

# **OKALOOSA COUNTY TRAUMA TRANSPORT PROTOCOLS**

## **I. Dispatch Procedures**

### **A. Communications Center**

Okaloosa County Emergency Medical Services Communications Center is located in Okaloosa County in the City of Crestview. All EMS calls are received by and dispatched by this center along with Fire Rescue calls. The Communications Center has enhanced 911 and a computer aided dispatch system.

### **B. List of information to be obtained from caller**

1. Location of patient
2. Type of trauma (Circumstances)
3. Number of trauma victims
4. Extent and severity of trauma injury
5. Scene security/safety
6. Name of caller
7. Call-back number

### **C. Method used to identify and dispatch the most readily available unit**

1. The Emergency Medical Services dispatcher will dispatch the closest available unit(s).
2. Prior to the first unit's arrival, multiple response units may be dispatched by the request of the Shift Supervisor based on information received from caller(s). The Paramedic, upon arrival, can request multiple response units.
3. The Shift Supervisor will be dispatched to any trauma alert or possible trauma alert.

### **D. Process used to request assistance from emergency response agency**

1. Fire department is recommended to respond to all vehicle accidents, trauma alerts and unconfirmed trauma alerts.

2. Law enforcement is requested to respond to all vehicle accidents, violent or potential violent crimes.
3. Air support is requested by the Paramedic, Shift Supervisor, or on scene fire personnel.
4. Public utility agencies are requested when need is identified.

**E. Okaloosa County Emergency Medical Services Advanced Life Support units and Shift Supervisor will be dispatched on recorded medical channels. All other requests for an emergency response agency will be made on recorded phone lines.**

**\*AIR SUPPORT IS REQUESTED BY REGION AND AVAILABILITY AS FOLLOWS**

<b>County</b>	<b>Primary</b>	<b>Secondary</b>
Okaloosa County	GulFlight	Baptist LifeFlight

**II. Transport Destination Procedures**

- A. All trauma alert patients will be transported to the closest appropriate facility, being either a State Approved Trauma Center (SATC), or an Initial Receiving Hospital (IRH).
- B. Initial efforts are to direct transportation of the trauma alert patient to the closest appropriate State Approved Trauma Center.
- C. The EMT, paramedic, or Shift Supervisor that finds any trauma patient that meets one or more of the appropriate trauma scorecard criteria, as required in Rule 64J-2.004, F.A.C., or the pediatric trauma scorecard criteria in Rule 64J-2.005, F.A.C., shall immediately notify the Communications Center and issue a Trauma Alert using the words "Trauma Alert".
- D. The paramedic will advise the Communications Center of the following information about the trauma alert scene:
  - Total number of patients
  - The total number of trauma alert patients
  - The criteria by which the alert was called
  - The mechanism of injury

**Guidelines for transportation are as follows:**

1. **AIR SUPPORT to a State Approved Trauma Center (SATC):**  
Air support response time is less than 20 minutes.

2. **AIR TRANSPORT** to an **IRH**:
  - a. The TTP of the Air Transport Agency indicate divert for immediate stabilization.
  - b. MCI situations.\*
3. **GROUND TRANSPORT** to an **IRH** nearest the scene of the incident.
  - a. When air transport is not available or response time is greater than 20 minutes.
  - b. Immediate stabilization is needed (see Section VIII, Immediate Stabilization Procedures).
  - c. MCI situation.

\*For situations with multiple trauma patients, not meeting trauma alert criteria, the non-critical patients should be ground transported to initial receiving hospitals nearest the scene of incident. There may be instances in mass casualty situations when the ground units will be overburdened and need air transport to facilitate movement of multiple patients to initial receiving hospitals.

If a SATC or an IRH notifies EMS that it is temporarily unable to provide adequate care for the trauma patient, EMS personnel, under the direction of Medical Control will follow the trauma bypass protocols.

Trauma by-pass; the following 7 points, including the terminology, are a summary of an agreement between the initial receiving facilities and Okaloosa EMS.

Trauma by-pass will be recognized only for the following circumstances:

1. CT SCAN – Lack of availability of CT scan will result in a by-pass situation for trauma patients with an isolated head injury and a Glasgow Coma Score of 12 or less.
2. TRAUMA SURGERY – When the surgeon on-call is involved in a previous trauma alert and another surgeon is unavailable; when adequate operating room facilities are unavailable.
3. NEUROSURGERY – When the on-call neurosurgeon is unavailable due to involvement in emergency surgery, a by-pass situation will result for an involvement in emergency surgery, a by-pass situation will result for a trauma patient with an isolated head injury and/or a Glasgow Coma Score of 12 or less.

