KITTITAS COUNTY EMERGENCY MEDICAL SERVICES
COUNTY OPERATING PROCEDURES

COP #5: Prehospital Triage and Destination Procedure

I. PURPOSE:

Provide guidance for transport destination decisions for critical Trauma, Cardiac, Stroke, Mental Health and Substance Use Disorder (SUD) patients from the prehospital emergency scene to the appropriate receiving facility to reduce death and disability.

Provide guidance for transport destination decisions for ill and injured patients who do not meet critical prehospital triage destination criteria in accordance with local Medical Program Director (MPD) protocols and county operating procedures (COPs).

To allow the receiving facility adequate time to activate the emergency medical or trauma response team.

For all licensed and trauma verified aid and ambulance services to comply with the current State of Washington Prehospital Triage Destination Procedures or a Department of Health approved County Operating Procedure that meets or exceeds the state guidance document and regional patient care procedure.

II. SCOPE:

A coordinated system of care which identifies a hospital's level of service available for specific categories of patient need. The triage destination procedures provide patient triage criteria algorithms for EMS providers to identify the appropriate designated/categorized receiving facility.

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

III. GENERAL PROCEDURES:

Prehospital providers will utilize the most current State of Washington Prehospital Triage Destination Procedure, local COPs, and MPD protocols to determine the appropriate receiving facility for critically ill or injured patients.

System Activation - The first certified Emergency Medical Service (EMS) provider to determine that a patient meets one of the Prehospital Triage Destination Procedure criteria for Trauma, Cardiac, or Stroke shall contact medical control or other receiving facility via cellular phone, H.E.A.R. frequency, or indirectly by relaying the information through KITTCOM or an ALS Unit in route if necessary.

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A. TRIAGE & ACTIVATION

Critical Trauma Triage Criteria and Categories "Trauma Alert"

Red Criteria: High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
• Penetrating injuries to head, neck, torso, and proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure	**All Patients** • Unable to follow commands (motor GCS < 6) • RR < 10 or > 29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry < 90% **Age 0–9 years** • SBP < 70mm Hg + (2 x age in years) **Age 10–64 years** • SBP < 90 mmHg or • HR > SBP **Age ≥ 65 years** • SBP < 110 mmHg or • HR > SBP

Patients meeting any RED criteria should be transported to the closest level I or II trauma service within 30 minutes transport time (air or ground). Transport times greater than 30 minutes, take to the closest most appropriate trauma service.

- Hospital Notification = "Trauma Alert for Red Patient"
- The presence of specific injury patterns with normal vital signs, lack of pain, or normal levels of consciousness; requires calling medical control and alerting the receiving hospital.
- Pediatric patients meeting the red criteria should be preferentially triaged to designated pediatric trauma service.

BLS –

- Upgrade or rendezvous with ALS when available and logistically appropriate.
- By ground, alert and transport to closest designated trauma center.
- Air Transport consideration per COP#3-Air Medical Services – Activation & Utilization

ALS -

- Alert and transport by ground or air to appropriate facility in consult with Medical Contral as needed.

Yellow Criteria: Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgement
• High-risk auto crash - Partial or complete ejection - Significant intrusion (including roof) ▪ >12 inches occupant site OR ▪ >18 inches any site OR ▪ Need for extrication for entrapped patient - Death in passenger compartment - Child (age 0-9 years) unrestrained or in unsecured child safety seat - Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (e.g., Motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages)	**Consider risk factors, including:** • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers **If concerned, take to a trauma service**

Patients meeting YELLOW criteria, WHO DO NOT MEET THE RED CRITERIA, should be transported to a designated trauma service, it need not be the highest level.

- Hospital Notification = "Trauma Alert for Yellow Patient"
- Risk factors coupled with "provider judgement" are reasons for the provider to contact Medical Control and discuss appropriate destinations.
- Pediatric patients should be triaged preferentially to a pediatric capable center.

