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## FORT IRWIN CONTINUATION OF CARE

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THIS POLICY IS FOR FORT IRWIN FIRE DEPARTMENT (FIFD), FORT IRWIN DEPARTMENT OF EMERGENCY SERVICES (DES), FORT IRWIN ARMY AIR AMBULANCE AND WEED ARMY COMMUNITY HOSPITAL (WACH) FOR TRANSPORTATION AND TRANSFER OF STEMI, STROKE OR TRAUMA PATIENTS TO A TRAUMA CENTER OR SPECIALTY CARE CENTER ONLY AND SHALL NOT BE USED FOR ANY OTHER TRANSFERS OR REQUESTS FOR TRANSFER FROM OTHER FACILITIES.

### I. PURPOSE

To provide a mechanism of rapid transport of STEMI, stroke, or trauma patients from within the boundaries of Fort Irwin and the National Training Center to an appropriate STEMI, stroke, or trauma center for higher level of care with minimal delay. The terrain and nature of the National Training Center at Fort Irwin presents particular obstacles for the transport of STEMI, stroke, or trauma patients. Most STEMI, stroke, or trauma patients must be airlifted to an appropriate Specialty Care Center.

### II. POLICY

1. Weed Army Community Hospital (WACH) to a STEMI Receiving Center (SRC), Neurovascular Stroke Center (NRSC) or Trauma Center (TC).

- a. PATIENT INCLUSION CRITERIA

- Any patient meeting ICEMA Trauma Triage Criteria, (refer to ICEMA Reference #15030 - Trauma Triage Criteria and #8130 - Destination Policy) arriving at a non-trauma hospital by EMS or non-EMS transport.
- Any patient with a positive STEMI requiring EMS transport to a SRC (refer to ICEMA Reference #6070 - Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Destination Policy).
- Any patient with a positive mLAPSS or stroke scale requiring EMS transport to a NSRC (refer to ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Destination Policy).

- These procedures are not to be used for any other form of interfacility transfer of patients.

b. INITIAL TREATMENT GOAL AT WACH

- Initiate resuscitative measures within the capabilities of the hospital.
- Ensure patient stabilization is adequate for subsequent transport.
- DO NOT DELAY TRANSPORT by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

- WACH ED physician will determine the appropriate mode of transportation for the patient. WACH will contact Fort Irwin Army MEDEVAC for air ambulance transport utilizing established procedures for Fort Irwin.

- GUIDELINES:

< 30 minutes at WACH (door-in/door-out).  
< 45 minutes to complete continuation of care transport.  
< 30 minutes door-to-intervention at Specialty Care Center.

- WACH shall contact the appropriate Specialty Care Center ED physician directly without calling for an inpatient bed assignment. WACH will contact the assigned Specialty Care Center in accordance with ICEMA Policy #8120 - Continuation of Care (San Bernardino County Only).

SRC: Desert Valley Hospital, St. Mary Medical Center  
NSRC: Loma Linda University Medical Center, Arrowhead Regional Medical Center  
TC: Loma Linda University Medical Center, Arrowhead Regional Medical Center

- WACH ED physician will provide a verbal report to the ED physician at the Specialty Care Center.
- Fort Irwin Army MEDEVAC will make Specialty Care Center base hospital contact.

- Specialty Care Centers shall accept all referred STEMI, stroke, or trauma patients unless they are on Internal Disaster as defined in ICEMA Reference #8060 - Requests for Hospital Diversion Policy (San Bernardino County Only).
- The Specialty Care Center ED physician is the accepting physician at the Specialty Care Center and will activate the internal STEMI, Stroke, or Trauma Team according to internal SRC, NSRC or TC policies or protocols.

WACH must send all medical records, test results and radiologic evaluations to the Specialty Care Center. DO NOT DELAY TRANSPORT - these documents may be FAXED to the Specialty Care Center.

c. SPECIAL CONSIDERATIONS

- If a suspected stroke patient is outside of the tPA administration window (greater than 4.5 hours from “last seen normal”), contact nearest NSRC to determine the best destination.
- ICEMA EMT-Ps may only transport patients on Dopamine and Lidocaine drips. Heparin and Integrillin drips are not within the ICEMA EMT-P scope of practice.
- WACH should consider sending one of its nurses, or a physician, with the Fort Irwin Army MEDEVAC if deemed necessary due to the patient’s condition or scope of practice. This practice is highly encouraged. US Army Flight Medics and Critical Care Flight Paramedics may request additional providers from WACH upon its assessment of the patient’s condition and en route care needs.
- Specialty Care Center diversion is not permitted except for Internal Disaster. However, Specialty Care Center base hospitals are allowed to facilitate redirecting of EMS patients to nearby SRCs, NSRCs or TCs when the closest Specialty Care Center is over capacity to minimize door-to-intervention times. Specialty Care Center base hospitals shall ensure physician to physician contact when redirecting patients.

