or “MAB”** means a Board appointed by the Health Officer consisting of one medical director and one operations director for each permitted agency which advises the Health Officer and Board on matters pertaining to the Emergency Medical Services system in Clark County.
- 100.190**
- 100.065** **“PATIENT”** means any individual that meets at least one (1) of the following criteria:
- 100.200**
1. A Person who has a complaint or mechanism suggestive of potential illness or injury;
 2. A Person who has obvious evidence of illness or injury; or
 3. A Person identified by an informed 2nd or 3rd party caller as requiring evaluation for potential illness or injury.
- 100.070** **“PATIENT WITH A MAJOR TRAUMA”** means a person who has sustained an acute injury which has:
- 100.210**
1. The potential of being fatal or producing a major disability; and/or
 2. An injury severity score that is greater than 15.
- 100.080** **“PATIENT WITH TRAUMA”** **“TRAUMA PATIENT”** means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.
- 100.220**
- 100.085** **“PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA” or**
- 100.230** **“PEDIATRIC TRAUMA CENTER(s)”** means a general hospital licensed in this State that can provide comprehensive surgical, medical and nursing care for Trauma Patients who are less than 15 years of age and which has been designated as a Level I or II pediatric center by the administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the ACS-COT ‘Trauma Center Classification Scheme’.
- 100.090** **“PERMITTEE”** means the person who holds a permit issued by the Southern Nevada Health District authorizing the provision of emergency medical care in Clark County through an ambulance service, air ambulance service, or firefighting agency.
- 100.240**

- 100.095** **"PHYSICIAN"** means a Person licensed by the Nevada State Board of Medical
100.250 Examiners or the Nevada State Board of Osteopathic Medicine to practice medicine in Nevada.
- 100.098** **"PREHOSPITAL CARE RECORD"** means a form or format, approved by the
100.260 Health Officer, used for the reporting of Emergency Medical Care rendered by licensed Attendants.
- 100.270** **"PROVISIONAL AUTHORIZATION"** means the process by which the Board approves a proposal from the Nevada Division of Public and Behavioral Health to initially designate a hospital as a Level III Center for the Treatment of Trauma, or a Renewal of Designation without a change of Level for existing Centers, or an Initial Designation as a Level I or II for existing Centers seeking a change in Level, or Initial, change, or Renewal Designation for a Pediatric Center for the Treatment of Trauma.
- 100.100** **"RECEIVING FACILITY"** means a medical facility as approved by the Health
100.280 Officer.
- 100.290** **"REGIONAL TRAUMA ADVISORY BOARD"** or **"RTAB"** means the board appointed by the Health Officer with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of care for a Patient with Trauma.
- 100.300** **"RENEWAL OF DESIGNATION"** means the renewal process by which the Nevada Division of Public and Behavioral Health, with a Provisional Authorization by the Board, confirms a hospital licensed in this State has met the requirements of a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.
- 100.310** **"SOUTHERN NEVADA TRAUMA SYSTEM PLAN"** means the comprehensive trauma plan adopted by the RTAB to effectively provide the current and future treatment of trauma to persons in Southern Nevada.
- 100.320** **"SOUTHERN NEVADA TRAUMA SYSTEM REPORT"** is an annual method used to report the current and previous performance, based on a minimum of 5-years, of the Southern Nevada Trauma System.
- 100.120** **"SYSTEM FOR PROVIDING TREATMENT FOR TRAUMA"** means a
100.330 formally organized arrangement of resources providing health care which is described in writing by a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma and approved by the Board and the Nevada Division of Public and Behavioral Health whereby a Patient with Trauma is treated at a designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.

- 100.130** "TRANSFER" means the prearranged movement of a Patient by ambulance or air ambulance from one (1) hospital to another hospital, a medical facility, a home or other location.
100.340
- 100.140** "TRANSPORT" means the movement of a Patient by ambulance or air ambulance from the scene of an emergency to a designated Center for the Treatment of Trauma, Pediatric Center for the Treatment of Trauma, or medical facility as approved by the Health Officer.
100.350
- 100.360** "TRAUMA MEDICAL AUDIT COMMITTEE" or "TMAC" means the multidisciplinary medical peer review committee of the Regional Trauma Advisory Board that monitors and evaluates Trauma Centers, system performance and makes recommendations for improvements.
- 100.370** "TRAUMA SYSTEM PERFORMANCE IMPROVEMENT PLAN" means the written plan adopted by the TMAC to protect and assure an optimal trauma system operation and the best possible patient outcomes.
- 100.150** "TRIAGE CRITERIA" means a measure or method of assessing the severity of a person's injuries which is used to evaluate the Patient's condition in the field and is based on anatomical considerations, physiological conditions and the mechanism of injury as outlined in the Clark County EMS System Trauma Field Triage Criteria Protocol.
100.380
- 100.160** "VERIFICATION" means the process by which the American College of Surgeons ACS-COT confirms that a hospital licensed in this State is capable of performing as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma and meets the criteria contained in the current "*Resources for Optimal Care of the Injured Patient.*" Verification by the American College of Surgeons ACS-COT is an integral part of the State's Designation process as outlined in NAC 450B.820.
100.390

SECTION 200 TRAUMA SYSTEM ADMINISTRATION

200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES.