BLS –

- Upgrade or rendezvous with ALS when available and logistically appropriate.
- By ground, alert and transport to closest trauma facility

ALS –

- Alert and transport to appropriate trauma facility in consult with Medical Control as needed.

Critical Cardiac Triage Criteria "STEMI/Cardiac Alert" – Follow *State of WA Prehospital Cardiac Triage Destination Procedure* when critical or high-risk criteria are met.

State of Washington Prehospital Cardiac Triage Destination Procedure

BLS –

- For patients with acute cardiac symptoms, upgrade or rendezvous with ALS when available and logistically appropriate.
- Alert and transport to the closest cardiac facility.

ALS –

- **STEMIs or High-Risk Criteria –** Alert and Transport to the highest-level Cardiac facility within 60 minutes (according to practice patterns per protocol and patient preference
- **Other cardiac patients** – Alert and transport to closest Cardiac facility in consult with Medical Control as needed.

Critical Stroke Criteria "Stroke Alert" – Follow *State of WA Prehospital Stroke Triage Destination Procedure* and estimate time patient last normal to arrival at stroke center ED.

Prehospital Stroke Triage Destination Procedure

BLS –

- For patients positive for F.A.S.T., upgrade or rendezvous with ALS if needed and logistically appropriate.
- By ground, alert and transport to the closest stroke center.

ALS –

- For patients positive for F.A.S.T., alert and transport to the closest stroke center or consult with medical control for alternate destination.

Mental Health and Substance Use Disorder (SUD) – Patients that present with mental health or substance use disorders are screened at the nearest receiving facility. Options for voluntary treatment at a behavioral health facility will be provided by the receiving facility.

Critical Medical Criteria (Alert and transport to closest hospital)

- 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

BLS –

- Upgrade or rendezvous with ALS if available and logistically appropriate.
- Alert and transport to closest receiving facility.

ALS –

- Alert and transport to appropriate facility in consult with Medical Control as needed.

Non-Emergent Patient Destination - Those patients that may not need the attention of a physician for minor illness or injury (When resources are depleted, and transport time to regular facility leaves service area without adequate coverage.)

Off-line Medical Direction - To the closest medical care facility that is staffed by a minimum of PA or NP (i.e. Urgent Care). Facility must be notified before transport and accept patient transport plans.

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 Nurse Practitioner accepts the patient.

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 911 resources 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.

Implementation of home triaging may require:

- 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

B. **All Patients**

- Limit scene time to < 15 min. when possible and alert destination hospital in route as soon as possible.

- When appropriate and in the best interest of the patient, destination decisions should include patient's or the family's preference, residence, primary physician or primary care facility to avoid unnecessary duplication of services and transports, resulting in unnecessary costs to patient and healthcare system and to maintain a continuum of care. 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. Consult with Medical Control as needed.

- 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.

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

- 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.

- 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 Chapter 246-976 WAC:
  - Logistically appropriate

III. APPENDICES:

Links to DOH website:

- Washington State Prehospital Trauma Triage Destination Procedure October 2023
- WA Department of Health Trauma Designated Services

- State of Washington Prehospital Cardiac Triage Destination Procedure
- List of WA State Emergency Cardiac and Stroke System Participating Hospitals
  ECS Hospital Categorization

- Prehospital Stroke Triage Destination Procedure
  List of WA State Emergency Cardiac and Stroke System Participating Hospitals
  ECS Hospital Categorization

- EMS Guideline Transport to Behavioral Health Facilities

- Washington State DOH - EMS & Trauma Hospital Designation & Response Areas Map
  https://fortress.wa.gov/doh/ems/index.html

Submitted by:	Change/Action:	Date:	Type of Change:
KCEMS/TCC	Original - DOH approved	6/6/1996	□ Major □ Minor
KCEMS/TCC	Amended - DOH approved	5/18/2015	■ Major □ Minor
KCEMS/TCC	Amended – Minor Revisions	01/2018	□ Major ■ Minor
KCEMS/TCC	Amended - DOH approved	05/2025	■ Major □ Minor
KCEMS/TCC			□ Major □ Minor