Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

DATE: May 4, 2011

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Virginia Hastings, ICEMA Executive Director
Reza Vaezazizi, MD, ICEMA Medical Director

SUBJECT: **CONTINUATION OF TRAUMA CARE - 14 DAY PUBLIC COMMENT**

Attached is the public comment draft of the **CONTINUATION OF TRAUMA CARE** protocol. The protocol has been reviewed extensively by the Trauma System Advisory Committee (TSAC), the Protocol and Education Committee (PEC) and the Medical Advisory Committee (MAC). Due to the extensive committee reviews and the desire to implement this protocol prior to the summer months, we have shortened the comment period to 14 days.

ICEMA encourages all system participants to submit comments in writing to ICEMA during the 14-day comment period. **Written comments will be accepted until May 18, 2011 at noon.** Comments may be sent hardcopy, faxed to (909) 388-5825 or via email to Chris Yoshida-McMath, RN at c.yoshida-mcmath@cao.sbcounty.gov. Comments will be compiled and presented at the Emergency Medical Care Committee (EMCC) meeting on May 19, 2011 at 9 a.m. The protocol will be placed on the Inyo and Mono County EMCC's the following week.

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CONTINUATION OF TRAUMA CARE

THIS POLICY IS FOR TRANSFER OF TRAUMA PATIENTS FROM A REFERRAL HOSPITAL (RH) TO A TRAUMA CENTER (TC) ONLY AND SHALL NOT BE USED FOR ANY OTHER FORM OF INTERFACILITY TRANSFER OF PATIENTS.

PURPOSE:

To support a system of trauma care that is consistent with ACS standards and ensures the minimal time from patient injury to receiving the most appropriate definitive trauma care.

DEFINITIONS:

Trauma Center (TC) - a licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

Referral Hospital (RH): any licensed general acute care hospital that is not an ICEMA designated TC.

INCLUSION CRITERIA:

Any patient meeting ICEMA Trauma Triage Criteria, (Reference ICEMA Policy 15030) arriving at a non-trauma hospital by EMS or non-EMS transport.

INITIAL TREATMENT GOALS (at RH)

1. Initiate resuscitative measures within the capabilities of the facility.

2. Ensure patient stabilization is adequate for subsequent transfer.

3. Transfer timeline goal is <30 minutes door-to-transfer out.

4. DO NOT DELAY TRANSFER by initiating any diagnostic procedures that do not have direct impact on IMMEDIATE resuscitative measures.

5. RH ED physician will make direct physician-to-physician contact with the ED physician at the TC.

6. The TC will accept all referred trauma patients unless they are on Internal Disaster as defined in ICEMA Policy# 8060.
7. The TC ED physician is the accepting physician at the TC and will activate the internal Trauma Team according to internal TC protocols.

8. RH ED physician will determine the appropriate mode of transportation for the patient. If ground transportation is >30 minutes consider the use of an air ambulance. Requests for air ambulance shall be made to 9-1-1 and normal dispatching procedures will be followed; however, the air ambulance continuation of trauma run patient will be transported to the TC identified by the RH.

9. Simultaneously call 9-1-1 and utilize the following script to dispatch:

   "This is a Trauma Interfacility Transfer from ____hospital to ____Trauma Center"

   Dispatchers will only dispatch transporting paramedic units without any fire apparatus.

10. RH must send all medical records, test results, radiologic evaluations to the TC. DO NOT DELAY TRANSFER- these documents may be FAXED to the TC.

SPECIAL CONSIDERATIONS:

1. If the patient has arrived at the RH via EMS, the RH ED physician may request that transporting team remain with patient and immediately transport them once the minimal stabilization is done at the RH.

2. The RH may consider sending one of its nurses with the transporting paramedic unit if deemed necessary due to the patient's condition or scope of practice.

3. Nurse staffed critical care transport units maybe used; but may create a delay due to availability. Requests of nurse staffed critical care transport units must be made directly to the ambulance transporter by land line.