The OEMSTS shall establish and maintain standards related to the structure and operation of the trauma system in Clark County to include a program for planning, developing, coordinating, maintaining, modifying, and improving the system. The general responsibilities are as follows:

- I. Coordinate with Trauma Centers or Pediatric Trauma as well as public and private agencies in the development and implementation of programs dedicated to injury prevention and public education about the trauma system.
- II. Establish, review, and adjust Catchment Areas as needed for Trauma Centers or Pediatric Trauma Centers to facilitate timely transportation of Trauma Patients from the scene of an emergency and not for the purposes of restricting referral of Trauma Patients requiring Transfer to a higher level of care.
- III. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Trauma Patients within the trauma system.
- IV. Coordinate with ~~all~~ hospitals and rehabilitation services to facilitate appropriate access to and utilization of resources to provide a full spectrum of trauma care to injured Trauma Patients.
- ~~V. Develop and implement a regional trauma performance improvement plan. Manage the Southern Nevada Regional Trauma Plan and the Trauma System Improvement Plan for trauma treatment.~~
- VI. Perform an annual report of the Southern Nevada Trauma System, using a minimum the previous (5) calendar years of available data.
- VII. Produce an Impact Report for the Board and RTAB for a Trauma Center or Pediatric Center when needed.
- VIII. Serve as a central repository for trauma data collection, organization, analysis, and reporting.
- IX. Establish criteria that are consistent with state and national standards to determine the optimal number and Level of Trauma Centers or Pediatric Trauma Centers so to be authorized based upon the availability of resources and the ability to distribute Trauma Patients to ensure timely access to definitive care.
- X. ~~Develop and implement~~ Maintain a procedure consistent with state and national standards for accepting and processing an application(s), including applicable fees, for the Board for Provisional Authorization:
 - A. From a hospital proposed by the Administrator of the Division requesting Provisional Authorization as a Level III Trauma Center.
 - B. From a Trauma Center requesting Renewal. ~~The regulations, or renewal~~

~~of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma from the Board, including applicable fees.~~

- C. From a Trauma Center requesting a change in Level.
 - D. From a hospital or Trauma Center for Initial Designation or Renewal of Designation as a Pediatric Trauma Center.
 - E. From a federally exempt hospital seeking to participate as a Trauma Center within the existing system.
- XI. Coordinate with members of the public safety, public health, and emergency care communities to plan a systematic response to mass casualty events.

200.100 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

EVALUATION. The OEMSTS shall develop maintain a standardized System for Providing Treatment of Trauma and Trauma Performance Improvement Plan to provide ~~continuous~~ ongoing assessment review of the structure, functions, and outcomes of the system. The plan shall include, but not be limited to the following components:

- ~~I. An external audit process whereby periodic reviews of each Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma may be conducted by the Nevada Division of Public and Behavioral Health and/or the OEMSTS to determine compliance with applicable State statutes and regulations.~~
- ~~II. Initial and Renewal Verification review site visits of each Level I, II, and III Trauma Center or Level I and II Pediatric Trauma Center conducted by the ACS-COT at least once every three (3) years. Adoption and implementation of a standardized system to collect and manage data from permitted emergency medical service agencies, Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma, hospitals and other healthcare organizations, as appropriate. The conditions shall be as follows:
 - ~~A. The requested data will be specific to planning, research and evaluation of the effectiveness of the trauma system, as determined by the OEMSTS and RTAB.~~
 - ~~B. All Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma and hospitals that receive trauma Patients shall provide data when requested.~~
 - ~~C. The OEMSTS will provide periodic reports on the performance of the trauma system, at least every two years.~~~~
- ~~III. Adoption and implementation of a Maintain and update the standardized system to collect and manage data from permitted emergency medical service agencies, Trauma Center or Pediatric Trauma Center, hospitals, and other healthcare organizations, as appropriate. The conditions shall be as follows:
 - ~~A. The requested data will be specific to planning, research, and evaluation of the effectiveness of the trauma system, as determined by the OEMSTS and RTAB.~~
 - ~~B. All Trauma Centers or Pediatric Trauma Centers and hospitals that receive Trauma Patients shall provide data when requested.~~
 - ~~C. The OEMSTS will provide ~~periodic~~ an annual report on the performance of the trauma system, using a data set of the previous 5-years, when available at least every two years.~~~~
- ~~IV. Development Management of the Trauma Medical Audit Committee, of a multidisciplinary medical peer review committee, to review and evaluate trauma care in the system, monitor trends in system performance, and make recommendations for system improvements.~~
- ~~V. Management of the Regional Trauma Advisory Board to review, evaluate, and monitor the System for the Treatment of Trauma and make recommendations for system function and improvement.~~

