

## Emergency Department Services

The purpose of this section is to show compliance with [WAC 246-976-700](#) emergency department standards.

Level: All

**Section Item 1:**  Emergency care services available 24 hours every day, with:

**Section Item 2:**  An emergency department.

Level: Adult, I-V

**Section Item 3:**  The ability to resuscitate and stabilize adult and pediatric trauma patients in a designated resuscitation area.

Level: Adult, All

**Section Item 4:**  A medical director, who:

- Is board-certified in emergency medicine, or
- Is board-certified in general surgery or
- Is board-certified in another relevant specialty practicing emergency medicine as their primary practice
- Physician ACLS trained with current certification in ATLS
- Physician assistant or advanced registered nurse practitioner ACLS trained who maintains ATLS certification.

Level: Pediatric, All

- A medical director, who (skip to item 6 if not applicable):
  - Is board-certified in pediatric emergency medicine or
  - Board-certified in emergency medicine with special competence in the care of pediatric patients or
  - Board-certified in general surgery with special competence in the care of pediatric patients or
  - A general surgeon ACLS trained with current certification in ATLS and with special competence in the care of pediatric patients
  - Board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients.

Level: Adult, All

**Section Item 5:**  Emergency physicians [for the adult trauma service] who:

- Are board-certified in emergency medicine or
- Board-certified in a relevant specialty practicing emergency medicine as their primary practice or
- Physician practicing emergency medicine as their primary practice with current certification in ACLS and ATLS or
- Physician assistant or advanced registered nurse practitioner ACLS trained who maintains ATLS certification.
- This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident working under the direct supervision of the attending emergency physician. The resident must be available within five minutes of notification of the patient's arrival to provide leadership and care until the arrival of the general surgeon.
- Are available within five minutes of notification of the patient's arrival in the emergency department.
- Are currently certified in ACLS and ATLS. This requirement applies to all emergency physicians and residents who care for trauma patients in the emergency

department except this requirement does not apply to physicians who are board-certified in emergency medicine or board-certified in another relevant specialty and practicing emergency medicine as their primary practice.

- Meet the PER [five hours contact hours during each three-year designation period. Current certification in ATLS, PALS, or APLS, and other options, meet PER.]

Level: Pediatric, All

**Section Item 6:**  Emergency physicians [for the pediatric acute trauma service] (skip to Section Item 8 if not applicable) who:

- Are board-certified in pediatric emergency medicine or
- Board-certified in emergency medicine with special competence in the care of pediatric patients, or
- Board-certified in a relevant specialty practicing emergency medicine as their primary practice with special competence in the care of pediatric patients.
- Physician ACLS trained with current certification in PALS/ATLS, with special competence in the care of pediatric patients
- This requirement can be met by a postgraduate year two or higher emergency medicine or general surgery resident with special competence in the care of pediatric trauma patients and working under the direct supervision of the attending emergency physician.
- The resident must be available within five minutes of notification of the patient's arrival in the emergency department to provide leadership and care until the arrival of the general surgeon.
- Are currently certified in PALS/ATLS. This requirement applies to all emergency physicians and residents who care for pediatric trauma patients in the emergency department except this requirement does not apply to physicians who are board-certified in pediatric emergency medicine or board-certified in another relevant specialty and practicing emergency medicine as their primary practice.
- Meet the PER [seven hours contact hours during each three-year designation period. Current certification in ATLS, PALS, or APLS, and other options, meet PER.]

Level: All

**Section Item 7:**  Emergency care registered nurses (RNs), who:

- Are in the emergency department and available within five minutes of notification of the patient's arrival.
- Have current certification in ACLS.
- Meet the PER [ five or  seven contact hours during each three-year designation period. Current certification in PALS or ENPC, and other options, meet PER]
- Have successfully completed a trauma nurse core course (TNCC), or a department approved equivalent course;

[ The department interpretation for the below standard is: once TNCC (or department approved equivalent) is completed, ED RN's need only to complete one of the below trauma-specific education options every three-year designation period.]

- Have completed 12 hours of trauma related education every designation period. The trauma education must include, but is not limited to, the following topics:
  - Mechanism of injury
  - Shock and fluid resuscitation
  - Initial assessment
  - Stabilization and transport
- Or
- Maintain current TNCC (ENPC or PALS for pediatric designation) certification.

Level: All

**Section Item 8:**  Standard emergency equipment for the resuscitation and life support of adult and pediatric trauma patients, including:

**Section Item 9:** Immobilization devices:

- Backboard.
- Cervical collar.
- Splint material.

Infusion control device:

- Rapid infusion capability (Adult/Pediatrics, level I-III).
- Intraosseous devices.
- Sterile surgical sets:
- Chest tubes with closed drainage devices.
- Emergency transcutaneous airway.
- Thoracotomy (Adult/Pediatrics, level I-III).

Thermal control equipment:

- Blood and fluid warming.
- Devices for assuring warmth during transport.
- Thermometer capable of detecting hypothermia.
- Patient warming and cooling.
- Medication chart, tape, or other system to assure ready access to information on proper doses-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients.
- Pediatric emergency airway equipment readily available or transported in-house with the pediatric patient for evaluation, treatment, or diagnostics, including:
  - Bag-valve masks.
  - Face masks.
  - Oral/nasal airways.

**Respond to the following items:**

Upload the following response items in the Supporting Documents section of the application. Label each with the corresponding Section number and Item number.

**Response Item 1:** Upload the cervical spine clearance policy/guideline/protocol including the below nursing and provider responsibilities, throughout the ED and inpatient stay. Check the boxes indicating items included:

- MTQIC approval date
- Criteria used to identify a patient at risk for cervical spine injury.
- How the patient is protected from further injury.
- The method to assess cervical spine injury in an alert vs. altered level of consciousness patient.
- Who decides that cervical spine injury is ruled out.
- Who removes the patient's cervical spine precautions.
- How cervical spine injury clearance is documented.
- The care provided for a patient with diagnosed cervical spine injury.

**Response Item 2:** Upload the policy, guideline, or protocol for **adult and pediatric** trauma resuscitation (either as combined or separate documents.) The document must show the MTQIC approval date.

**Response Item 3:** Upload the policy, guideline, or protocol for **adult and pediatric** burn patient care (either as combined or separate documents). The document must show the MTQIC approval date.

**Response Item 4:** Upload the guideline or protocol for reversal of anti-coagulants in traumatic brain-injured patients. The document must show the MTQIC approval date.

**Response Item 5:** Upload the massive transfusion policy, protocol, or procedure.