

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

I. Authority and Reference:

- A. Title 22, Division 9, Chapter 7
- B. Division 2.5, Health, and Safety Code
- C. North Coast EMS Policies
- D. Coastal Valley’s EMS Policies

II. Purpose:

- A. To rapidly triage trauma patients and transport them to optimal care.

III. Policy:

- A. The goal of trauma triage determination in the North Coast EMS region is to rapidly identify the trauma patient based on physiologic changes, mechanism/anatomic injury, and concurrent/special conditions, using the American College of Surgeons (ACS) 2021 National Guideline for the Field Triage of Injured Patients.
- B. After rapid trauma triage has occurred, the goal is to transport the trauma patient to the closest appropriate trauma center. This is further defined for Del Norte, Humboldt, and Lake Counties separately below.
- C. Trauma Alert: Field personnel will communicate that field trauma triage criteria have been met in the field by notifying the base or receiving hospital with, “This is a Trauma Alert”, reporting the specific criteria that have been met and providing an expected time of arrival. The time that the hospital was notified of the trauma alert will be documented in the PCR.
- D. Patient Destination Exceptions for All Counties:
 - 1. An unstable trauma patient may go to the closest facility when the patient has an immediate, life-threatening condition. This would include conditions such as obstructed airway, uncontrollable hemorrhage, cardiopulmonary arrest, etc., which cannot be relieved or stabilized in the field.
 - 2. In the case of a Multi Casualty Incident (MCI), patients are triaged according to the North Coast EMS MCI Policy #6020, “Multi-Casualty Incidents - Operational Guidelines”.
 - 3. Patients who have trauma with burns may, at the option of the Base Hospital Medical Control, be transported directly to a trauma center with burn specialization capabilities.

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

Del Norte County

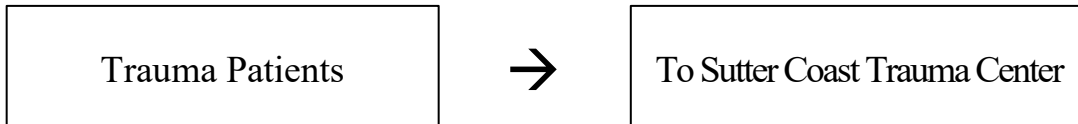
There is one, Level IV, designated trauma center in Del Norte County: Sutter Coast Hospital in Crescent City, CA.

All trauma patients should be taken directly to the Level IV trauma center at Sutter Coast Hospital.

- Consider air transport to a higher-level trauma center outside the NCEMS region when possible.

From Hospital to Higher Level of Trauma Care

All trauma patients taken to Sutter Coast will be evaluated for their seriousness of injury and the hospital’s ability to provide the necessary resources. Following the Sutter Coast “Trauma Activation” policy, the physician in charge of patient care determines if the patient will be transferred. This decision should be communicated immediately to the receiving physician and to transport personnel, per EMTALA requirements.



Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

Humboldt County

There is one, Level III, designated trauma center in Humboldt County: Providence St. Joseph Hospital (SJE) in Eureka, CA.

I. Trauma Patient Destination Criteria:

- A. **Humboldt County and outlying areas:** City Ambulance of Eureka (CAE), Arcata Mad River Ambulance (AMRA), and Hoopa Ambulance trauma catchment areas will include all areas of Humboldt County and any other areas outside of Humboldt County as determined by NCEMS or another LEMSA. All trauma patients in the CAE, AMRA, and the Hoopa catchment areas meeting the red box criteria or the yellow box criteria “Mechanism of Injury” of the *ACS 2021 National Guideline for the Field Triage of Injured Patients* shall be transported directly from the field to SJE, except patients who are in extremis as identified in section III.D.1, will be transported to the closest facility for stabilization and re-triage to SJE or a higher-level trauma center. EMS providers may use their judgement, in conjunction with Base Hospital consultation as needed, regarding the yellow box “EMS Judgement” criteria.