200.200 TRAUMA PATIENT TRANSPORT. Trauma Patients transported by a Permittee ~~authorized to provide emergency medical care in Clark County~~ shall be delivered to a Receiving Facility, as approved by the Health Officer, in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

200.250 TRAUMA PATIENT REFUSING TRANSPORT:

- I. If a Trauma Patient at the scene of an emergency refuses to be transported to a Trauma Center or Pediatric Trauma Center after a determination has been made that the Trauma Patient's physical condition meets the Triage Criteria requiring transport to the trauma center, the person providing emergency medical care ~~shall~~ must evaluate the decision-making capacity of the Trauma Patient. If ~~he~~ the person providing emergency medical care determines that the Trauma Patient is competent, the Trauma Patient (or the Trauma Patient's authorized representative) must be advised of the risks of not receiving further treatment at the trauma center.
- II. If the Trauma Patient continues to refuse ~~to be transported~~ transportation to the Trauma Center or Pediatric Trauma Center, the person providing emergency medical care must request the Patient (or Patient's authorized representative) to sign a release of medical assistance statement in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

200.300 TRAUMA PATIENT TRANSFER:

- I. Trauma Patients may be transferred to Trauma Centers or Pediatric Trauma Centers ~~providing that~~ if the following conditions are met:
 - A. Any Transfer shall be, as determined by the physician of record, medically prudent and conducted according to the most recently established guidelines under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and subsequent announcements.
 - B. The Transfer, when performed by a Permittee authorized to provide emergency medical care in Clark County, shall be conducted in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.
- II. ~~Hospitals~~ Trauma Centers or Pediatric Trauma Centers ~~shall~~ must establish written agreements with ~~Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma~~ hospitals ~~for consultation and~~ to facilitate Transfer of Trauma Patients requiring a higher level of care.
- III. Hospitals receiving Trauma Patients ~~shall~~ should participate in the trauma system quality improvement activities for those Trauma Patients who have been treated at their facility or transferred from their facility. Hospitals may request to present trauma related information to or be invited to present by the RTAB or TMAC.

SECTION 300
CENTER FOR THE TREATMENT OF TRAUMA OR
PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA
PROVISIONAL AUTHORIZATION AND DESIGNATION PROCESSES

300.000 PROCESS FOR INITIAL AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA.

Any hospital that desires Initial Designation as a Trauma or Pediatric Trauma Center in Clark County shall first request Authorization from the Board may initially apply only as a Level III and must request Provisional Authorization from the Board based on these conditions:

- I. The proposed hospital will first meet the approved standards determined by the Administrator from the Division of Public and Behavioral Health defined in NRS 450B.237 and NAC 450B.817; and ~~The Board shall determine the needs of the Clark County trauma system based on evidence obtained through continuous evaluation of the system assessing the volume, acuity and geographic distribution of Patients requiring trauma care; and the location, depth and utilization of trauma resources in the system.~~
 - A. ~~The Board's approval of a request for Authorization will be based on a demonstrated need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma.~~
 - B. ~~The accepted standards for trauma Transport, treatment and referral established by the Board shall be based on those recommended by the ACS.~~
 - C. ~~All Level I, II and III Centers for the Treatment of Trauma or Level I and II Pediatric Centers for the Treatment of Trauma in Clark County must be verified by the ACS at the appropriate level.~~
- II. The proposed hospital will apply for Provisional Authorization from the Board after approval by the Administrator; and ~~There are two options for hospitals to apply for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma utilizing the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma".~~
 - A. ~~If a need is identified, the Board shall publish a request for proposal for the addition of a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma or for a change in level of Authorization for an existing Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma; or~~
 - B. ~~A hospital may submit an application for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, at any time, in accordance with these Regulations.~~
- III. ~~If a demonstrated need in the system exists and the hospital meets the requirements defined in the "District Procedure for Authorization as a Center~~

