



<h1>NORTH PORT FIRE RESCUE</h1>		
<h2>EMS POLICY AND PROCEDURE MANUAL</h2> <h3>005 TRAUMA TRANSPORT PROTOCOLS</h3>		
Effective Date: June 1, 2021	Revision Date: September 1, 2022	Reference:
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## PROCEDURES

### 1. Dispatch Procedures

- a. System: North Port Fire Rescue is served by an enhanced 9-1-1 System. Citizens dial 9-1-1 to request emergency medical services. A trained operator identifies the nature of the emergency (fire, EMS, law enforcement), and solicits the following information:
  - Telephone number of the caller
  - Address of party requesting assistance
  - Location of incident
  - Specific nature of emergency.
  
- b. EMS Agency Dispatch: If the emergency requires response from fire and/or EMS, the operator transfers the call to dispatch and remains on the line as a third party. Further information is solicited/verified by dispatch:
  - Location of incident
  - Specific nature of emergency
  - Telephone number of the caller
  - Number of patients
  - Apparent extent and severity of illness/injury
  - Name of party requesting assistance, if required
  - Address of party requesting assistance, if required
  
- c. Computer Assistance: The dispatcher enters information into a computer terminal as it is obtained from the caller. Computer-aided dispatch (CAD) of appropriate personnel and equipment follows. The dispatcher may remain on the line to assist the caller.
  - CAD Back-Up System: In the event of computer failure, the dispatcher uses a hard copy of the CAD database.
  
- d. Dispatch Procedure: The following information is transmitted to North Port Fire Rescue personnel designated to respond to a call:
  - Numerical designation(s) of responding unit(s)
  - Nature of emergency
  - Incident address
  - Map grid number
  - Additional information, as required

- e. Request for Ancillary Personnel/Equipment: Should North Port Fire Rescue personnel arrive on scene and require utility company technicians, additional rescue equipment/personnel, or law enforcement assistance, agency dispatch is notified by fire radio using the dispatch frequency. Agency dispatch then relays the request for assistance either by landline or by fire radio. Requests for dispatch of a helicopter will be made by radio through agency dispatch directly to the state-approved trauma center (SATC) dispatch center.

