CENTRAL REGION
PATIENT CARE
PROCEDURES

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INTRODUCTION

WAC 246-976-960, Regional Emergency Medical Services and Trauma Care Systems, established the requirement for regions to adopt patient care procedures and specifically identified elements that must be included. The Central Region has developed and adopted Patient Care Procedures consistent with this requirement.

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  Hospital Diversion

PART I

Prehospital Response to an Emergency Scene

Part I: Prehospital Response to an Emergency Scene

Dispatch

Dispatch centers are accessed through the enhanced 911 system. Regional dispatch centers dispatch EMS units in accordance with King County Criteria Based Dispatch Guidelines. Seattle dispatchers use Seattle Fire Department Dispatch Guidelines. Dispatchers provide bystander emergency medical instructions while EMS units are in route to the scene.

Reference: Dispatch Center Contacts
Dispatch Boundaries Map

Basic Life Support

Basic Life Support response is provided by city and county fire department units staffed by First Responders and EMTs or private ambulance services staffed by EMTs. The nearest unit to an emergency scene will be dispatched following established dispatch guidelines.

Reference: Seattle Fire Department Station Location Map
King County Fire Department Service/Area Boundaries Map

BLS Code Red Response and Transport

Note: Primary responding EMS personnel refers to fire department EMT personnel or paramedics response originating as part of the 911 EMS system. Emergency response refers to travel with light and sirens. The following procedures are intended to maximize patient safety and minimize risk to life and limb. Common sense and good judgment must be used at all times.

1) The response mode from primary BLS response (fire department EMT personnel) shall be based on information made available to the EMS dispatchers and the decision for mode of travel made according to dispatch guidelines.
2) The default mode for travel to the scene for non-primary BLS responders shall be by non-emergency response unless a specific response for code-red (emergency response) is made by primary responding EMS personnel at the scene or specific protocols or contracts defining response modes exist between fire departments or private agencies and private ambulance companies.
3) The default mode for BLS transport from scene to hospital shall be by non-emergency response unless a specific response for code-red transport is made by primary responding EMS personnel at the scene.
4) If a patient undergoing BLS transport to hospital deteriorates, the BLS personnel should contact the EMS dispatcher and ask for paramedic assistance, unless documentary evidence exists to travel code-red to hospital (such as travel to hospital can occur faster than waiting for paramedic assistance).

Advanced Life Support

The paramedic unit nearest the emergency scene is simultaneously dispatched consistent with dispatch guidelines. Paramedic units provide advanced life support transport.

Reference: Paramedic Response Area Map

Wilderness

Wilderness response is directed by the King County Sheriff Search and Rescue Coordinator. EMS units may be dispatched to a staging area depending on the nature and location of the incident.

DISPATCH CENTER CONTACTS

Company	Title	First Name	Last Name	Phone	Fax	Address1	City
Eastside Communications Center	OPs	Pam	Heide	(425) 452-2920	(425) 452-4340	16100 N.E. Eighth	Bellevue
	Dispatch			(425) 452-2048			
Valley Communications Center	OPS	Mark	Morgan	(253) 854-4320	(253) 850-3068	23807 98th Ave. S.	Kent
	Dispatch			(253) 854-2005			
Vashon Fire Department		Jolene	Maggard	(206) 236-3514		P.O. Box 1150	Vashon
		Leslie	Burns	(206) 236-3518			
		Phyllis	Hull	(206) 431-4457	(206) 236-3659		
Enumclaw Police Department		Mimi	Jensen	(360) 616-5800	(206) 439-5167	1705 Wells	Seattle
	Lt.	Eric	Sortland	(360) 616-5800	(360) 825-0184		
Seattle Fire Department	Battalion Chief	John	Pritchard	(206) 1493	(206) 684-7276	2318 Fourth Ave	Seattle

PART II

Triage of Trauma Patients

Part II: Triage of Trauma Patients

These procedures are intended to provide guidance to prehospital care providers and their medical control physicians in determining which trauma center will receive the patient.

1. Prehospital providers will contact online medical control of the closest trauma center or Harborview Medical Center (Reference: Designated Trauma Centers in King County/Paramedic Response Area). Medical Control or Harborview Medical Center will determine patient destination consistent with Central Region Trauma Patient Care (Triage/Destination) Procedure.