~~for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma”
the Board may grant Authorization.~~

- IV. If a hospital satisfies the conditions in Section I and Section II, the hospital shall will be authorized as a Trauma Center ~~or Pediatric Center for the Treatment of Trauma~~ according to a graduated process wherein Provisional Authorization shall be granted at Level III only; and
- V. At the time for Renewal of Authorization, a designated Level III Trauma Center may apply for:
 - A. Renewal of Provisional Authorization as a Level III Trauma Center; ~~or~~
 - B. Initial Provisional Authorization as a Level I or II Trauma Center or Level I or II Pediatric Trauma Center.
- VI. The provisions of this subsection do not prohibit a hospital that has been designated as:
 - A. A Level II Trauma Center from applying for Provisional Authorization as a Level I Trauma Center, at any time; or
 - B. A Level I or II Trauma Center from applying for Provisional Authorization as a Level I or II Pediatric Trauma Center, at any time.
- VII. Upon successful completion of the ~~initial~~ Provisional Designation process outlined in NAC 450B.817 - 450B.828, including ACS-COT Verification, the ~~Nevada Division of Public and Behavioral Health~~ Division will issue written notification of designation at the Level verified by the ACS-COT. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days, and OEMSTS will begin inclusion of the hospital within the Trauma System within ninety (90) days.

300.100 PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION FOR INITIAL DESIGNATION.

In order for the Board to consider issuing a letter of Provisional Authorization to a hospital requesting approval from the Board to be considered for initial designation by the ~~Nevada Division of Public and Behavioral Health~~ as a Level III Trauma Center or Pediatric Trauma Center in Clark County, the following steps must be taken:

- I. Completion of an application through OEMSTS for Provisional Authorization as a Level III Trauma Center or Pediatric Trauma Center ~~Level III~~, which includes ~~a written agreement between the hospital and the Board which addresses:~~
 - A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of an authorized and designated Level III Trauma Center ~~for the Treatment of Trauma or Pediatric Trauma Center;~~
 - B. ~~and in the “District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.”;~~

- C. Payment of appropriate fees as prescribed by the Board;
 - D. For an Initial Level III Center, a certificate or letter from the Administrator of the Division.
- II. Upon receipt and review of the application for Provisional Authorization as a Level III Trauma Center or Pediatric Trauma Center, the OEMSTS staff will make a recommendation to present the Board to approve or deny the application for Authorization based on the criteria outlined in the “District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.” the following:
- A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan;
 - B. An advisory position of the RTAB and TMAC;
 - C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report;
 - D. Certificate or letter issued by the Administrator of the Division for an initial Level III Trauma Center;
 - E. A statement by OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in the “Process for Accepting Applications for Provisional Authorization for initial designation,” Section I.
- III. Upon receipt of Provisional Authorization, the applicant ~~may apply~~ is directed to follow all regulations and process as outlined to-by the Nevada Division of Public and Behavioral Health for designation, and those outlined in NAC 450B.817 - 450B.828.
- IV. Upon successful completion of the Nevada Division of Public and Behavioral Health Designation process as outlined in NAC 450B.817 – 450B.828, including Verification by the ACS; the Nevada Division of Public and Behavioral Health will issue written notification of Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma at the level verified by the ACS.

300.200 PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA WITHOUT A CHANGE OF LEVEL.

Any hospital that desires Renewal of Designation as a Trauma Center or Pediatric Trauma Center in Clark County without a change of Level shall first request Provisional Authorization for renewal of Authorization from the Board eighteen (18) months before its designation expires.

In order for the Board to consider issuing a letter of Provisional Authorization to a hospital Trauma Center requesting approval from the Board to be considered for a Renewal of their Designation by the Nevada Division of Public and Behavioral Health as a Trauma Center or Pediatric Trauma Center, the following steps must be taken:

