AGREEMENT TO PROVIDE SERVICES AS A TRAUMA CENTER

In consideration of such designation as a Trauma Center for the period of ______ (date) ______ through ______ (date) ______ agrees to:

1. Continually meet the standards and commitments established by:
   a. State law and Orange County Trauma Center Criteria and trauma center related policies and procedures.
   b. The hospital's application and administration and medical staff letters of commitment.

2. Allow periodic inspections by the Orange County Emergency Medical Services (OCEMS) medical director or his designee to ensure compliance with such criteria during the period of such designation, and

3. Cooperate with the OCEMS approved monitoring/evaluation/investigation process.

As a condition of designation as a Trauma Center, the County of Orange shall not be liable for any costs incurred with respect to the provision of patient care services, acquisition of equipment or personnel by reason of such designations.

I have read and understand Orange County EMS Policy/Procedure #620.00 and/or #620.01 (Adult Trauma Center and/or Pediatric Trauma Center Criteria) and the terms of this designation.

Signed: ___________________________ Date: ___________________________

Administrator

Signed: ___________________________ Date: ___________________________

Chief of Medical Staff

Signed: ___________________________ Date: ___________________________

Trauma Medical Director

Signed: ___________________________ Date: ___________________________

Trauma Program Manager

OCEMS POLICY
Original Date: 1982
Reviewed Date(s): 8/21/2000; 4/1/2015
Revised Date(s): 8/21/2000; 2/2004 (reformatted); 4/1/2015
Effective Date: 4/1/2015

OCEMS Policy #660.00 Effective Date: April 1, 2015