4. INTERNAL DISASTER – Any hospital which has a facility accident or emergency that closes that facility in its entirety or its surgery unit, will go on by-pass until such time as it is back in service.
5. SPECIAL SITUATIONS – Twin Cities Hospital will always be on trauma by-pass for adult neuro/multi-systems trauma due to lack of the necessary surgical personnel and/or facilities to handle these patients. These patients will be transported to Fort Walton Beach Medical Center for stabilization. In the event that Fort Walton Beach Medical Center is on trauma by-pass, all trauma patients will be transported to the closest facility.
6. Each hospital is responsible for making proper notification to Okaloosa County EMS Communications that it is on trauma by-pass. In the event that the closest appropriate facility is on by-pass, the next closest appropriate facility will be utilized.
7. In the event that a facility providing a specialty required by particular patient is on by-pass, it will be considered no more capable of handling that patient than a facility not offering the particular specialty, and the patient will therefore be transported to the nearest facility for stabilization, and then transferred to a facility that is able to provide the necessary care.

In all cases, regardless of the method of transportation or the destination of the Trauma Alert patient, an Okaloosa County run report will be completed for each patient as required in sections 64J-1.014(2), (3) and (5), F.A.C. The report will be delivered to the receiving facility and/or EMS agency.

### **III. Procedures for Emergency Interfacility Transfers**

Emergency interfacility transfer of trauma alert patients is handled in the same manner outlined in this document for other trauma alert patients.

### **IV. Receiving Facilities**

Verified State Approved Trauma Centers (Level):

1. Baptist Hospital, Pensacola (II)
2. Sacred Heart Hospital, Pensacola (II)

### **V. Immediate Stabilization Procedures**

Immediate Stabilization interventions are those required to sustain life, and preclude immediate transport to a SATC. These interventions are as follows:

1. Establishing a patent airway where one does not exist.
2. Insertion of a chest tube to correct a tension pneumothorax.

3. Performance of a pericardiocentesis to relieve a pericardial tamponade.
4. Intravenous access (central or peripheral) in the presence of severe hypotension.

Trauma by-pass override: If the need for immediate stabilization of a trauma patient exists, as defined in immediate stabilization interventions above, the EMS crew has the right to override the by-pass and transport the patient to the closest facility.

## Adult Trauma Triage Criteria & Methodology

The EMT or paramedic shall assess the condition of those injured persons with anatomical and physiological characteristics of a person sixteen (16) years of age or older for the presence of at least one of the following four (4) criteria to determine whether to transport as a trauma alert. These four criteria are to be applied in the order listed, and once any one criterion is met that identifies the patient as a trauma alert; no further assessment is required to determine the transport destination.

**Criteria:**

1. Meets color-coded triage system (see below)

2. GCS  $\leq$  12 (Patient must be evaluated via GCS if not identified as a trauma alert after application of criterion 1.)

3. Meets local criteria (specify): \_\_\_\_\_

4. Patient does not meet any of the trauma criteria listed above but, in the judgment of the EMT or paramedic, should be transported as a trauma alert (document) \_\_\_\_\_

COMPONENT		
<b>AIRWAY</b>	RESPIRATORY RATE OF 30 or GREATER  <input type="checkbox"/> B	ACTIVE AIRWAY ASSISTANCE <sup>1</sup>  <input type="checkbox"/> R
<b>CIRCULATION</b>	SUSTAINED HR OF 120 BEATS PER MINUTE or GREATER  <input type="checkbox"/> B	LACK OF RADIAL PULSE WITH SUSTAINED HEART RATE (>120) or BP <90 mmHg  <input type="checkbox"/> R
<b>BEST MOTOR RESPONSE</b>	BMR =5  <input type="checkbox"/> B	BMR = 4 or LESS or PRESENCE OF PARALYSIS, or SUSPICION OF SPINAL CORD INJURY or LOSS OF SENSATION  <input type="checkbox"/> R
<b>CUTANEOUS</b>	SOFT TISSUE LOSS <sup>2</sup> or GSW TO THE EXTREMITIES  <input type="checkbox"/> B	2ND OR 3RD <sup>0</sup> BURNS TO 15% or MORE TBSA or AMPUTATION PROXIMAL TO THE WRIST or ANKLE or ANY PENETRATING INJURY TO HEAD, NECK, or TORSO <sup>3</sup>  <input type="checkbox"/> R
<b>Longbone FRACTURE<sup>4</sup></b>	SINGLE FX SITE DUE TO MVA or FALL 10' or MORE  <input type="checkbox"/> B	FRACTURE OF TWO or MORE Longbones  <input type="checkbox"/> R
<b>AGE</b>	55 YEARS or OLDER  <input type="checkbox"/> B	
<b>MECHANISM OF INJURY</b>	EJECTION FROM VEHICLE <sup>5</sup> or DEFORMED STEERING WHEEL <sup>6</sup>  <input type="checkbox"/> B	

■ R = any **one (1)** - transport as a trauma alert

■ B = any **two (2)** - transport as a trauma alert

1. Airway assistance beyond administration of oxygen.
2. Major degloving injuries, or major flap avulsion (>5 in.)
3. Excluding superficial wounds in which the depth of the wound can be determined.
4. Longbone (Including humerus, (radius, ulna), femur, (tibia or fibula).
5. Excluding motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck.
6. Only applies to driver of vehicle.