## 2. Pre-hospital Trauma Care Procedure

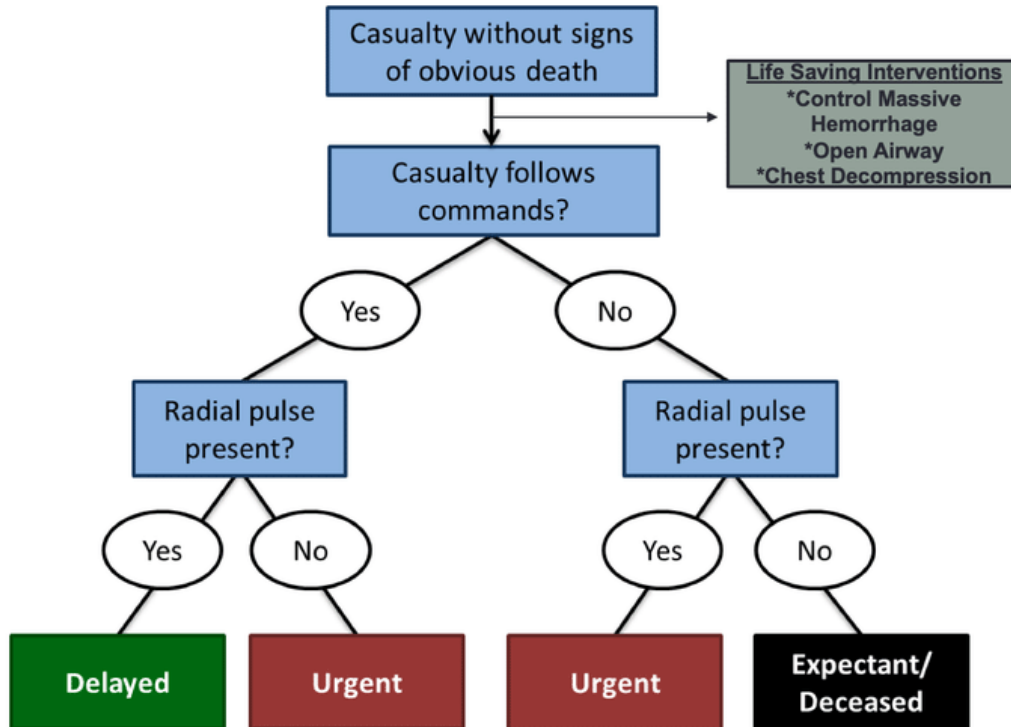
- a. Upon arrival at the scene of an injured person, personnel must assess the patient using the Adult Trauma Scorecard methodology in Section 2(e) below. Pediatric patients (15 years of age or younger) are to be assessed using the Pediatric Trauma Scorecard Methodology in Section 5(c) below. A Trauma Alert must be issued if indicated by the respective trauma scorecard methodology.
- b. Coincident with assessment of the injured person, personnel must complete an ePCR. The report must be made available to hospital personnel if the patient is transported by ground and to air transport personnel if the patient is transported by air. Documentation must be in accordance with 64J-2.002, F.A.C. An ePCR must also be completed for all patients expiring on scene when patient contact has been made.
- c. Hospital Transport Procedure: Upon identification of a Trauma Alert patient using the Trauma Scorecard Methodology described in 64J- 2, Florida Administrative Code, the patient must be transported to an appropriate facility pursuant to 3(a) below.
- d. Pre-Hospital Trauma Alert: To provide advance notice to the receiving hospital or SATC, the lead crew member must provide the hospital or SATC with a Trauma Alert from the scene after completion of the trauma assessment and determining that the patient is a Trauma Alert patient as defined in 64J-2.004 or 64J- 2.005, F.A.C. The alert must be issued by radio at the earliest opportunity, and the time must be recorded on the ePCR. The words "Trauma Alert" must be used by on-scene personnel when notifying the receiving facility as soon as radio communication is established. If the EMS dispatcher receives the Trauma Alert from on-scene personnel, the dispatcher must immediately contact the receiving facility and use the words "Trauma Alert" to notify that receiving facility of impending patient transport.
- e. Criteria for Implementation of Adult Trauma Triage Criteria Methodology: The EMT or Paramedic must assess each adult trauma patient using the following criteria in the order presented: airway, circulation, best motor response, cutaneous and long bone fractures. The patient must be considered a "Trauma Alert" if one (1) of the red criteria or any two (2) of the blue criteria are met and/or a tourniquet is applied in the field. The patient may also be considered a Trauma Alert if in the judgement of the Paramedic the patient should be transport as a Trauma Alert.
- f. Rapid Assessment of Mentation and Pulse (RAMP) Triage model is used by North Port Fire Rescue to quickly classify victims during a mass casualty incident (MCI) based on the severity of injury.

The RAMP Triage model shall be used by North Port Fire Rescue during mass casualty incidents and/or when there are more patients than available resources on scene.

1. Meets color-coded triage system (see below)
2. The EMT or Paramedic is to call a "Trauma Alert" if, in his or her judgement, the trauma patient's condition warrants such action. Document rationale in ePCR.
3. Patient does not meet any of the trauma criteria listed below but, in the judgment of the Paramedic, should be transported as a trauma alert. Document rationale in ePCR.

## RAMP Triage Model

(Rapid Assessment of Mentation and Pulse)



Delayed	Urgent	Expectant / Deceased
<ul style="list-style-type: none"> <li>▪ Victims transport can be delayed.</li> <li>▪ Injuries may still be severe, but victim status not expected to deteriorate significantly over several hours.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Victims that require urgent medical care within minutes (up to 60) for survival</li> </ul>	<ul style="list-style-type: none"> <li>▪ Victim is deceased or</li> <li>▪ Victim is unlikely to survive given severity of injuries, level of available care or both</li> </ul>

## ADULT TRAUMA SCORE CRITERIA

**BLUE** = any **two (2)** - transport as a Trauma Alert **RED** = anyone **(1)** - transport as a Trauma Alert

COMPONENT	BLUE	RED
AIRWAY	Sustained respiratory rate of 30 or greater	Active ventilatory efforts or is intubated
CIRCULATION	Sustained HR > 120 BPM	Lack of radial pulse with a sustained HR > 120 or BP < than 90 mmHg
BEST MOTOR RESPONSE (BMR)	BMR of 5	BMR < 4, or exhibits paralysis, or suspicion of a spinal cord injury, or loss of sensation
CUTANEOUS	Major soft tissue disruption from a major degloving injury or major flap avulsion > 5 inches. A gunshot wound to the extremities	2° or 3° burns > 15% BSA, amputation proximal to the wrist or ankle. Penetrating injury to head, neck, or torso (excluding determined superficial wounds).
FRACTURE	Single long bone fracture from an MVC or a fall greater than 10 feet	Two or more long bone fracture sites
AGE	55 years or older	N/A
MECHANISM OF INJURY	Ejection from an enclosed vehicle or driver of vehicle with steering wheel deformity	N/A
MISC.	N/A	EMT or Paramedic judgement, patient's condition warrants Trauma Alert to be issued