- B. **Aero Medical:** Trauma patients meeting the *ACS 2021 National Guideline for the Field Triage of Injured Patients* who are transported by an aero medical resource from the scene will be transported to the closest appropriate trauma center. Additionally, see North Coast EMS Policy #2206.3, “EMS Aircraft Services – Patient Care and Destination” for additional considerations.

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

Lake County

There is one, Level IV, designated trauma center in Lake County: Sutter Lakeside Hospital in Lakeport, CA.

- I. Trauma Patient Medical Control: Base hospital medical control for all trauma (injured) patients located within 25-minutes of the designated trauma center in Lake County will be assigned to the closest Lake County based trauma center, Sutter Lakeside Hospital, except for air ambulances, which will be the responsibility of the appropriate base hospital located outside of the North Coast EMS region.

Lake County Catchment Area: (See attached map)

- A. Highway 20 at Spring Rd, Clearlake Oaks
- B. Highway 29 at Konocti Conservation Camp, Lower Lake
- C. Highway 175 at Gifford Springs Rd, Whispering Pines

Trauma Triage Determination and Transport Destination Policy:

In order to coordinate with Coastal Valley's EMS Trauma System, pediatric trauma patient age is less than 15 years old.

Trauma patients are to be transported to the closest available facility according to the *ACS 2021 National Guideline for the Field Triage of Injured Patients*. Red box criteria should be transported to the highest-level trauma center out of county when aeromedical resources are available. Trauma base station medical control should be consulted regarding yellow box "Mechanism of Injury" criteria for transportation destination. Yellow box "EMS Judgement" criteria should be transported directly to Sutter Lakeside, if no other criteria have been met.

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none">▪ Penetrating injuries to head, neck, torso, and proximal extremities▪ Skull deformity, suspected skull fracture▪ Suspected spinal injury with new motor or sensory loss▪ Chest wall instability, deformity, or suspected flail chest▪ Suspected pelvic fracture▪ Suspected fracture of two or more proximal long bones▪ Crushed, degloved, mangled, or pulseless extremity▪ Amputation proximal to wrist or ankle▪ Active bleeding requiring a tourniquet or wound packing with continuous pressure	<p>All Patients</p> <ul style="list-style-type: none">▪ Unable to follow commands (motor GCS < 6)▪ RR < 10 or > 29 breaths/min▪ Respiratory distress or need for respiratory support▪ Room-air pulse oximetry < 90% <p>Age 0-9 years</p> <ul style="list-style-type: none">▪ SBP < 70mm Hg + (2 x age in years) <p>Age 10-64 years</p> <ul style="list-style-type: none">▪ SBP < 90 mmHg or▪ HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none">▪ SBP < 110 mmHg or▪ HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