2. The primary destination of **pediatric** patients meeting Step 1,2 or 3 inclusion criteria of Central Region Trauma Patient Care (Triage/Destination) Procedure is the Level I trauma center.

3. Unstable trauma patients should be managed consistent with the Central Region Trauma Patient Care (Triage/Destination) Procedure. Unstable trauma patients are those needing a patent airway or who may benefit from the initiation of fluid resuscitation. EMS providers who are unable to secure an airway or establish an intravenous line should consider these factors in the following order:

    a. time to arrival of responding medic unit
    b. time to rendezvous with responding medic unit
    c. time to nearest trauma center
    d. time to arrival of Airlift
    e. time to nearest hospital with 24 hr emergency room
    f. unusual events such as earthquakes and other natural disasters

4. Patient destination decisions will be monitored by the Regional Quality Assurance Committee

The goal in treating the unstable trauma patient is to provide potential life saving intervention and transportation to the highest-level trauma center able to provide definitive treatment. Ideally these interventions will be performed in a manner that does not unduly delay transport of a patient to the appropriate level of trauma center. This may require EMS providers to stop at a local hospital to stabilize and then transfer the patient to the trauma center.

Consistent with interfacility transfer agreements, trauma patients stabilized at non-designated hospitals should be transferred to a trauma center as soon as possible. Likewise, patients stabilized at Level III or IV trauma centers and meeting the criteria for triage to the Level I trauma center should be transferred as necessary.

The State's Level I trauma center is:
Harborview Medical Center
325 Ninth Avenue
Seattle, WA 98104

Transportation of trauma patients from wilderness areas is primarily accomplished by helicopter. The Level I trauma center should be the primary destination of these patients.

Reference: State of Washington Prehospital Trauma Triage (Destination) Procedure

STATE OF WASHINGTON
PREHOSPITAL TRAUMA TRIAGE (DESTINATION) PROCEDURE

Purpose

The purpose of the Triage Procedure is to ensure that major trauma patients are transported to the most appropriate hospital facility. This procedure has been developed by the Prehospital Technical Advisory Committee (TAC), endorsed by the Governor's EMS and Trauma Care Steering Committee, and in accordance with RCW 70.168 and WAC 246-976 adopted by the Department of Health (DOH).

The procedure is described in the schematic with narrative. Its purpose is to provide the prehospital provider with quick identification of a major trauma victim. If the patient is a major trauma patient, that patient or patients must be taken to the highest-level trauma facility within 30 minutes transport time, by either ground or air. To determine whether an injury is major trauma, the prehospital provider shall conduct the patient assessment process according to the trauma triage procedures.

Explanation of Process

A. **Any certified EMS and Trauma person can** identify a **major trauma patient and activate the trauma system.** This may include requesting more advanced prehospital services or aero-medical evacuation.

B. **The first step** (1) is **to assess the vital signs and level of consciousness.** The words "Altered mental status" mean anyone with an altered neurologic exam ranging from completely unconscious, to someone who responds to painful stimuli only, or a verbal response which is confused, or an abnormal motor response.

The "and/or" conditions in Step 1 mean that any one of the entities listed in Step 1 can activate the trauma system.

Also, the asterisk (*) means that if the airway is in jeopardy and the on-scene person cannot effectively manage the airway, the patient should be taken to the nearest medical facility or consider meeting up with an ALS unit. These factors are true regardless of the assessment of other vital signs and level of consciousness

C. **The second step** (2) is **to assess the anatomy of** injury. The specific injuries noted require activation of the trauma system. Even in the assessment of normal vital signs or normal levels of consciousness, the presence of any of the specific anatomical injuries does require activation of the trauma system.

Please note that steps 1 and 2 also require notifying Medical Control.

D. **The third step (3) for the prehospital provider is to assess the biomechanics of the injury and address other risk factors.** The conditions identified are reasons for the provider to contact and **consult with Medical Control** regarding the need to activate the system, They do not automatically require system activation by the prehospital provider.