## Pediatric Trauma Scorecard Methodology

The EMT or Paramedic shall assess the condition of those injured individuals with anatomical and physical characteristics of a person fifteen (15) years of age or younger for the presence of one or more of the following three (3) criteria to determine the transport destination per 64E-2.001, Florida Administrative Code, (F.A.C.):

- 1) Pediatric Trauma Triage Checklist: The individual is assessed based on each of the six (6) physiologic components listed below (left column). The single, most appropriate criterion for each components is selected (along the row to the right). Refer to the color-coding of each criteria and legend below to determine the transport destination:

**COMPONENT**

<b>SIZE</b>	> 20 Kg (44+ lbs.) <input type="checkbox"/> G	>11-20 Kg (24-44 lbs.) <input type="checkbox"/> G	WEIGHT ≤ 11 Kg or LENGTH ≤ 33 INCHES ON A PEDIATRIC LENGTH AND WEIGHT EMERGENCY TAPE <input type="checkbox"/> B
<b>AIRWAY</b>	NORMAL <input type="checkbox"/> G	SUPPLEMENTED O <sub>2</sub> <input type="checkbox"/> G	ASSISTED or INTUBATED (1) <input type="checkbox"/> R
<b>CONSCIOUSNESS</b>	AWAKE <input type="checkbox"/> G	AMNESIA or LOSS OF CONSCIOUSNESS <input type="checkbox"/> B	ALTERED MENTAL STATUS (2) or COMA or PRESENCE OF PARALYSIS or SUSPICION OF SPINAL CORD INJURY or LOSS OF SENSATION <input type="checkbox"/> R
<b>CIRCULATION</b>	GOOD PERIPHERAL PULSES; SBP > 90 mmHg <input type="checkbox"/> G	CAROTID or FEMORAL PULSES PALPABLE, BUT THE RADIAL OR PEDAL PULSE NOT PALPABLE or SBP < 90-mmHg <input type="checkbox"/> B	FAINT OR NON-PALPABLE CAROTID OR FEMORAL PULSE or SBP < 50 mmHg <input type="checkbox"/> R
<b>FRACTURE</b>	NONE SEEN or SUSPECTED <input type="checkbox"/> G	SINGLE CLOSED LONG BONE (3) FRACTURE (4) <input type="checkbox"/> B	OPEN LONG BONE (3) FRACTURE (5) or MULTIPLE FRACTURE SITES OR MULTIPLE DISLOCATIONS (5) <input type="checkbox"/> R
<b>CUTANEOUS</b>	NO VISIBLE INJURY <input type="checkbox"/> G	CONTUSION or ABRASION <input type="checkbox"/> G	MAJOR SOFT TISSUE DISRUPTION (6) or MAJOR FLAP AVULSION or 2 <sup>o</sup> or 3 <sup>o</sup> BURNS TO ≥10% TBSA or AMPUTATION (7) or ANY PENETRATING INJURY TO HEAD, NECK, or TORSO (8) <input type="checkbox"/> R

■ R = RED, any **one (1)**-transport as a trauma alert ■ B = BLUE, any **two (2)** - transport as a trauma alert ■ G = GREEN, follow local protocols

- 2) Meets local criteria (specify): all pediatric trauma alert patients will be transported to the closest facility if air support is not available.
- 3) Patient does not meet any of the trauma criteria listed above, but the EMT or Paramedic can call a "Trauma Alert" if, in his or her judgment, the trauma patient's condition warrants such action. Must be documented on run report pursuant to 64E-2.013, (F.A.C.)

1. Airway assistance includes manual jaw thrust, continuous suctioning, or use of other adjuncts to assist ventilatory efforts.
2. Altered mental states include drowsiness, lethargy, inability to follow commands, unresponsiveness to voice, totally unresponsive.
3. Long bones include the humerus, (radius, ulna), femur, (tibia or fibula).
4. Long bone fractures do not include isolated wrist or ankle fractures.
5. Long bone fractures do not include isolated wrist or ankle fractures or dislocations.
6. Includes major degloving injury.
7. Amputation proximal to wrist or ankle.
8. Excluding superficial wounds where the depth of the wound can be determined.