**Adult Patient Non-Trauma alert trauma center transport consideration (TTC). Consideration of transport to a Trauma Center should occur when any of the following are identified:**

- Fall > 20 feet (one story is equal to 10 feet)
- Death in the same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Blunt abdominal injury with tender, firm, or distended abdomen
- Ejection (partial or complete) from an automobile
- Intrusion (including roof), 12 inches occupant site: > 18 inches any site
- Pregnancy > 20 weeks
- Motorcycle crash > 20 mph
- 55 years or older, has fallen from any height and is on anticoagulants or has a bleeding disorder

### 3. Transport Destination Criteria

- a. Every Trauma Alert patient will be transported in the fastest possible way to a SATC or SAPTC listed in 3(d) below.
- b. Patients may be transported to a non-SATC or non-SAPTC (see paragraph 3(c) below) only if:
  - Ground transport time is determined to exceed 60 (sixty) minutes and inclement weather or technical problems prohibit safe and timely helicopter transport, or
  - A SATC or SAPTC listed in 3(d) below cannot accept incoming patients due to MCI or overwhelming census, or
  - The incident command officer, his/her designee or the ranking officer on scene may modify these guidelines in order to assure the most expeditious transport to an appropriate hospital destination.
- c. The following hospitals are qualified to receive Trauma Alert patients by virtue of compliance with the five criteria specified in Chapter 64J- 2, F.A.C. in Sarasota and Charlotte are:
  - ShorePoint Port Charlotte
  - ShorePoint Punta Gorda
  - Fawcett Memorial Hospital
  - Doctors Hospital of Sarasota
  - Englewood Community Hospital
  - Sarasota Memorial Hospital, North Port Campus
- d. State-Approved Trauma Centers (SATC) to which Trauma Alert patients handled by North Port Fire Rescue may be transported are:
  - All Children’s Hospital (SAPTC)
  - ShorePoint St. Petersburg (SATC)
  - HCA Blake Medical Center (SATC)
  - Lee Memorial Health System (SATC)
  - Sarasota Memorial Health Care System, Sarasota (SATC)
  - Tampa General Hospital (SATC)

### 4. Emergency Interhospital Transfer of Trauma Alert Patients

- a. Every effort must be made to transport the Trauma Alert patient to the facility where he/she may receive definitive treatment of his/her injuries. However, when inter-hospital transfer of the trauma patient is required, the following criteria apply:
  - Each hospital receiving Trauma Alert patients must have transfer agreement(s) with at least one SATC, such that when indicated, inter-hospital transfer may be accomplished with minimal delay.
  - Hospital-based support personnel, including respiratory therapy and nursing staff, may be required. Decisions regarding support personnel must be made by the lead crew member in conjunction with the transferring physician. The Charge Paramedic is responsible for delegating and supervising any activity to be performed by hospital staff while aboard the rescue vehicle.
  - Written orders for supplemental oxygen, intravenous fluids, and medications must be

provided by transferring hospital personnel prior to transport.

5. Consideration of adult patient transport to a Trauma Center should occur when any of the following are identified:

- Fall > 20 feet (one story is equal to 10 feet)
- Death in the same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Blunt abdominal injury with tender, firm, or distended abdomen
- Ejection (partial or complete) from an automobile
- Intrusion (including roof), 12 inches occupant site: > 18 inches any site
- Pregnancy > 20 weeks
- Motorcycle crash > 20 mph
- 55 years or older, has fallen from any height and is on anticoagulants or has a bleeding disorder

6. Pediatric Trauma Alert Patient Assessment and Destination

a. General Principles:

- A pediatric Trauma Alert patient is a patient, 15 years old or younger, who meets the definition of a Trauma Alert patient in 64J- 2.005, F.A.C.
- Upon arrival at the trauma scene, North Port Fire Rescue personnel must assess the patient using the Pediatric Trauma Scorecard Methodology described in 64J-2.005, F.A.C. A Trauma Alert will be called on pediatric patients using the Pediatric Trauma Score Criteria listed 2 (d).
- The Trauma Alert for pediatric Trauma Alert patients will be issued in the same manner as for adult patients as described in 2(e) above.

b. Destination of the Pediatric Trauma Alert Patient is outlined in 3(a) above and in *Hospital Destination Policy #004*.