- I. Completion of an application through OEMSTS as defined in the “District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma”; for Provisional Authorization for Renewal as a Trauma Center and/or Pediatric Trauma Center without a change of Level, which includes:
 - A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level; and
 - B. Payment of appropriate fees as prescribed by the Board.
- II. Upon receipt and review of the application for Renewal of Authorization as a Trauma Center or Pediatric Trauma Center without a change of Level, the OEMSTS will make a recommendation to the Board in support of approval to ~~approve or~~ denial of ~~deny~~ the application based on the criteria outlined in the “District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma. in this section.
- III. Upon receipt of ~~renewal of Authorization~~ Provisional Authorization from the Board, the applicant may apply to the Nevada Division of ~~Public and Behavioral Health~~ for renewal of their designation.
 - A. Arranging a site visit for Verification by ACS-COT may occur before Provisional Authorization by the Board while following the verification process as outlined in NAC 450B.8205, with the understanding the pre-scheduled site visit does not grant Provisional Authorization and all cost must be borne by the Center.
- IV. Upon successful completion of the Nevada Division of ~~Public and Behavioral Health~~ Renewal of Designation renewal process as outlined in NAC 450B.8205, including renewal of Verification by the ACS-COT, the Nevada Division of ~~Public and Behavioral Health~~ will issue written notification of designation as a Trauma Center or Pediatric Trauma Center at the Level verified by the ACS-COT.
- V. The Center will submit a copy to OEMSTS of the written notification of renewal of designation by the Division to the OEMSTS within thirty (30) days of approval.

300.300 PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA WITH A CHANGE OF LEVEL OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.

Any Trauma Center that desires a change in Level or an initial designation as a Pediatric Center in Clark County shall first request Provisional Authorization from the Board eighteen (18) months before its designation expires with the following conditions when applicable:

- I. At the time for Renewal of Authorization, a Level III Trauma Center may apply for initial designation as a Level I or II Trauma Center or Level I or II Pediatric Trauma Center.
- II. At any time up to eighteen (18) months before its designation expires, a Level II Trauma Center may apply for Provisional Authorization as a Level I Trauma Center.
- III. At any time, a Level I or II Trauma Center may apply for Provisional Authorization as a Level I or II Pediatric Trauma Center.

In order for the Board to consider issuing a letter of Provisional Authorization to an existing Trauma Center requesting a change in Level or a hospital or Trauma Center seeking initial designation as a Pediatric Trauma Center by the Division, the following steps must be taken:

- I. Completion of an application through OEMSTS for Provisional Authorization for a Trauma Center with a change of Level, which includes:
 - A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center or Pediatric Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level; and
 - B. Payment of appropriate fees as prescribed by the Board.
- II. Upon receipt and review of the application for Renewal of Authorization with a change of Level or Provisional Designation as a Pediatric Trauma Center, the OEMSTS will take the following steps based on the hospital's or Trauma Center's current Level:
 - A. For a hospital designated as a Level II seeking initial designation as a Level I, the OEMSTS will make a statement in approval or denial of Provisional Authorization based on the criteria outlined in the application.
 - B. For a hospital or Trauma Center that seeks initial designation as a Pediatric Trauma Center, the OEMSTS will present the following to the Board:
 - i. Prepare an Impact Report specific to pediatric trauma cases.
 - ii. An advisory position of the RTAB and TMAC.
 - iii. A statement by the OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria

outlined in this section.

C. For Level III Center that seeks a change in Level, the OEMSTS will present the following to the Board:

- i. If the Level III Trauma Center operates without limitations imposed by the design and function of the Southern Nevada Trauma System Plan, OEMSTS will make a statement to the Board to approve or deny Provisional Authorization based on the criteria outlined in the application.
- ii. If the Level III Trauma Center operates with limitations imposed by the design and function of the Southern Nevada Trauma System Plan, OEMSTS will present the following to the Board:
 1. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan.
 2. An advisory position of the RTAB and TMAC.
 3. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report.
 4. A statement by OEMSTS to the Board to approve or deny the application for Initial Authorization based on the criteria outlined in this section.

III. Upon receipt of Provisional Authorization from the Board, the applicant may apply to the Division for designation as outlined in NAC 450B.8205.

A. Arranging a site visit for Verification by ACS-COT may occur before Provisional Authorization by the Board while following the verification process as outlined in NAC 450B.8205, with the understanding the pre-scheduled site visit does not grant Provisional Authorization and all cost must be borne by the Center.

IV. Upon successful completion, the Division will issue written notification of designation as a Trauma Center or Pediatric Trauma Center t the Level verified by the ACS-COT.

V. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days, and OEMSTS will begin inclusion of the hospital's changed Level within the Trauma System within ninety (90) days.

300.400 PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS SEEKING TO PARTICIPATE IN THE SOUTHERN NEVADA TRAUMA SYSTEM AS A CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.

Hospitals located on federal land within Nevada, and are exempt as defined in NRS 449.0301, may seek Verification from ACS-COT according to their identified capacity and operate within federal jurisdiction as a Trauma Center according to their mandates.

