KITTITAS COUNTY EMERGENCY MEDICAL SERVICES				
OPERATING PROCEDURE	EFFECTIVE DATE: May 18, 2015	NUMBER: 3	SUPERSEDES DATE: July 14, 2011	PAGE: 1
SUBJECT: **TRIAGE AND TRANSPORT**				

RECOMMENDED BY KC EMS/TC COUNCIL:	**RECOMMENDED BY MEDICAL DIRECTOR:**
Signature: __Signed copy on file. _____	Signature: ___Signed copy on file._____
Name: Lee Hadden, Chairman Joshua DeHerrera, Vice Chairman	Name: Jackson S. Horsley, MD

I. STANDARD

All licensed and trauma verified aid and/or ambulance services shall comply with the State of Washington Prehospital Triage Destination Tools Trauma - (link pending), Cardiac Triage Tool (www.doh.wa.gov/hsqa/hdsp/files/acsq/pdf) and Stroke Triage Tool (www.doh.wa.gov/hdsp/files/strokeq/pdf) as defined in Washington Administrative Code (WAC) and RCW. Medical and injured patients who do not meet prehospital triage criteria will be transported to local health care services according to Regional Patient Care Procedures (PCPs), Medical Program Director (MPD) protocols, and County Operating Procedures (COPs).

II. PURPOSE

A. To ensure that all emergent patients are transported to the most appropriate designated or categorized facility in accordance with the most current Washington State Triage Destination Procedures for Trauma, Cardiac and Stroke.

B. To ensure that all patients that do not meet Washington State Prehospital Triage Destination Procedures criteria are transported according to PCPs, MPD Protocols, and COPs.

C. To allow the receiving health care service or designated/categorized health care service adequate time to activate their emergency medical and/or trauma response team.

D. To address the potential need to home triage patients during a mass casualty incident (all-hazard incident) due to the reduction or loss of resources available for emergency medical care over a short period or for an extended period of time.

III. PROCEDURE

A. SYSTEM ACTIVATION

1. The first certified Emergency Medical Service (EMS) provider to determine that a patient meets one of the Prehospital Triage Destination Tools, shall contact medical control, or the receiving Health Care Service via the H.E.A.R. frequency or cellular phone, or indirectly by relaying the information through KITTCOM or an ALS Unit in route if necessary:

   a. Critical Trauma Criteria (activate "Trauma Alert")
      - STEP 1, STEP 2, or STEP 3 of the, CDC *National Trauma Triage Protocol*
      - STEP 4 of the CDC *National Trauma Triage Protocol* after consult with Medical Control if appropriate

   b. Critical Cardiac Criteria (activate "STEMI Alert") – Follow *Prehospital Cardiac Triage Destination Procedure* when critical or high risk criteria are met

      - **BLS** – For patients with acute cardiac symptoms, notify the closest cardiac hospital - KVH)
      - **ALS** –
        STEMIs – EKG positive for STEMI
        High Risk Cardiac – To be identified per destination procedure

   c. Critical Stroke Criteria (activate "Stroke Alert") – Follow *Prehospital Stroke Triage Destination Procedure* and estimate time patient last normal to arrival at stroke center ED.
      - **BLS** – For patients positive for F.A.S.T., notify the closest stroke hospital (KVH)
        - Career BLS only – utilize County NIH Stroke Scale Tool (original to ED)
      - **ALS** – For patients positive for F.A.S.T., notify the closest stroke hospital
        - Utilize County NIH Stroke Scale Tool (original to ED)

Limit scene time to < 15 min. when possible and alert destination hospital en route ASAP

   d. Critical Medical Criteria (activate Medical Care System)
      - Systolic BP < 90*
      - HR > 120*

*for pediatric (<15y) pts. use BP < 90 or capillary refill > 2 sec.
*for pediatric (<15y) pts. use HR < 60 or > 120

- Any of the above vital signs associated with sign and symptoms of shock.
- Respiratory Rate < 10 > 29 associated with evidence of distress and/or any of the following
- Altered Mental Status
- Neck pain
- Back pain
- Chest pain
- Abdominal pain
- Gut feeling of the EMS provider

2. System Activation - Kittitas Valley Community Hospital Emergency Department Physician Delegates serve as on-line Medical Control for all of Kittitas County (See KC Operating Policy #4). System activation can be done through ED staff.

   Note: BLS personnel may request/receive emergency medical advice from the paramedic in route to the scene if provider is unable to make contact with medical control.

3. Additional Resources - The activation of additional resources, rendezvous or air transport should be facilitated through KITTCOM.

4. Medical Control or other receiving facility should be provided with the following information upon system activation:

   a. Identification of EMS transporting agency and level of service.
   b. Patient's age (and other co-morbid factors).
   c. Vital signs including level of consciousness.
   d. Anatomy of the injury.
   e. Biomechanics of the injury.
   f. Other factors that require consultation.
   g. Number of patients (if more than one).
   h. Hospital preference of the patient or patient's family (if known).
   i. Estimated time of arrival to receiving facility.

5. If a patient will be transported to a facility other than that of Medical Control by BLS personnel, Medical Control shall immediately notify the receiving facility.

B. PATIENT DESTINATION

Prehospital providers will utilize state approved *Triage* D*estination Procedures*, Regional Patient Care Procedures (PCP's), County Operating Procedures (COPs), and MPD protocols to direct patients to the appropriate trauma, cardiac and stroke hospitals as defined in WAC.