## 2. AIR AMBULANCE

- a. Fort Irwin maintains internal 24-hour US Army Air Ambulance with MEDEVAC capabilities conducted by C Company (Air Ambulance), 2916<sup>th</sup> Aviation Battalion. Fort Irwin Army Air Ambulance is the primary method of air transport for medical and trauma patients originating within the boundaries of the National Training Center and Fort Irwin. Requests for use of this asset by Fort Irwin Range Control, DES, FIFD and WACH will be in accordance with the procedures established within Fort Irwin. To expedite appropriate treatment of STEMI, stroke, or trauma patients, Fort Irwin Army Air Ambulance will proceed directly to the most appropriate SRC, NSRC or TC, for patients that meet the criteria of ICEMA Reference #15030 - Trauma Triage Criteria, #8120 - Continuation of Care and #8130 - Destination Policy when immediate lifesaving intervention or stabilization is not required. These patients will bypass WACH and proceed directly to a SRC, NSRC or TC for treatment.
- b. Fort Irwin Army Air Ambulance will contact the County Communication Center (CCC) for TC destination. TC destination will be rotated by the CCC in accordance with ICEMA Reference #8070 - Aircraft Rotation Policy (San Bernardino County Only). If unable to contact the CCC, Fort Irwin Army MEDEVAC will follow the destination policy established in ICEMA Reference #8130 - Destination Policy.
- c. The assigned base hospital for medical control will be Loma Linda University Medical Center (LLUMC). ICEMA EMT-Ps will follow ICEMA's policies, procedures and protocols. US Army Flight Medics and Critical Care Flight Paramedics will follow the Standard Medical Operating Guidelines (SMOG) established by the US Army Surgeon General and the assigned US Army Flight Surgeon. When conflicts in procedure or protocol of patient care exists between ICEMA and the US Army SMOG, each EMS provider will work in accordance with its individual protocols and confer jointly to assure the best possible care is provided and achieves the best outcome for the patient. US Army Flight Medics and Critical Care Flight Paramedics are authorized to perform all treatments and procedures that are provided as en route medical orders from the receiving hospital or the medical direction of LLUMC.

- d. The onboard attending FIFD ICEMA EMT-P will make contact with the destination SRC, NSRC or TC prior to arrival in order to alert the STEMI, Stroke, or Trauma Teams. In the absence of the FIFD ICEMA EMT-P, the US Army Flight Medic or US Army Critical Care Flight Paramedic will ensure contact is made in accordance with Fort Irwin's procedures.
- e. In the event of special considerations, such as weather, time, distance and patient location, the Fort Irwin Army Air Ambulance Pilot-in-Command may choose to divert to University Medical Center (UMC) Las Vegas in accordance with the Memorandum of Agreement established between Fort Irwin Army Air Ambulance and UMC Las Vegas.
- f. In times of inclement weather or due to aircraft emergencies where landing at the destination hospital is not feasible, Fort Irwin MEDEVAC will contact the CCC for assistance in order to arrange for ground ambulance transportation at an appropriate airfield or the precautionary landing zone so that transportation of the patient can continue to the designated hospital.
- g. Should Fort Irwin Army Air Ambulance be unavailable for patient transportation, requests for civilian air ambulance support shall be made through the CCC by FIFD or WACH.

### 3. GROUND AMBULANCE

- a. Ground ambulances on Fort Irwin are provided and staffed by WACH and are dispatched by Fort Irwin DES with support from FIFD.
- b. Patients that are determined to meet ICEMA's Trauma Triage Criteria (refer to ICEMA Reference #15030 - Trauma Triage Criteria) or are in immediate need of a Specialty Care Center as determined by a FIFD ICEMA EMT-P may be transported directly to the Fort Irwin Main Post Helipad or designated ambulance exchange point for immediate transfer by air ambulance when immediate lifesaving intervention or stabilization is not required. These patients will bypass WACH and proceed directly to a SRC, NSRC or TC for treatment. Coordination for this exchange will be conducted by FIFD utilizing established procedures to contact Fort Irwin Army MEDEVAC.
- c. Patients that do not meet ICEMA's Trauma Triage Criteria or require immediate lifesaving interventions or stabilization will be transported directly to WACH.

**III. REFERENCES**

<u>Number</u>	<u>Name</u>
6070	Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Destination Policy
6100	Neurovascular Stroke Receiving Centers Destination Policy (San Bernardino County Only)
8060	Requests for Hospital Diversion Policy (San Bernardino County Only)
8070	Aircraft Rotation Policy (San Bernardino County Only)
8120	Continuation of Care (San Bernardino County Only)
8130	Destination Policy
15030	Trauma Triage Criteria