Terms/abbreviations:
COT = Committee on Trauma
RCOT = Regional Committee(s) on Trauma
S/P/C = State/Provincial/Country
Central COT = comprises the 100 Fellows that form the basis for the Committee on Trauma, formerly referred to as National COT

Officers of Regional Committees on Trauma (RCOT)

1. Chair of the Regional Committees on Trauma

The Chair of the Regional Committees on Trauma is the Vice Chair of the COT.

Nomination Process

The Chair of the RCOT is appointed by the Chair of the COT from among the active members of the Central COT.

Qualifications and Term

Appointment is for a two-year term with eligibility for reappointment to a second two-year term. If the appointee's membership term on the Central COT ends at any point during the position appointment, then they will be administratively appointed as a Special Member to complete up to two, two-year terms. The Chair of the RCOT serves at the discretion of the Chair of the COT and may be replaced at any time by the appointment of a successor.

Role of the Chair of the Regional Committees on Trauma

- Serve as a member of the Executive Committee.
- Serve as an *ex-officio* member of the Membership Committee.
- Serve as the primary contact person for the Capital Program.
- Direct the organization and activities of the collective Regional Committees on Trauma.
- Provide regular status reports to the Chair and Executive Committee of the COT.
- Provide regular summary reports of the activities of the Regional Committees on Trauma to the Membership.
- Submit names for appointment to regional and state positions within the State/Provincial/Country Committees. Names are submitted for final approval according to established COT procedure, see Appendix XXX.
- Manage the ongoing review and update of the Blue Book to ensure that it adequately provides direction on the approved policies and procedures of the Committee on Trauma.

2. Region Chiefs
There should be a Region Chief appointed to represent the geographic regions and the Military region as described in section xxx.

Nomination Process
Nominations are based on previous performance in COT/RCOT programs or activities and demonstrated leadership in positions such as previous S/P/C chair and key committee positions.

Region Chiefs are nominated by the Chair of the Regional Committees based on consultation with the outgoing region chief and the S/P/C chairs from the region and formally appointed by the Chair of the COT.

Qualifications and Term
A Region Chief is appointed for a period of three years with an option to be renewed for an additional three years. The Region Chief serves at the discretion of the Chair of the RCOT in consultation with the Chair of the COT and may be replaced at any time by appointment of a successor.

US/Canadian Region Chiefs should be experienced trauma surgeons familiar with the structure and objectives of the COT, preferably through experience as a State/Provincial Chair. They must be an active ATLS® course director. US/Canadian Region Chiefs must be Fellows of the ACS.

Region Chiefs outside of the US/Canada should be experienced trauma surgeons familiar with the structure and objectives of the COT, preferably through experience as a Country Chair. They must be an active ATLS® course director. Region Chiefs, outside of the US/Canada, who are surgeons, must be Fellows of the ACS. In certain circumstances, a physician who is an experienced trauma care provider, is an active ATLS course director, and is an Affiliate Member of the ACS may serve in this role. The appointment of a non-Fellow to the position of Region Chief should be done by exception only and requires presentation of the circumstance or demonstrated need to the COT Executive Committee for review and approval.

Role of the Region Chief
A Region Chief is responsible for the organization and activities of the committees constituting the region and is the region's designated representative to the COT. They are to provide guidance and counsel to and are accountable for the performance of the S/P/C Chairs. They should mediate any disputes within their regions, and if unable to resolve, escalate to the Chair of the RCOT.

The Region Chief reports annually on activities within the region to the Chair of the COT through the Chair of the Regional Committee.

Organization and oversight of regional activities should be the primary concern of a Region Chief; therefore, only in extraordinary circumstances should a Region Chief assume simultaneous duty as Chair of a COT Program Committee. Likewise, State/Provincial/Country Chairs who become Region Chiefs should recommend a successor for the S/P/C position immediately.

Development of Regional Structure

The Region Chief nominates State/Provincial/Country Chairs (see nomination process for S/P/C Chairs). Region Chiefs may also appoint regional committees like those of the COT and in additional areas of regional needs.

Educational Courses

ATLS® is a major responsibility of every S/P/C Chair, and Region Chiefs may be called on to troubleshoot problems with courses in their region. Appropriate oversight of this key activity is at the discretion of the Region Chief and may include site visits, regional meetings, and regional instructor courses. Region Chiefs should encourage promulgation of all COT educational programs/courses in conjunction with the existing ATLS® organizational structure in the region. Emphasis should be placed on the development and promulgation of Stop the Bleed Courses.