Other risk factors, coupled with a "gut feeling" of severe injury, means that Medical Control should be consulted and consideration given to transporting the patient to the nearest trauma facility.

Please note that certain burn patients (in addition to those listed in Step 2) should be considered for immediate transport or referral to a burn center/unit.

Patient Care Procedures

To the right of the attached schematic you will find the words "according to DOH-approved regional patient care procedures." These procedures are developed by the regional EMS and trauma council in conjunction with local councils. They are intended to further define how the system is to operate. They identify the level of medical care personnel who participate in the system, their roles in the system, and participation of hospital facilities in the system. They also address the issue of inter-hospital transfer, by transfer agreements for identification, and transfer of critical care patients.

In summary, the Prehospital Trauma Triage Procedure and the Regional Patient Care Procedures are intended to work in a "hand in glove" fashion to effectively address EMS and Trauma patient care needs. By functioning in this manner, these two instruments can effectively reduce morbidity and mortality.

If you have any questions on the use of either instrument, you should bring them to the attention of your local or regional EMS and Trauma council or contact 1-800-458-5281.

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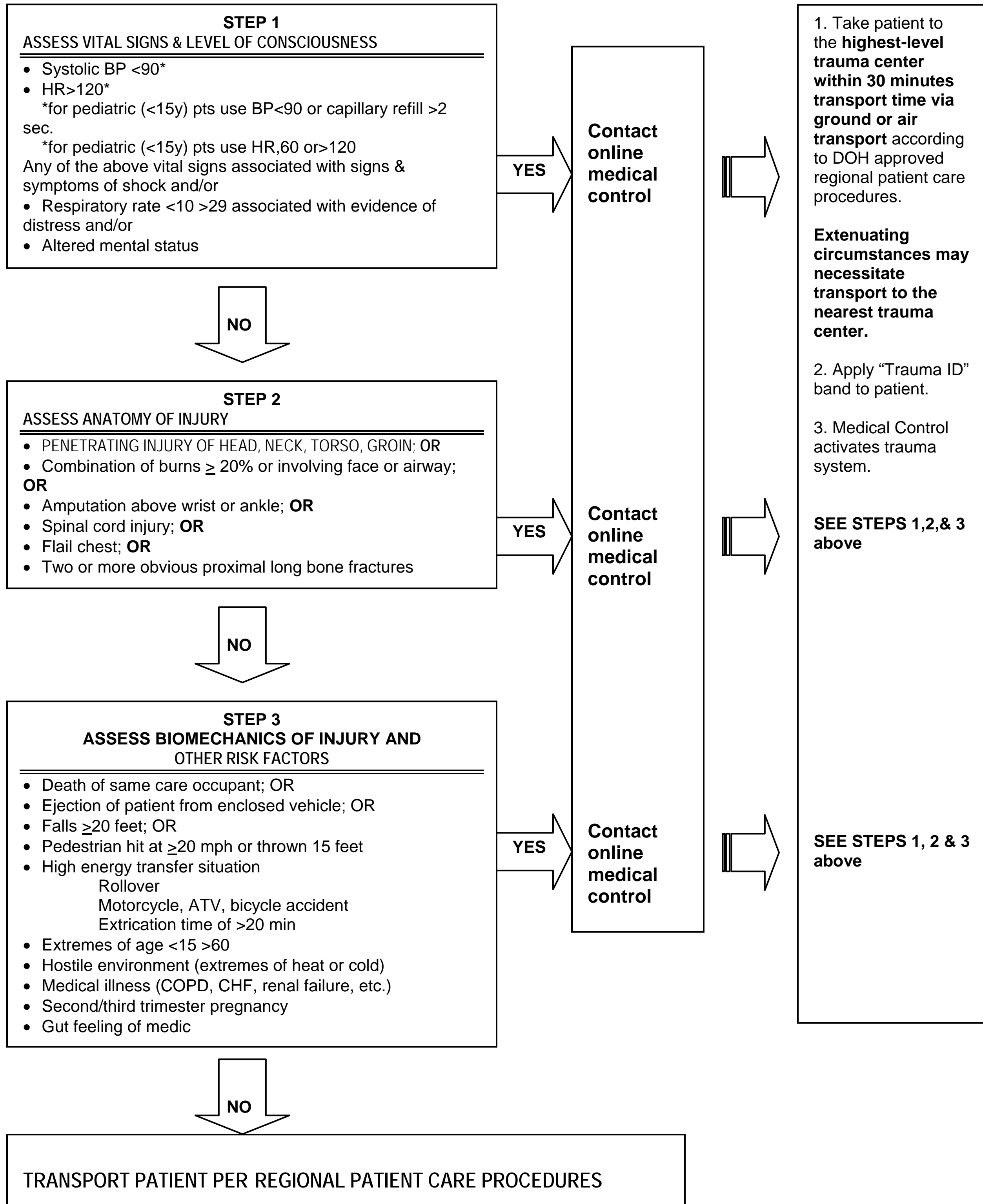
Trauma system activation is accomplished at the time of contact with Medical Control. Online medical control at the receiving trauma center will activate the trauma team upon notification of the transporting agency or dispatcher.