In order for the Board to consider the inclusion of a federally exempt hospital to

operate as a Trauma Center within the Southern Nevada Trauma System Plan and outside of federal jurisdiction, the following steps must be taken:

- I. Completion of an application through the OEMSTS for the intent to participate as an ACS-COT verified Trauma Center within the Southern Nevada Trauma System, which includes:
 - A. Verification of Level and optimal performance as a Trauma Center by the ACS-COT;
 - B. Recognition from the Administrator of the Division according to State statutes and processes;
 - C. Inclusion and participation in the existing Southern Nevada Trauma System Plan.
- II. Upon receipt and review of the application, the OEMSTS will present the Board the following:
 - A. An Impact Report prepared by the OEMSTS as defined in the Southern Nevada Trauma System Plan;
 - B. An advisory position of the RTAB and TMAC;
 - C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report;
 - D. Recognitions by the Administrator of the Division;
 - E. A recommendation by the OEMSTS to the Board to approve or deny the application and participation based on the criteria outlined in this section.
- III. Upon successful completion of this process, OEMSTS will begin inclusion of the hospital within the Trauma System within ninety (90) days.

~~300.300~~ **DURATION OF AUTHORIZATION; RENEWAL OF AUTHORIZATION;**
300.500 AND PROVISIONAL AUTHORIZATION OF A CENTER FOR THE
TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE
TREATMENT OF TRAUMA.

In accordance with the Division's designation requirements outlined in NAC 450B.826, the following conditions apply:

- I. Authorization as a Trauma Center or Pediatric Trauma Center shall be valid for the period of designation by the Division, but not more than three (3) years, except as otherwise provided in Section 300.300.
- II. Renewal of Authorization as a Trauma Center or Pediatric Trauma Center shall be valid for the period of designation by the Division, but not more than three (3) years, except as otherwise provided in Section 300.300.
- III. In conjunction with the Division, if the OEMSTS finds extenuating circumstances exist while an application for Renewal of Authorization is pending and that withholding the Renewal of Authorization may have a detrimental impact on the health of the public, a recommendation may be made to the Board that the current designation may be extended that a provisional

~~Authorization be issued. The provisional Authorization extension shall be valid for the extension period issued by the Division, but not more than one (1) year. The Board may impose such conditions on the issuance of the extension provisional Authorization as it deems necessary.~~

300.400 PROCESS FOR REQUESTING CHANGE IN LEVEL OF DESIGNATION.

~~If a currently designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma wishes to seek a higher level of Designation through the Nevada Division of Public and Behavioral Health, they must first request Authorization from the Board utilizing the process defined in Section 300.000 of these Regulations.~~

**300.500 DENIAL OF INITIAL OR RENEWAL APPLICATION FOR
300.600 AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING
AUTHORIZATION BY THE BOARD.**

In conjunction with the Division's conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:

- I. The Board may deny ~~an initial or renewal application for~~ Provisional Authorization or may suspend or revoke an existing authorization of a Trauma Center or Pediatric Trauma Center for, ~~but not limited to~~ the following reasons:
 - A. Failure to comply with the requirements of these regulations or the applicable regulations adopted by the state board of health;
 - B. Failure to receive Verification from the ACS-COT indicating that ~~it has~~ the hospital complied with the criteria established for a Level I, II or III Trauma Center or Level I or II Pediatric Trauma Center as published in the current "*Resources for Optimal Care of the Injured Patient*;"
 - C. Conduct or practice found to be detrimental to the health and safety of Trauma Patients;
 - D. Willful preparation or filing of false reports or records; or
 - E. Fraud or deceit in obtaining or attempting to obtain Provisional Authorization or Renewal of Authorization.
- II. When practical, the OEMSTS shall give written notice of the Board's decision within five (5) business days; however, advance notice is not required to be given by the OEMSTS if the Board, in conjunction with the Division, determines that the protection of the health of the public requires immediate action. If the Board so determines, the OEMSTS may order a summary suspension of the Provisional Authorization pending proceedings for revocation or other action.
- III. If a Trauma Center or Pediatric Trauma Center wishes to contest the actions of the Board taken pursuant to this section it must follow the appeal process outlined in Section 300.800.

**~~300.600~~
300.700 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA
CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC
CENTER FOR THE TREATMENT OF TRAUMA.**

In conjunction with the Division's conditions outlined in NAC 450B.830, if a hospital chooses not to continue to be authorized designated as a Trauma Center or Pediatric Trauma Center or chooses to change their designation to a lower Level, ~~it~~ the hospital must submit a written notice to the OEMSTS at least six (6) months prior to the date it will discontinue providing trauma services at their authorized level.