Quality Programs of the ACS COT

Region Chiefs should be sufficiently familiar with ACS COT quality improvement programs to serve as a resource in answering questions, troubleshooting problems, or in referring to the appropriate resource person. This includes TQIP, Verification and Performance Improvement and Patient Safety. Region Chiefs should encourage the development of trauma quality improvement programs in their regions. US Region Chiefs must be familiar with *Resources for Optimal Care of the Injured Patient,* and when possible, they should participate as site reviewers.

Trauma Systems Programs of the ACS COT

Each region should have ongoing efforts in trauma system development, injury prevention, and advocacy for improvement of the care for injured patients.

Resident Papers Competition

The Region Chief should encourage S/P/C Chairs to solicit papers from each Regional Committee on Trauma and should organize the regional competition to provide winners to compete at the Annual Meeting of the COT. Guidelines for this competition are detailed in the Call for Abstracts distributed from the Trauma Office each spring.

Capital Program

The purpose of the Capital Program is to provide the White House Medical Office with accurate information about appropriate local and regional trauma care facilities when the President, Vice President, and any others for whom the medical unit assumes responsibility, travel to various parts of the United States. The US Region Chief maybe called upon to offer guidance to the COT

Chair, Vice-chair or the White House Medical Office about capabilities in their region and what might be the most appropriate destination for care.

Regional Meetings
At each meeting of the Central COT, Region Chiefs will chair a meeting of the S/P/C Chairs in their region. Vice Chairs are welcome if they are attending the COT event. The Region Chief should prepare and distribute in advance an agenda, and subsequently provide a summary of the meeting for the Chair of the RCOT. Region Chiefs are encouraged to convene meetings within their region as needed.

Meritorious Achievement Award
The Meritorious Achievement Award recognizes outstanding accomplishments of a current or former S/P/C Chair. Region Chiefs have an opportunity to nominate candidates for this annual award. Each nomination should be accompanied by a brief explanation of the reasons for consideration and be submitted to the Chair of the RCOT. See Addendum XX for complete process and list of prior award recipients.

Orientation of Next Region Chief
It is expected that the transition from one region chief to a new region chief will include a complete reporting of all regional activities. This includes any financial issues in the region, the status of the Regional Resident Paper Competition, the status of educational and quality programs in the region and any advocacy efforts undertaken or pending. The new region chief should attend the orientation session held at the spring meeting of the COT.

Annual Report
The Region Chief submits a cumulative annual report on the activities of the region to the Chair of the RCOT by the end of January in a format specified each year. The Chair of the RCOT consolidates the reports from Region Chiefs and submits a report to the COT at its Annual Meeting.

3. Chairs of State/Provincial/Country (S/P/C) Committees
In the US, State Chairs are appointed for each state; in some large states, further geographic demarcations have been made to better represent the trauma community. In Canada, eight provinces are each represented by a Provincial Chair. Outside of the US/Canada, participating Countries are represented by Country Chairs. Collectively these Chairs are referred to as S/P/C Chairs.

Nomination Process
Nominations are based on previous performance in COT/RCOT programs or activities and demonstrated leadership such as performance in vice chair roles, or key committee positions. S/P/C Chairs are nominated by the Region Chief in consultation with the outgoing S/P/C Chair and members of the RCOT. When an ACS Chapter exists, the Region Chief will notify the ACS Chapter President and Governor(s) who will be given the opportunity to comment. Any

recommendations made by the ACS Chapter will be considered but are non-binding on the COT. Once the nomination is approved by the Chair of the RCOT, the nominee is formally appointed by the Chair of the COT.

Qualifications and Term

An S/P/C Chair is appointed for a period of three years with an option to be renewed for an additional three years. The S/P/C Chair serves at the discretion of the Region Chief in consultation with the Chair of the RCOT and may be replaced at any time by appointment of a successor.

US/Canadian State/Provincial Chairs should be experienced trauma surgeons familiar with the structure and objectives of the COT, preferably through experience in the State/Provincial RCOT. They must be an active ATLS® instructor and must be Fellows of the ACS.

