

PURPOSE:

The purpose of this policy is to guide prehospital, base hospital, and disaster control facility personnel in determining the appropriate destination for trauma patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798 et seq. California Code of Regulations, Title 22, Division 9, Chapter 7.

DEFINITIONS:

- A. "Adult major trauma patient" means a patient 13 years of age or older, or taller than a Broselow Tape (146.5 cm), and meets one or more of the major trauma triage criteria
- B. Pediatric major trauma patient" means a patient 12 years of age or younger, is not taller than a Broselow Tape (146.5 cm), and that meets one or more of the major trauma triage criteria.

POLICY:

- I. Prehospital personnel shall assess all patients suffering acute injury or suspected acute injury using the trauma triage criteria established in EMS Policy No. 5210 Major Trauma Triage Criteria.
- II. San Joaquin County has one (1) trauma center catchment area assigned to San Joaquin General Hospital (SJGH). If SJGH is unavailable or at capacity then major trauma patients shall be transported to the next closest trauma center.
- III. Multi-casualty Incidents (MCIs):
 - A. Trauma patients triaged as "Immediate" in all MCIs and trauma patients triaged as "Delayed" in MCIs with fewer than 10 total patients shall be preferentially transported to designated trauma centers utilizing available trauma centers in San Joaquin, Stanislaus, and Sacramento counties.
 - B. During a trauma MCI, the Disaster Control Facility (DCF) shall include at a minimum all of the following trauma centers in their emergency department poll:
 - 1. San Joaquin General Hospital;
 - 2. U.C. Davis Medical Center;
 - 3. Kaiser Medical Center South Sacramento;
 - 4. Doctors Medical Center;
 - 5. Memorial Medical Center.

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- IV. Specialty Considerations:
 - A. Patients with an unmanageable airway whose upper airway is compromised by an obstruction (e.g. mandibular fractures, tongue, hematoma, blood, or vomitus) preventing ventilation, or a patient being ventilated through a needle cricothyrotomy should be transported to the closest receiving hospital.

- V. Trauma Center Advisory:
 - A. When SJGH places itself on trauma center advisory due to the unavailability of a trauma surgeon or operating suite:
 - 1. SJGH shall place an advisory notice on EMResource stating: "Contact control facility for major trauma patient destination".
 - B. The SJGH base hospital physician may direct prehospital personnel to transport major trauma patients to SJGH or the next closest trauma center based on patient condition.

- VI. Non-Emergent Trauma Patient Destination Considerations:
 - A. In a non-emergent situation (patient does not meet major trauma triage criteria) the patient may be transported to the receiving hospital of their choice. If the patient is unable or unwilling to express a choice, defer to the wishes of the patient's physician and/or family. In the absence of such direction, patients should be transported to the closest receiving hospital.
 - 1. Whenever possible prehospital personnel should determine where the patient normally receives their medical care and encourage the patient to return to that hospital.
 - 2. Prehospital personnel should only provide the patient and/or family with the available destination options. Prehospital personnel should not endorse a receiving hospital or otherwise provide their personal opinion on the quality or merits of any receiving hospital.
 - 3. If the patient is a member of a health plan with a preferred hospital an attempt should be made to transport the patient to a participating or preferred receiving hospital.
 - B. Non-emergent trauma patients may choose to be transported to any receiving hospital in San Joaquin County, Stanislaus County, or Sacramento County.
 - C. Ambulance personnel are not required to contact and should not contact the base hospital for permission to transport a non-emergent patient to a receiving hospital in San Joaquin County, Stanislaus County, or Sacramento County.

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