
TRAUMA TRIAGE and DESTINATION GUIDELINE POLICY

I. PURPOSE

To provide additional explanation and guidance for the Marin County Trauma Triage Criteria Tool to help identify trauma patients in the field and, based upon their injuries, direct their transport to an appropriate level of trauma care facility.

II. RELATED POLICIES

- A. Service Area for Hospitals, #4603
- B. EMS Aircraft, #5100
- C. Ambulance Diversion Policy, #5400
- D. Destination Guidelines, GPC 4
- E. Determination of Death, ATG 6
- F. Multi-Casualty Incident, GPC 12

III. DEFINITIONS

- A. *Designated trauma center* refers to an acute care facility holding designation as a Level I, Level II, Level III, or EDAT. In Marin County, Marin General Hospital is the designated “Level III trauma center” and Kaiser is the designated “EDAT.”
- B. “*Provide Trauma Notification*” means that field personnel will advise the trauma center as soon as possible of their impending arrival by providing a Trauma Notification (see Trauma Triage Tool).
- C. *Time closest facility* is that facility which can be reached in the shortest amount of time.

IV. GENERAL POLICY

- A. It is the overall goal of the Marin County Trauma System to provide treatment of injured patients at Marin County hospitals.
- B. Whenever physician consultation is indicated within this policy, contact shall be made with Marin General Hospital Level III trauma center.
- C. The following policy statements pertain to use of the Trauma Triage Tool attached as Appendix A:
 - 1. Patients shall be determined to meet criteria for transport to a designated trauma center if they meet the criteria listed in the Trauma Triage Tool (see Appendix A).

2. Physician consultation is REQUIRED in the following circumstances:
 - a. The paramedic is unable to transport the patient to the indicated facility in an expedient manner;
 - b. The paramedic assesses the patient and scene conditions and believes transport to a different level of care is indicated;
 - c. Patient requests a facility not indicated by the Trauma Triage Criteria Tool;
 - d. Field and/or flight crew assesses the patient, scene conditions and heliport availability and believes an emergency transport to a Marin County facility via helicopter is indicated.
 3. Physician consultation is RECOMMENDED whenever assistance in resolving treatment decisions or transport destinations is desired.
 4. Unmanageable airway: Patients with airway compromise unmanageable by BLS or ALS adjuncts will be transported to the closest receiving facility.
 5. Traumatic Arrest in the Field Prior to Paramedic Arrival: Patients found in cardiopulmonary arrest due to blunt or penetrating trauma will be determined dead at the scene and not transported. Determination of death must include the application of a monitor and verification of asystole. (refer to policy ATG 6). Exceptions may be made at paramedic discretion in socially appropriate cases, i.e., personnel safety at the scene, high public visibility, or pediatric patients. Multicasualty incidents (as defined by the Marin County Emergency Medical Response Plan) and Disasters are not subject to the provisions of this policy. Death may be declared according to START triage criteria.
 6. Traumatic Arrest in the Presence of Paramedics
 - a. Traumatic arrest with paramedics on scene – patient will be transported to the closest basic emergency department.
 - b. Traumatic arrest while enroute to trauma center – continue to trauma center unless travel time to an alternate facility is ten minutes less than travel time to the trauma center.
- D. Adult patients who meet Physiologic or Anatomic Criteria:
1. Determine the estimated ground transport time to the Level III trauma center, considering traffic conditions, weather, and other relevant factors. Estimated ground transport time is evaluated from the time the patient is packaged and ready for transport.
 2. Determine the estimated air transport time to the Level II: air transport time includes: minutes until arrival (if helicopter is not already on the ground); scene and load time of flight crew (typically 10”); flight time to trauma center; and off-load time (typically 7-10 minutes). If helicopter is on the ground at the time the patient is ready for transport, then air transport time is evaluated as time to load, flight time to trauma center and time to off-load to the ED.

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3. Choose the method of transport that will deliver the patient to definitive care in the shortest time (air transport to Level II versus ground transport to the Level III trauma center).
- E. Pediatric patients who meet Physiologic or Anatomic Criteria:
1. Transport directly to Children's Hospital Oakland (see Trauma Triage Tool).
 2. If ETA (transport time) is anticipated to be >30 minutes, physician consultation should be obtained with the Level III trauma center to determine destination.
- F. Incidents involving three or more patients meeting Physiologic or Anatomic Criteria will be handled in the following manner:
1. Prehospital providers should obtain a physician consultation from the Level III trauma center, regarding destinations anytime three or more patients meet Physiologic or Anatomic Criteria. If an incident is deemed to be an MCI, prehospital providers will utilize the multicasualty plan for destination guidelines.
 2. Helicopter dispatch should be initiated for all incidents in which three or more patients meet A&P criteria.
 3. Patients meeting physiologic and anatomic triage criteria that the Level III trauma center cannot accept should be transported to an out-of-county Level I or II trauma center in the most appropriate and expedient manner.
- G. The EDAT will be used for patients meeting mechanism of injury trauma triage criteria that Level III trauma center is unable to accept.