



TITLE

**MANAGEMENT OF MAJOR TRAUMA - NO REFUSAL**

SCOPE

Provincial

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To provide direction to **health care providers** (including Physicians) on the requirement that all **major trauma patients** (adult, pediatric) shall be accepted to an appropriate **trauma centre** (i.e., no refusal) in alignment with Accreditation Canada's *Trauma System Standards* and *Trauma Centre Standards*.
- To promote collaborative practice between health care teams and facilitate the appropriate level of care and definitive treatment for major trauma patients to prevent significant morbidity and mortality.
- Clinical judgement may be exercised in the event that a situation is determined to be outside of the parameters of this Policy and deviation may be necessary. This decision should be made with the involvement of the Trauma Surgeon and/or **Trauma Team Leader** on call and the Administrator on call. If a deviation from this Policy is determined to be necessary, documentation in the **patient's health record** must be present.

## PRINCIPLES

Alberta Health Services (AHS) is committed to supporting organized and coordinated injury control efforts and providing excellence in the delivery of clinical trauma care. AHS has formally integrated all acute care services, hospitals, and dedicated major trauma centres into the **AHS trauma system**.

The role of a designated major trauma centre is to provide specialized multidisciplinary health care services to patients who have suffered a recent major traumatic injury and require assessment and management by a team specialized in trauma care.

Alberta Trauma Services (ATS) is the provincial program that supports the work of trauma centres, to ensure an effective, efficient, and integrated system that strives to provide excellent care to trauma patients. ATS has achieved Trauma Distinction with Accreditation Canada. Trauma Distinction recognizes trauma systems or networks that demonstrate clinical and outstanding commitment to leadership in trauma care. The program requirements are comprehensive and show a continued emphasis on patient-centred care with the collection and monitoring of indicator data and the integration of rehabilitation services within the trauma system. This Policy demonstrates commitment to improve quality and safety of services and ongoing compliance with Accreditation Canada's *Trauma System Standards* and *Trauma Centre Standards*.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Points of Emphasis

- 1.1 The transfer of major trauma patients is coordinated through an AHS trauma system triage process which directs patients to the appropriate level of care and/or designated trauma centre. Refer to Appendix A: *Designated Trauma Centres* and Appendix B: *Trauma Centres Roles and Responsibilities*.
- 1.2 The triage process is facilitated by **Referral, Access, Advice, Placement, Information & Destination (RAAPID)** and requires the collaboration of health care teams from the sending site, the trauma centre, and Emergency Medical Services (EMS).
  - a) Subspecialty services vary between trauma centres, therefore, collaborative practice between health care teams and services is needed to determine the most appropriate receiving trauma centre for the major trauma patient. Considerations include:
    - (i) early communication with the Trauma Surgeon at the potential receiving site, especially in cases with a high likelihood of operative management, such as penetrating injuries and patients with hemodynamic instability; and
    - (ii) early pre-notification and ongoing communication between the sending and receiving Emergency Department teams, including the on-duty Emergency Department Physician and EMS.
  - b) For pediatric patients, early communication should include the Pediatric Trauma Team Leader or Pediatric Intensivist on call to help determine the appropriate trauma centre. If available, the Pediatric Trauma Surgeon should be included.

- 1.3 RAAPID shall be contacted within the first hour of arrival at the initial receiving Emergency Department.
- 1.4 Trauma centres identified by the RAAPID triage process shall not refuse the transfer or acceptance of major trauma patients.
  - a) Refer to Section 2.5 below for exceptions to this Policy.
  - b) If the Emergency Department at the receiving trauma centre does not have capacity to care for the incoming patient, the site has the immediate responsibility to rapidly facilitate Emergency Department capacity.
- 1.5 After acceptance of a major trauma patient by the receiving trauma centre site is confirmed, transport of the patient to that site's Emergency Department will be arranged by RAAPID.
- 1.6 The receiving trauma centre shall dedicate resources to provide priority treatment to all major trauma patients.
- 1.7 Trauma centres are committed to **patient- and family-centred care** and promote early communication, when possible, with **families** in order to effectively participate in care and decision-making.

## 2. EMS Response and Inter-Hospital Transfers

- 2.1 At any level of trauma centre (Level I, II, III), all major trauma patients shall be given priority for acceptance from EMS to the most appropriate emergency department (refer to Appendix A: *Designated Trauma Centres*).
- 2.2 Transfer of the major trauma patient shall not be delayed as a result of the receiving site's lack of Emergency Department and/or inpatient bed availability.
- 2.3 Upon arrival at the receiving trauma centre's Emergency Department, the assignment to patient care spaces will be dependent on the patient's Canadian Triage Acuity Scale (CTAS) Score and site-specific criteria.
- 2.4 Depending on the nature of the major trauma patient's injuries, timely transfers to an alternate trauma centre may be required to provide a higher level of clinical care.
- 2.5 Diversion of a major trauma patient may occur in extraordinary circumstances such as a Code Orange - Mass Casualty Incident as other triage processes may be initiated.

## DEFINITIONS

**Families** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

**Health care providers** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers, and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Health record** means the collection of all records documenting individually identifying health information in relation to a single person.

**Major trauma patient** means any individual (adult or pediatric) who has sustained suspected or actual multiple system or major single system injury. The table below describes Accreditation Canada's *Trauma System Accreditation Guidelines* definition and injury codes for the types of major trauma patients that may present to a trauma centre.