**~~300.700~~
300.800 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR
RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF
EXISTING AUTHORIZATION.**

The decisions of the Board are ~~considered~~ final. Any appeal ~~of the~~ from the Board's ~~of Health's~~ denial of an application for initial or renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, or suspension or revocation of an existing authorization as a Trauma Center or Pediatric Trauma Center, can be made to the district court on a petition for judicial review in accordance with NRS 233B.130.

SECTION 400
REGIONAL TRAUMA ADVISORY BOARD
SYSTEM FOR THE TREATMENT OF TRAUMA ADVISORY BOARD
AND PEER REVIEW AUDIT COMMITTEES

400.000 REGIONAL TRAUMA ADVISORY BOARD.

The RTAB is appointed by the Health Officer, whose standing members consist of one trauma medical director and one trauma program manager for each Designated Trauma Center and the chair of the Medical Advisory Board. Non-standing members from any organization or association involved with trauma may be invited by the Health Officer to participate in the RTAB. The RTAB should support the Health Officer's role to ensure a high-quality system of Trauma Patient care within Clark County and surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial Trauma Patient access to definitive Trauma Patient care. The RTAB bylaws will be maintained within the Southern Nevada Trauma System Plan.

~~I.—The primary mission of the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) is to support the Health Officer's role to ensure a high quality system of Patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation and revision of the system from initial Patient access to definitive Patient care.~~

~~II.—The RTAB shall consist of members appointed by the Health Officer.~~

~~A.—Standing members of the RTAB shall be:~~

- ~~1. One (1) trauma medical director from each designated trauma center;~~
- ~~2. One (1) trauma program manager from each designated trauma center;~~
- ~~3. The chairman of the Medical Advisory Board; and~~

~~B.—Upon request of the Health Officer, organizations and associations that have an interest in the care of the victims of trauma shall submit to the Health Officer written nominations for appointment to the RTAB.~~

~~C.—After considering the nominations submitted pursuant to paragraph B, the Health Officer shall appoint to the RTAB:~~

- ~~1. One (1) administrator from a non-trauma center hospital system;~~
- ~~2. One (1) person representing the public providers of advanced emergency care;~~
- ~~3. One (1) person representing the private franchised providers of advanced emergency care;~~
- ~~4. One (1) person representing health education and prevention~~

services;

5. ~~One (1) person representing the payers of medical benefits for the victims of trauma;~~
6. ~~One (1) person representing the general public;~~
7. ~~One (1) person representing rehabilitation services;~~
8. ~~One (1) person with knowledge of legislative issues/advocacy;~~
9. ~~One (1) person involved in public relations/media; and~~
10. ~~One (1) person with knowledge of system financing/funding~~

~~D. In addition to the members set forth in paragraphs A. and C., an employee of the Health District whose duties relate to the administration and enforcement of these Regulations will be an ex officio member of the RTAB.~~

~~III. Each standing member may designate an alternate member to serve in his/her place should he/she be temporarily unable to perform the required duties of this section. The Health Officer will designate or approve the alternates for the other members of the Board.~~

~~IV. Appointed members of the RTAB shall serve two (2) year terms, from July 1 through June 30 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the RTAB in the manner prescribed in this section. The members shall elect their chairman from amongst the body.~~

~~V. Voting shall be done by roll call vote. The chairman of the RTAB may vote on all issues before the body. Issues shall be passed by a simple majority.~~

~~VI. Members of the RTAB may establish subcommittees to study specific matters falling within the area of responsibility of the RTAB.~~

~~VII. The RTAB shall:~~

~~A. Review and advise the Health Officer regarding the management and performance of trauma services in this county;~~

~~B. Advise the Health Officer on matters of policy relating to trauma care;~~

~~C. Advise the Board and the Health Officer with respect to the preparation and adoption of regulations regarding trauma care;~~

~~D. Evaluate the effectiveness of the trauma system based on statistical analysis of EMS/trauma data collected; and~~

~~E. Establish a trauma peer review committee to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. When functioning as a peer review committee, the committee derives its authority and privilege from NRS 49.117 through NRS 49.123 and NRS 49.265.~~

~~VIII. The RTAB shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.~~

- ~~IX. Members of the RTAB shall serve without pay.~~
- ~~X. The RTAB members shall disclose any direct or indirect interest in or relationship with any individual or organization that proposes to enter into any transaction with the Board (NRS 281A.420).~~
- ~~XI. Nothing contained herein shall be construed as making any action or recommendation of the RTAB binding upon the Health Officer or the Board.~~

400.100 TRAUMA MEDICAL AUDIT COMMITTEE

The Trauma Medical Audit Committee will function as a multidisciplinary medical peer review committee of the RTAB to review and evaluate trauma care in the system, monitor trends in system performance, and make recommendations for system improvements. The TMAC, when functioning as a peer review committee, derives its authority and privilege from NRS 49.117 - 49.123, NRS 49.265, and NRS 450B.237. The TMAC bylaws will be maintained within the Southern Nevada Trauma System Plan.