Country Chairs should be experienced trauma surgeons familiar with the structure and objectives of the COT, preferably through experience in the Country RCOT. They must be an active ATLS® instructor (*an exception may be made in a country without an ATLS program*). Country Chairs who are surgeons should be Fellows of the ACS; if ACS Fellowship is not an option, then a board certified or equivalent surgeon may be acceptable. In certain circumstances, a physician who is an experienced trauma care provider, is an active ATLS instructor, and is an Affiliate Member of the ACS may serve in this role. The appointment of a non-Fellow to the position of Country Chair should be done by exception only and requires presentation of the circumstance or demonstrated need to the COT Executive Committee for review and approval.

Role of State/Provincial/Country Chair

State/Provincial/Country chairs are responsible for the organization and activities of their Regional COT. They are to provide guidance and counsel to and are accountable for the performance of their Vice Chairs. The S/P/C Committee on Trauma should be involved in all trauma-related activities and convene formally, at least annually, to discuss progress and establish priorities for its state/province/country.

S/P/C Chairs are expected to have a collaborative working relationship with the ACS Chapter when one exists. Ideally, they should serve as a council member and participate in the activities of the ACS Chapter.

S/P Chairs are invited to participate in one program committee of the Central COT. Country COT Chairs are encouraged to sit on the International Injury Care Committee and may serve on an additional program committee as appointed by the Chair of the COT

Development of the S/P/C Committee on Trauma

The S/P/C Chair should identify and recruit committee members for their Regional Committee on Trauma who support trauma care and trauma system development in their region. This effort should include outreach to all hospitals providing trauma care. The RCOT is encouraged to be multidisciplinary and to consider representation from across the continuum of care.

The Chair may appoint committees like those of the COT and in additional areas of local needs.

Vice Chairs of the S/P/C Committees

S/P/C Chairs may appoint Vice Chairs as needed to facilitate the accomplishment of the goals of the Regional COT in the state/ province/country. There is no limit to the number of Vice Chairs appointed; however, ideally these Vice Chairs should be assigned specific roles that are in alignment with the Central COT strategic plan. Vice Chairs should be sufficiently qualified and involved in committee activities that they could be considered for future succession to a Chair position.

The nomination of a Vice Chair needs to be forwarded to the Region chief for approval and the Chair of the Regional Committee for appointment. There is no term limit for the vice-chair. The vice chair position is not intended for those that have held previous positions within the COT (i.e. former S/P/C chairs or Central COT members). The Vice Chair serves at the discretion of the S/P/C Chair, is not term limited and performs duties as directed by the S/P/C Chair.

S/P/C Chairs are encouraged to invite Vice Chairs to all meetings held by Region Chiefs and should function as alternates at the COT Annual Meeting if the respective S/P/C Chair cannot attend.

Education Courses

The S/P/C Chair must be an ATLS® instructor (unless no ATLS program exists) and should establish enough ATLS® courses to meet the needs of the state/province/country. The S/P/C Chair must approve all ATLS® courses and be familiar with ATLS® regulations to ensure adherence to the quality standards of the ACS COT. This may require on-site inspection of facilities hosting ATLS® or other COT educational programs. The S/P/C Chair should communicate directly with the COT Education Program Office if there is any known or potential deviation from these regulations. The S/P/C Chair should encourage promulgation of all COT educational programs, with emphasis on the development and promulgation of the Stop the Bleed Program.

Quality Programs of the ACS COT

S/P/C Chairs should be sufficiently familiar with ACS COT quality improvement programs to serve as a resource in answering questions, troubleshooting problems, or in referring to the appropriate resource person. This includes TQIP, Verification and Performance Improvement and Patient Safety. S/P/C Chairs should encourage the development of trauma quality improvement programs in their regions. State Chairs must be familiar with *Resources for*

Optimal Care of the Injured Patient, and when possible, they should participate as site reviewers.

Trauma Systems Programs of the ACS COT
Each state/province/country should have ongoing efforts in trauma system development, injury prevention, and advocacy for improvement of the care for injured patients.

Resident Papers Competition
The S/P/C Chair should solicit papers and organize the formal Resident Papers Competition, providing a winning paper from the S/P/C to the respective Region Chief. Guidelines for this competition are detailed in the Call for Abstracts distributed from the Trauma Office each spring.