Multiple system trauma patient	Acutely injured patients with any one of the following: <ul style="list-style-type: none"> <li>- Injury to more than two body regions (head, chest, abdomen, or pelvis)</li> <li>- Major burns or burns associated with injuries</li> <li>- Multiple, proximal long-bone fractures</li> </ul>
Major single system trauma patient	Acutely injured patients with any one of the following: <ul style="list-style-type: none"> <li>- Major chest injury</li> <li>- Major abdominal injury</li> <li>- Major pelvic injury</li> <li>- Major traumatic brain injury</li> </ul>
Elderly trauma patient	Acutely injured patients $\geq 65$ years of age with a single system or multiple system injuries require a heightened attention to their initial assessment and treatment and ongoing management.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Patient- and family-centred care** means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

**Referral, Access, Advice, Placement, Information & Destination (RAAPID)** means the call centre which works to coordinate patient referral and repatriation within, into and out of the province in collaboration with sending and receiving sites and the most responsible health practitioner (MRHP).

**Trauma centre** means a hospital or acute care facility capable of providing leadership and total care for every aspect of injury, from prevention through rehabilitation. The centre is designated and supported by the appropriate health authority to provide services to injured patients. Trauma Association of Canada (TAC) has defined seven levels of care for trauma services ranging from Level I to V, and Pediatric I and II. All hospitals across the different levels of care are critical to the successful functioning of the trauma system as a whole. Levels I and II refer to hospitals with a primary role in providing care for major trauma patients. Levels III, IV, and V provide essential trauma care until the trauma patient can be transferred to a Level I or II trauma centre as appropriate.

**Trauma system** means a pre-planned, organized, and coordinated injury control effort in a defined geographic area (e.g., province or region) that is led by a designated agency. The configuration of the trauma system will depend on the size of the population and the jurisdiction in which it exists. For example, regional trauma systems are normally based on a population of one (1) to two (2) million people and consolidate the major trauma cases into one (1) or two (2) major trauma centres (i.e., Level I or II or III when appropriate) while distributing the larger volume of less severely injured patients across many hospitals (i.e., Level III, IV, or V). Larger provinces may need several regional trauma systems coordinated by a common provincial trauma plan.

**Trauma Team Leader** means a medical doctor with specific expertise in trauma resuscitation and management. This role could refer to a trained Trauma Surgeon or an Emergency Department Physician.

## REFERENCES

- Appendix A: *Designated Trauma Centres*
- Appendix B: *Trauma Centres Roles and Responsibilities*
- Non-Alberta Health Services Documents:
  - *Canadian Triage Acuity Scale (CTAS)*
  - *Resources of Optimal Care of the Injured Patient* (Committee on Trauma American College of Surgeons)
  - *Trauma Centre Standards Level 1* (Accreditation Canada)
  - *Trauma Centre Standards Level 2* (Accreditation Canada)
  - *Trauma Centre Standards Level 3* (Accreditation Canada)
  - *Trauma Centre Standards Pediatrics Level 1* (Accreditation Canada)
  - *Trauma Distinction Core Performance Indicators* (Accreditation Canada)
  - *Trauma System Accreditation Guidelines* (Trauma Association of Canada [TAC])
  - *Trauma System Standards* (Accreditation Canada)

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## APPENDIX A

**Designated Trauma Centres**

The following Alberta Health Services facilities are designated trauma centres organized by the level of trauma care service they provide (e.g., Level I, II, or III). Refer to Appendix B for the roles and responsibilities of trauma centre levels.

**Adult:**

Level I: University of Alberta Hospital, Edmonton Zone  
Foothills Medical Centre, Calgary Zone

Level II: Royal Alexandra Hospital, Edmonton Zone

Level III: Northern Lights Regional Health Centre, North Zone  
Grand Prairie Regional Hospital, North Zone  
Chinook Regional Hospital, South Zone  
Medicine Hat Regional Hospital, South Zone  
Red Deer Regional Hospital, Central Zone

**Pediatric:**

Level I: Stollery Children's Hospital, Edmonton Zone  
Alberta Children's Hospital, Calgary Zone

## APPENDIX B

**Trauma Centres Roles and Responsibilities**

The following is a summary of the roles and responsibilities of trauma centres, depending on the level of care they provide. For more detailed information, please refer to the Trauma Association of Canada (TAC) *Trauma System Accreditation Guidelines* and the Committee on Trauma American College of Surgeons' *Resources of Optimal Care of the Injured Patient*.

- **Level I:** These trauma centres play a leadership role in the provincial trauma system, and a central role in the regional trauma system. They provide tertiary and major trauma care, including complex and unique (quaternary) trauma services for the province. They also represent academic leadership, including trauma training and research programs usually located in large metropolitan areas.
  
- **Level II:** These trauma centres are required in areas without Level I trauma centres or where the trauma caseload is high. They are large, community-based medical centres that may or may not be university-affiliated.
  
- **Level III:** These trauma centres are required in areas without access to Level I or II trauma centres. These are typically in smaller urban or rural communities. They are large or smaller community-based medical centres that are usually not university-affiliated.
  
- **Level IV:** These trauma centres divert major trauma patients to Level I or II trauma centres, and provide care for secondary trauma cases. They are typically located in urban settings with nearby major trauma centres. They are large community-based or university-affiliated medical centres.
  
- **Level V:** These trauma centres receive adult or pediatric cases within their catchment if airway management is required. Otherwise, they divert trauma patients to the nearest appropriate trauma centre. They are usually located in rural, small community hospitals or treatment centres.
  
- **Level Pediatric-I (P-I):** These trauma centres play a central role in provincial and regional pediatric trauma systems. They maintain academic leadership in research and training, and may serve as lead-in jurisdictions of more than one Level I or II adult trauma centres. They also play an outreach role in education, advice, consultation, triage, and clinical care. They are university-affiliated pediatric trauma centres with a full array of medical subspecialties and advanced technology, and may be recognized as a "Children's Hospital".