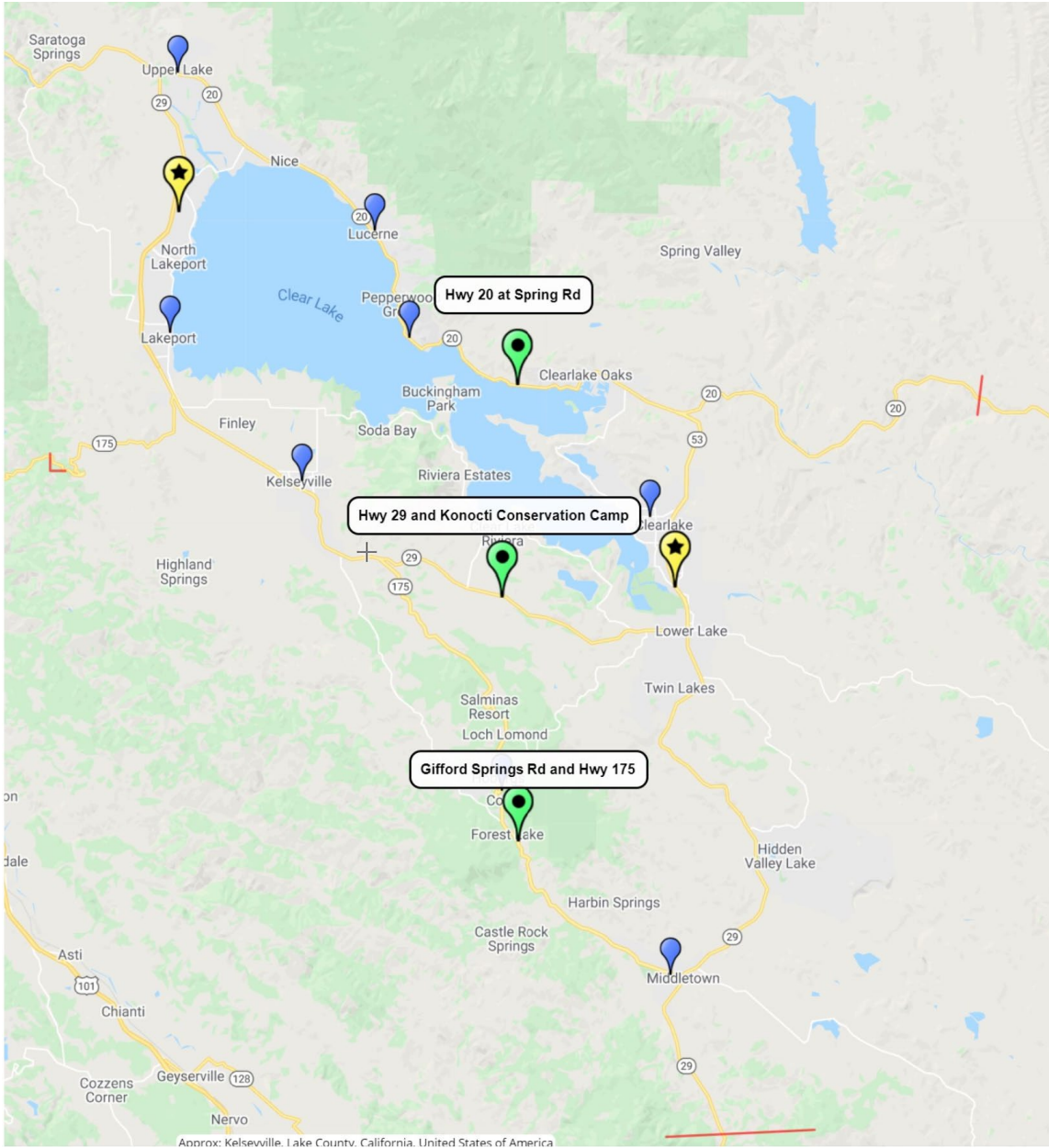
YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none">▪ High-Risk Auto Crash<ul style="list-style-type: none">- Partial or complete ejection- Significant intrusion (including roof)<ul style="list-style-type: none">▪ >12 inches occupant site OR▪ >18 inches any site OR▪ Need for extrication for entrapped patient- Death in passenger compartment- Child (age 0-9 years) unrestrained or in unsecured child safety seat- Vehicle telemetry data consistent with severe injury▪ Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)▪ Pedestrian/bicycle rider thrown, run over, or with significant impact▪ Fall from height > 10 feet (all ages)	<p>Consider risk factors, including:</p> <ul style="list-style-type: none">▪ Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact▪ Anticoagulant use▪ Suspicion of child abuse▪ Special, high-resource healthcare needs▪ Pregnancy > 20 weeks▪ Burns in conjunction with trauma▪ Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

Subject: Patient Care – Trauma System
Trauma Triage Determination and Transport Destination Policy



Approved By EMS Director	Larry Karsteadt (Signature on File at EMS Agency)	Revision
EMS Medical Director	Matthew Karp, MD (Signature on File at EMS Agency)	12/20/2023