- Prehospital triage is based on the following 3 steps: Steps 1 and 2 require Prehospital EMS personnel to notify medical control and activate the Trauma System. Activation of the Trauma System in Step 3 is determined by medical control**



PART III

Trauma Care Facilities

Part III: Trauma Care Facilities

Central Region Trauma Care Facilities are as follows:

Level I Trauma Center (Pediatric and Adult)
- Harborview Medical Center

Level III Trauma Centers
- Auburn General Hospital
- Overlake Hospital Medical Center
- Valley Medical Center

Level IV Trauma Centers
- Evergreen Hospital Medical Center
- Highline Community Hospital
- Northwest Hospital
- St. Francis Hospital

Reference: Designated Trauma Centers in King County/Paramedic Response Area

PART IV

Interfacility Transfers

Part IV: Interfacility Transfers

Private ALS and BLS agencies provide interfacility patient transfers at the direction of the hospital initiating the transfer. All interfacility patient transfers shall be consistent with the transfer procedures in chapter 70.170 RCW and WAC 246-976-890.

Level III and Level IV trauma centers will transfer patients to the State Level I trauma center when appropriate. The State's Level I trauma center is:

Harborview Medical Center
325 Ninth Avenue
Seattle, WA 98104

PART V

Multiple Casualty Incidents (types and expected volume of trauma)

Part V: Multiple Casualty Incidents (types and expected volume of trauma)

The Central Region has adequate resources to meet normal trauma patient volumes. The Quality Assurance Committee monitors mechanism of injury and patient volumes.

Large Multiple Casualty Incidents may require the triage of patients to non-designated King County hospitals or to trauma centers in adjacent counties.

Reference: Central Region MCI Hospital Utilization Guidelines (Trauma)

PART VI

Activation of Trauma System

Part VI: Activation of Trauma System

Trauma system activation is accomplished at the time of contact with Medical Control. Online medical control at the receiving trauma center will activate the trauma team upon notification of the transporting agency or dispatcher.

PART VII

Medical and Minor Trauma Patients

Central Region Patient Care Procedures
Transportation Guidelines for Medical and Minor Trauma Patients

Principles

I. Prehospital care providers respect the right of the patient to choose a hospital destination and will make reasonable efforts to assure that choice is observed.

Factors including patient's choices may be:

1. Personal Preference
2. Personal physician's affiliation
3. HMO or preferred provider

Modifying factors which may influence the prehospital providers response:

1. Patient unable to communicate choice
2. Unstable patient who would benefit from transportation to nearest hospital or to hospital providing specialized services.
3. Transport to distant hospital would put Medic unit or Aid car out of service for extended period and alternative transport is not appropriate or available.

II. Prehospital providers should transport unstable patients, i.e. compromised airway, post arrest, shock from non-traumatic causes, etc., to the nearest hospital able to accept the patient.

Reference: Hospital Resource Directory

III. Emergency patients requiring specialized care such as hyperbaric treatment, neonatal ICU, or high-risk OB care should be transported to the nearest hospital able to provide such care.

IV. When in doubt, prehospital care providers should contact online medical control.

APPENDIX

Hospital Diversion