1. **Critical Trauma Patient** destination will be determined by the *CDC Prehospital Trauma Triage Destination Procedure and medical control.*

BLS – Upgrade to ALS when available

- Transport to closest designated trauma center - KVH

ALS –

- Patients that meet STEP 1 and STEP 2 of the Triage Protocol should be taken to the highest level trauma center
- Patients that meet STEP 3 of the Triage Protocol should be taken to the closest appropriate designated trauma center
- Patients that meet STEP 4 - contact medical control and consider transport to a trauma center

2. **Critical Cardiac Patient** destination will be determined by the *State of Washington Prehospital Cardiac Triage Destination Procedure.*

BLS – Upgrade to ALS when available

- Transport to closest cardiac hospital - KVH

ALS –

- **STEMIs or meet High Risk Criteria -** Transport to highest level Cardiac Hospital within 60 minutes (according to practice patterns, patient preference or insurance coverage)
- **Other cardiac patients** – Transport to closest Cardiac Hospital

3. **Critical Stroke Patient** destination will be determined by the *State of Washington Prehospital Stroke Triage Destination Procedure*.

BLS – Upgrade to ALS if needed.
- Transport to closest Stroke Center - KVH

ALS – Estimate time patient last normal to arrival at Stroke Center ED.
- Transport to closest level 2 stroke center - KVH
- Secondary level II Stroke Center = Trauma Center w/ neuro surgeon (Go to Trauma Center of the day in Yakima)

Limit scene time < 15 min. when possible and alert destination hospital en route ASAP

4. **Critical Medical Patient Destination**

a. All critical medical patients shall be taken to the closest emergency medical facility that provides emergency care 24/7 and is staffed by physicians.
b. A higher level facility may be determined by on-line medical control.

5. **Emergent Patient Destination** (Those patients that more probably than not will need the attention of a physician.)

a. Off-line Medical Direction - To the closest emergency medical facility that provides emergency care 24/7 and is staffed by physicians.

6. **Non-Emergent Patient Destination** (Those patients that may not need the attention of a physician for minor illness or injury.)

a. Off-line Medical Direction - To the closest or appropriate management care facility that is staffed by a minimum of PA and RN. Physician should be available within 30 minutes.

NOTE: For medical facilities that do not provide emergency medical care 24/7 and are not staffed by physicians, patient care may only be released by EMS personnel if a Physician's Assistant or a Physician is on site.

7. Home Triage of 911 patients during an MCI (all-hazards incident)
The Kittitas County EMS & Trauma Care Council and the Medical Program Director recognize the potential need to triage patients at home when resources to respond to emergencies and receiving facilities are overwhelmed or not available due to an existing mass casualty incident or ***public health emergency*** that may occur over a short period or extended period of time.

   Implementation of home triaging may require (UNDER DEVELOPMENT):
   - On-line or off-line medical direction (per incident or per patient)
   - Home care instructions for patients
   - Special tracking system for patients
   - Patient follow-up

8. **All Patients**

   a. Patient or patient's family preference should be considered. Facility selection by patient or patient's family should be based on an informed decision. The patient and/or family must be advised if their facility choice is inappropriate for patient's condition.

   b. Patients meeting trauma, cardiac or stroke triage criteria may not have the ability to make an informed decision. These patients shall be transported to an appropriate facility in accordance with the State of Washington Prehospital Triage Destination Procedures.

   c. If prehospital personnel are unable to effectively manage a patient's airway, consider rendezvous with ALS, or immediate stop at nearest facility capable of immediate definitive airway management.

   d. The receiving facility may divert an ***ALS Ambulance*** to another facility with equal or higher level of care (by ground or air) in the event one facility does not have appropriate resources to provide needed intervention. ***The decision to divert a patient enroute via ALS ambulance will be made by the ER physician (medical***

control). A BLS Ambulance should not be diverted, except for safety.

Note: Exceptions to ***ALS*** diversion:

1. Airway compromise
2. Traumatic arrest
3. Active seizing
4. Persistent shock
5. Uncontrolled hemorrhage
6. Urgent need for IV access, chest tube, etc.
7. Disaster

e. While in route to the receiving facility, the transporting agency shall provide a complete patient status report directly to the receiving facility or indirectly via Medical Control via radio or other approved communication system according to WAC.

f. Aid level services should meet the following criteria before transporting in an emergent situation:

- Appropriate transport capability for patient's condition
- Appropriate equipment for patient's condition
- Appropriate EMS personnel in accordance with WAC 246-976
- Logistically appropriate

C. DOCUMENTATION / REPORT

Before leaving the receiving facility, the transporting agency will provide a brief verbal and written report meeting minimum data elements per WAC. Within twenty-four hours of arrival, a complete written or electronic patient care report will be provided that includes the minimum data elements per WAC. For critical trauma patients, all other data points identified in WAC for inclusion in the trauma registry must be submitted within ten days of transporting the patient to the trauma center.

D. DEFINITION

1. Designated Trauma Service – A health care facility or facilities in a joint venture, whom have been formally determined capable of delivering a specific level of trauma care by the DOH.

2. Designated/ Categorized Cardiac Hospital A health care facility that has been formally determined capable of delivering a specific level of Cardiac care by the DOH.

3. Prehospital Triage Destination Tools
    a. National Trauma Triage Protocol (http://www.cdc.gov/FieldTriage)
    b. Cardiac Triage Tool (go to link below)
    c. Stroke Triage Tool (go to ink below)

http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EmergencyCardiacandStrokeSystem/ForMPDsandEMS

4. South Central Region Designated Trauma services and maps of their locations are available from the DOH web site http://ww4.doh.wa.gov/gis/ems.htm