PURPOSE: To ensure that trauma patients are appropriately triaged to a designated trauma center when ground transport time to a designated trauma center is greater than thirty minutes.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 8, 100289.

PRINCIPLES:

1. Trauma patients should be transported to a designated trauma center as quickly as possible, consistent with optimal trauma care.

2. Appropriateness of EMS aircraft transport shall be determined by the primary EMS provider agency on scene. The first responder on scene should be responsible for the prompt request for dispatch of EMS aircraft.

POLICY:

I. Trauma patients shall be transported by air to an approved Los Angeles County trauma center with the following considerations:

A. All patient destinations with respect to air safety factors shall be approved by the pilot in command.

B. Trauma patients exhibiting an unmanageable airway or blunt trauma without cardiac activity (asystole or agonal rhythm) will continue to be transported to the most accessible receiving facility.

C. Henry Mayo Newhall Memorial Hospital’s northern catchment boundary is extended to Santiago Road for air ambulance trauma transports only.

D. When pediatric and adult trauma patients are transported together in one aircraft, the receiving trauma center shall also be a pediatric trauma center.

II. Communications

A. Base hospital contact with the anticipated receiving trauma center (except for Children’s Hospital) shall be made on all trauma patients requiring air transport to an approved trauma center.

B. In the event of communication failure with the base hospital, paramedics should utilize Reference No. 806.1 or Standing Field Treatment Protocols if they are an approved SFTP provider. The air ambulance shall make every effort to contact the Medical Alert Center (MAC). MAC shall notify the receiving trauma center of the impending air ambulance transport.
III. Quality Improvement

A. The EMS Agency, base hospitals, trauma centers, and provider agencies shall conduct regular review of all trauma related EMS aircraft responses.

B. Documentation on the EMS Report Form and Base Hospital Form should include an explanation for the use of an air ambulance (i.e., mountain rescue).

CROSS REFERENCES:

Prehospital Care Manual:
Reference No. 502, Patient Destination
Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units
Reference No. 504, Trauma Patient Destination
Reference No. 506, Trauma Triage
Reference No. 514, Prehospital EMS Aircraft Operations Protocol
Reference No. 519, Management of Multiple Victim Incidents
Reference No. 806.1, Procedures Prior to Base Contact Field Reference
Reference No. 813, Standing Field Treatment Protocols
Reference No. 814, Determination/Pronouncement of Death in the Field
Reference No. 1304, Airway Management/Monitoring