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**POLICY MEMORANDUM 6105**

**Implementation Date: December 15, 2011**

**Revised Date: January 4, 2021**

**Review Date: January 4, 2023**

**REVIEWED/APPROVED BY:**

A handwritten signature in blue ink, appearing to read "Bryn Mumma".

MD, MAS

**BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR**

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**TED SELBY, EMS AGENCY ADMINISTRATOR**

**SUBJECT: SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE PLAN**

**AUTHORITY:** CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.220, 1798.100, 1798.162, and 1798.163

**PURPOSE:**

To maintain a system that allows trauma patients to benefit from receiving Trauma Center services most appropriate to that patient's injuries in the most expeditious manner possible. Level I, II, or III Trauma Centers should be utilized when appropriate.

**I. GENERAL CONCEPTS:**

- A. Trauma Centers improve the outcomes for patients with significant traumatic injuries.
- B. Level I/II Trauma Centers are able to provide emergent neurosurgical intervention and have in-house trauma surgeons and operating room teams immediately available; therefore major trauma patients with injuries (definite or suspected) requiring immediate access to a neurosurgeon should be transported to the closest Designated Level I/II Trauma Center.

**II. PATIENTS LIKELY TO BENEFIT FROM TRAUMA CENTER SERVICES:**

**A. Trauma patients to be transported to closest Level I or II Trauma Center:**

1. Glasgow Coma Scale (GCS)  $\leq 8$ ; or
2. Penetrating trauma to head; or
3. Suspected open or depressed skull fracture; or
4. Paralysis.

**B. Physiological Criteria to be transported to closest Designated Trauma Center:**

1. Systolic blood pressure less than 100mm/Hg; or
2. Inappropriate pediatric vital signs; or
3. Not following commands – GCS 9 – 13; or
4. Pregnant patients  $\geq 24$  weeks with torso trauma.

**C. Anatomical Criteria to be transported to the closest Designated Trauma Center:**

1. Penetrating injury to neck, torso, buttock, groin, or extremities proximal to knee or elbow; or
2. Two or more proximal long bone fractures; or
3. Amputation/crush/degloving proximal to wrist or ankle; or
4. Pelvic instability; or
5. Pulseless extremity; or
6. Trauma with burns with TBSA  $> 9\%$ .

**D. Mechanical Criteria to be transported to the closest Designated Trauma Center:**

1. Falls greater than 20 feet for adults, or two times the height of a child; or
2. Ejection from a vehicle, partial or complete, with injury; or
3. Motor vehicle crash (MVC) with death in the same vehicle; or
4. Thrown from an animal with injury; or
5. Vehicle vs pedestrian/bicyclist thrown with impact at  $> 10$ mph or torso run over; or
6. Motorcycle  $> 20$ mph with impact to an object (excluding road).

- E. Transport to a trauma center should be considered in the following situations:
  - 1. Fall in patient  $\geq 65$  years old;
  - 2. Anticoagulant use.

### **III. TRAUMA MEDICAL DIRECTION**

- A. Major trauma patients in the pediatric age range (less than 15 years of age) should bypass local Trauma Centers and be transported to a Pediatric Trauma Center unless they meet the criteria of Section II(B), (D) or V of this policy.
- B. Paramedics have been trained to apply protocols and use judgment to identify Level I/II trauma patients. The approved trauma triage algorithm will be used to determine the appropriate trauma center destination.
- C. When assessing, treating, or transporting a Level I/II trauma patient, Paramedics shall contact the Solano Emergency Medical Services Cooperative (SEMSC) designated Level II Trauma Base Hospital for medical direction if either SEMSC's protocols require securing medical direction or if Paramedics otherwise determine medical direction is necessary.
  - 1. The SEMSC designated Level II Trauma Center is Kaiser Foundation Hospital, Vacaville.
  - 2. For trauma patients originating in the Vallejo/Benicia area, factoring in time of day, traffic, weather, etc., trauma patients may be transported directly to John Muir Medical Center (JMMC), Walnut Creek. If a Paramedic is requiring medical direction and is transporting to JMMC, the Paramedic shall contact the SEMSC designated Level II Trauma Base Hospital.
- D. When assessing, treating, or transporting a Level III trauma patient, Paramedics may contact any SEMSC designated Trauma Center for medical direction. Paramedics may transport Level III patients to the closest Trauma Center.
- E. The use of air ambulances is considered separately from the trauma triage decision. Air ambulances may benefit patients injured in locations distant from Trauma Centers, and/or those in need of immediate procedures available to flight nurses, but outside the scope of practice of Paramedics. The use of air ambulances is not the default method of transport for major trauma patients. Aircraft should only be used when they offer a measurable advantage compared to ground transport. Use of air ambulances is covered in Policy 5800.
- F. Pregnant patients, greater than 24 weeks gestation, that do not meet Trauma Triage Criteria will be transported to a facility with OB capabilities.
- G. This policy does not apply to Multi-Casualty Incidents (MCIs).

#### **IV. PARAMEDIC IMPRESSION**

If the primary Paramedic believes that a patient not meeting criteria as a trauma patient has injuries that may exceed the capabilities of the usual receiving hospital, then the case should be discussed with SEMSC Designated Level II Trauma Base Hospital. The trauma base physician, Mobile Intensive Care Nurse (MICN), or designee, in consultation with the primary scene paramedic, may designate that patient as a trauma patient, and that patient will be transported to the nearest appropriate Trauma Center.

#### **V. CRITERIA FOR TRUAMA PATIENT TRANSPORT TO THE CLOSEST RECEIVING FACILITY**

The following trauma patients will be transported to the closest receiving facility:

- A. Trauma patients in cardiac arrest (consider field pronouncement);
- B. Trauma patients with an uncontrolled airway;
- C. Trauma patients with uncontrolled bleeding;
- D. Major trauma patients with rapid deterioration/impending arrest should be taken to the closest receiving facility if conditions (traffic, distance, weather) are unfavorable for rapid transport to a Solano County Designated Trauma Center.

#### **VI. MAJOR TRAUMA PROCEDURES**

- A. The primary Paramedic will determine whether the patient meets criteria as a trauma patient, and what level and type of trauma center care is appropriate for that patient (see Trauma Triage Algorithm attachment).
- B. The Primary Paramedic will determine the mode of transportation to the appropriate Trauma Center, in accordance with policy.
  - 1. If transportation is by ground, the transporting unit's dispatching agency will confirm that the closest destination Trauma Center is open.
  - 2. If transportation is by air ambulance, the air ambulance provider's dispatch will determine the closest appropriate destination Trauma Center, and confirm that it is open to receiving trauma patients.
- C. The transporting unit will contact the designated Trauma Center and advise them of their impending arrival, and provide a report on the patient's injuries and condition. Non-designated Out-of-county destination facilities are not authorized to give online medical instructions/orders.

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