- Whenever possible, each Pediatric Trauma Alert patient must be transported by helicopter to (SAPTC).

c. Criteria for Implementation of Pediatric Trauma Triage Criteria Methodology: The EMT or Paramedic must assess each pediatric trauma patient using the following criteria in the order presented (airway, consciousness, circulation, fractures, cutaneous and size). If any one of the following conditions (red) is identified, the patient must be considered a Trauma Alert patient. If the previous are inconclusive for a Trauma Alert, the patient must be considered a Trauma Alert when a condition is identified from any two of the seven (blue) components listed on following page and/or a tourniquet is applied in the field.

- The EMT or Paramedic can also call a Trauma Alert if, in his or her judgement, the patient's condition warrants such action. When EMT or Paramedic judgement is used as the basis for calling a Trauma Alert, it shall be documented in the ePCR.

7. Consideration of pediatric patient transport to a Trauma Center should occur when any of the following are identified:

- Fall > 10 feet or three times the child's height
- Death in the same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Blunt abdominal injury with tender, firm, or distended abdomen
- Ejection (partial or complete) from an automobile
- Intrusion (including roof), 12 inches occupant site: Intrusion > 18 inches any site

### **PEDIATRIC TRAUMA SCORE CRITERIA**

1. Meets color-coded triage system (see below)
2. The EMT or Paramedic is to call a "Trauma Alert" if, in his or her judgement, the trauma patient's condition warrants such action. Document rationale in ePCR.
3. Patient does not meet any of the trauma criteria listed below but, in the judgment of the Paramedic, should be transported as a trauma alert. Document rationale in ePCR.
4. Pediatric Score Criteria cut off age is 15 years.

**BLUE** = any **two (2)** - transport as a trauma alert **RED** = any **one (1)** - transport as a trauma alert

COMPONENT	BLUE	RED
<b>AIRWAY<sup>1</sup></b>	N/A	Assisted ventilatory efforts or is intubated
<b>CONSCIOUSNESS</b>	Amnesia, or loss of consciousness	Altered mental status or unresponsive, presence of paralysis, or suspicion of spinal cord injury, or multiple dislocations
<b>CIRCULATION</b>	Carotid or femoral pulses palpable, but the radial or pedal pulses are not palpable, or SBP < 90 mmHg	Faint / non-palpable carotid or femoral pulse, or SPB < 50 mmHg
<b>FRACTURE</b>	Single closed long bone fracture	Open long bone fracture, or multiple fracture sites, or multiple dislocations
<b>CUTANEOUS</b>	N/A	Major soft tissue disruption or major degloving injury, or major flap avulsions, or 2 <sup>o</sup> to 3 <sup>o</sup> degree burns to > 10% BSA. Amputation proximal to wrist or ankle, or any penetrating injury to the head, neck, torso (excluding determined superficial wounds)
<b>SIZE</b>	Weight < 11 kg or less, or length is < 33 inches or less in measurement	N/A
<b>MISC.</b>	N/A	EMT or Paramedic judgement, patient's condition warrants Trauma Alert to be issued

**Pediatric Patient Non-Trauma alert trauma center transport consideration (TTC). Consideration of pediatric patient transport to a Trauma Center should occur when any of the following are identified:**

- Fall > 10 feet or three times the child's height
- Death in the same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Blunt abdominal injury with tender, firm, or distended abdomen
- Ejection (partial or complete) from an automobile
- Intrusion (including roof), 12 inches occupant site: Intrusion > 18 inches any site

8. Responsibility for Hospital Coordination

- a. The Medical Director of North Port Fire Rescue will be responsible for implementation of these protocols.

9. Transfer of Patient Care Information

- a. Sections 64J-1.014(5) and 64J-2.002(5), F.A.C., specify the information that must be obtained and communicated to the receiving entity (hospital or air ambulance service).

The following patient care information is required:

- Time of injury, if different from the time of the call:
- Date of injury, if different from the day of call:
- County of injury:
- County of residence of patient:
- Cause of injury:
- Injury site/type:
- Trauma Alert criteria, if met as defined in Rule 64J-2.017 (Adult Trauma Scorecard Methodology) and
- Protective devices, if motor vehicle crash, bicycle or marine crash.
- The ePCR must be provided to either (a) the aeromedical service transporting the patient or (b) the Resource Hospital. If the ePCR is subsequently modified in any way, the final version must be made available to the SATC or Resource Hospital receiving the patient.

- b. North Port Fire Rescue provides access to created ePCR information. This is accomplished by allowing ePCR program login access to receiving aeromedical services and resource hospitals.

10. Deviation from TTPs

- a. Any deviation from the TTPs will be documented on the ePCR