Capital Program
The purpose of the Capital Program is to provide the White House Medical Office with accurate information about appropriate local and regional trauma care facilities when the President, Vice President, and any others for whom the medical unit assumes responsibility, travel to various parts of the United States. The State Chair may be called upon to offer guidance to the COT Chair, Vice-chair or the White House Medical Office about capabilities in their region and what might be the most appropriate destination for care. State chairs should review the Trauma Center inventory annually to ensure accurate representation of their trauma system.

S/P/C Meetings
A S/P/C Committee meets on call of its Chair and should hold at least one meeting a year as determined by the needs of the organization.

State/Provincial/Country Specific Activities
Trauma Legislation
The State Chair should develop a list of legislation that addresses trauma systems and injury prevention in the state. The ACS Division of Advocacy and Health Policy and the local ACS Chapter are resources that can be helpful in monitoring legislative issues in the state.

Injury Prevention
The S/P/C Chair shall encourage and support injury prevention efforts in the state/province/country. This support may consist of providing educational materials or speakers for community program development. Development of strong cooperative efforts with other organizations that address injury control and prevention is encouraged.

Financial Considerations for S/P/C Regional Committees on Trauma
Local agreements should be reached for use of revenue generated from COT courses and activities. It is the expectation of the ACS COT that the majority of these funds be re-invested in S/P/C RCOT efforts to advance the care of the injured patient. The funds can also be allocated to support travel to attend COT meetings. With agreement of the S/P/C RCOT, some funds may

also be used to support ACS Chapter activities (e.g Stop the bleed training, trauma speaker at Chapter meetings, etc). Accounting of income and expenses for RCOT activities should be managed based on standard accounting principles and may be managed independently by the RCOT or in concert with the ACS Chapter based on local agreements. Annual financial reports must be submitted to the ACS COT office in accordance with the directions provided each year. If concerns are raised, the ACS COT may request and independent audit. S/P/C RCOT must comply with local regulations regarding financial reporting and auditing.

Orientation of Next S/P/C Chair

It is expected that the transition from one S/P/C Chair to a new chair will include a complete reporting of all S/P/C activities. This includes any financial issues of the RCOT, including proper transfer of financial accounts, the status of the Resident Paper Competition, the status of educational programs, and any advocacy action undertaken or pending. The COT office can provide guidance and assistance with financial transfers, but these transfers need to be executed locally. The new S/P/C Chair is expected to attend the orientation session held at the spring meeting of the COT.

Annual Report

The S/P/C Chair is expected to submit an annual report on the activities of the S/P/C that occurred in the past calendar year. The report template will be provided by the Trauma Office, and the timeline will be specified by the Region Chief who will consolidate the reports of the region for submission to the Chair of the RCOT.

4. State/Provincial/Country Regional Committee on Trauma Membership

Categories

a. Active

Fellows of ACS

b. Affiliate

Non-Fellow physicians with interests, positions, and capabilities of value to a given committee and non-physicians who can contribute to state/provincial programs and activities (e.g. EMTs, Paramedics, Nurses, Trauma Program Managers, Trauma Registrars, et al.).

Term

Membership in a S/P/C Committee on Trauma continues until the member resigns, until the term of appointment ends, or until the appointment is terminated by the appropriate S/P/C Chair.

Appointment Procedure

The Board of Regents has granted authority for all appointments to the Regional Committees on Trauma to the S/P/C Chair. A list of current committee members, detailing category and contact information, should be submitted as part of the annual report.

Procedure for Development of a Regional Committee on Trauma in a New Country

Countries that do not currently have an RCOT are encouraged for form one. If there is an existing ATLS program, the leadership of that program may form an official RCOT in the country through discussion with the Region Chief and nomination of a Country Chair as outlined above. Any country that does not yet have an ATLS program may also apply to form an RCOT through discussion with the Region Chief and nomination of a Country Chair. If an ACS Chapter exists in the country that is seeking to form a new RCOT, the chapter should be included in the process to ensure good collaboration between the RCOT and the ACS Chapter.

Process to manage concerns about appointment or performance of COT or RCOT members:

1. Concerns about performance of a national committee member should be brought to the attention of the medical director or COT chair. At their discretion, the issue may be delegated to the committee chair or pillar lead and or be brought to the executive committee as needed.
2. Concerns about the performance or appointment of members of the regional committees should be initially raised with the country/state/provincial chair. If not solved at this level, then escalated to the region chief, and if not solved there, brought to the chair of the regional committees. The regional committee chair can involve the COT chair, medical director or ACS Member Services Division, as needed.