SECTION 500
~~TRAUMA MEDICAL AUDIT COMMITTEE~~

500.000 ~~TRAUMA MEDICAL AUDIT COMMITTEE.~~

- ~~I.—The Trauma Medical Audit Committee (TMAC) is a multidisciplinary medical review committee of the District Board of Health that will meet regularly, including as a peer review committee, to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. The TMAC, when functioning as a peer review committee, derives its authority and privilege from NRS 49.117—49.123; NRS 49.265; and NRS 450B.237~~
- ~~H.—The scope of the TMAC shall include, but not be limited to:~~
- ~~A.—Participation in the development, implementation, and evaluation of medical audit criteria;~~
 - ~~B.—Review and evaluation of trauma care in the county;~~
 - ~~C.—Review of trauma deaths in the county;~~
 - ~~D.—Participation in the designing and monitoring of quality improvement strategies related to trauma care; and~~
 - ~~E.—Participation in research projects.~~
- ~~III.—The TMAC shall consist of the following members:~~
- ~~A.—The Standing TMAC members shall be appointed by the Health Officer. They include:~~
 - ~~1. Trauma medical director from each designated trauma center~~
 - ~~2. Trauma program manager from each designated trauma center~~
 - ~~3. County medical examiner or designee~~
 - ~~4. EMSTS manager or designee~~
 - ~~5. Neurosurgeon recommended by the Health Officer~~
 - ~~6. Anesthesiologist recommended by the Health Officer~~
 - ~~7. Orthopedic surgeon recommended by the Health Officer~~
 - ~~8. Emergency Physician not affiliated with a trauma center, recommended by the Health Officer~~
 - ~~9. Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.~~
 - ~~B.—Ad hoc members that may participate include other relevant individuals or subject matter experts, as determined by the chairman and Health Officer.~~
- ~~IV.—Each standing member may designate an alternate member to serve in their place should they be temporarily unable to perform the required duties of this~~

~~section. The Health Officer will designate or approve the alternates for the other members of the TMAC.~~

- ~~V. Appointed members of the TMAC shall serve two (2) year terms, from January 1 through December 31 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the TMAC in the manner prescribed in this section. The members shall elect their chairman from amongst the body.~~
- ~~VI. The TMAC shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.~~
- ~~VII. Members of the TMAC shall serve without pay.~~
- ~~VIII. Attendance
 - ~~A. Attendance at the meetings for the trauma medical directors and trauma program managers or their designees is mandatory. The trauma medical directors and the trauma program managers are expected to attend 90% of the scheduled TMAC meetings annually. After three (3) consecutive absences in a calendar year, an appointed member may be replaced on the TMAC.~~
 - ~~B. Resignations from the TMAC shall be submitted, in writing, to the OEMSTS.~~
 - ~~C. Invitees may participate in the peer review of specified cases where their expertise is requested. All requests for invitees must be approved by the OEMSTS in advance of the scheduled meeting.~~
 - ~~D. Invitees not participating in the peer review of specified cases must be approved by the OEMSTS and all trauma medical directors.~~~~
- ~~IX. Due to the advisory nature of the TMAC, many issues require consensus rather than a vote process. Vote process issues will be identified as such by the chairman. Voting members shall be the standing committee members. When voting is required, a simple majority of the voting members of the standing committee need to be present. Members may not participate in voting when a conflict of interest exists.~~
- ~~X. Minutes will be kept by OEMSTS staff and distributed to the members at each meeting. All official correspondence and communication generated by the TMAC will be approved by the TMAC members and released by OEMSTS staff on Southern Nevada Health District letterhead.~~
- ~~XI. All proceedings, documents and discussions of the TMAC, when functioning as a peer review committee, are confidential and are covered under NRS 49.117-49.123 and NRS 49.265. The privilege relating to discovery of testimony provided to the TMAC shall be applicable to all proceedings and records of the TMAC whose purpose is to review, monitor, evaluate, and report on trauma system performance.~~

~~All members and invitees shall sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through TMAC meetings. Prior to guest(s) participating in the~~

~~meeting, the chairman is responsible for explaining the signed confidentiality agreement to invitees. Invitees should only be present for the portions of meetings they have been requested to attend.~~

~~XII. Nothing contained herein shall be construed as making any action or recommendation of the TMAC binding upon the Health Officer or the Board~~

