



Stanislaus County Emergency Medical Services Agency

Category	Facilities & Critical Care		
Policy #	553.25		
Title	Trauma Triage and Destination		
EMS Director	Signature on file	Effective Date	04/01/2026
Medical Director	Signature on file	Review Date	10/01/2027
Signatures available upon request*		Revision Date	04/01/2028

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.222, 1798.162, 1798.163
California Code of Regulations Section 100255.

II. DEFINITIONS

- A. "Pediatric" or "pediatric patient" means an individual age 14 and under.
- B. "Pediatric Trauma Center" means a designated facility identified by the Stanislaus County EMS Agency (SCEMSA) to receive pediatric trauma patients directly from the field, including:
 - 1. UC Davis Medical Center (Level I)
 - 2. Valley Children's Hospital, Madera (Level II)
 - 3. UCSF Benioff Children's Hospital – Oakland (Level I)
- C. "Trauma Center" means a designated facility identified by the Stanislaus County EMS Agency (SCEMSA) to receive trauma patients directly from the field, including:
 - 1. Doctors Medical Center (Level II)
 - 2. Memorial Medical Center, Modesto (Level II)
- D. "Trauma" means physical injury or wound caused by significant external force, high-energy exchange, a rapid deceleration, or violence.
- E. "Trauma Triage criteria" means a guideline for assessing the severity of a person's potential injuries that is used to direct transportation of trauma patients to the appropriate Trauma Center.

III. PURPOSE

- A. To establish guidelines for identifying trauma patients and for determining their destination.
- B. To ensure appropriate utilization of resources within the Stanislaus County EMS system.

IV. POLICY

This policy will serve to identify patients who are at risk for severe injury and determine the most appropriate destination for transport.

V. PROCEDURE

A. Prehospital EMS Personnel **MUST** notify the DCF **IMMEDIATELY** when it is determined that the patient meets trauma triage criteria to establish destination. This notification does not have to originate from the person actually caring for the patient but may come from another member of the patient care team.

1. DCF notification **MUST** include:

a.) age

b.) sex

2. The DCF will immediately assign Trauma Center destination and will inform both pre-hospital EMS personnel and the receiving Trauma Center.

3. A full Base Hospital report to the destination Trauma Center from the pre-hospital provider must follow the DCF notification as soon as possible. The report **MUST** include any occurrence of physiological trauma criteria present during patient encounters.

B. Destination Decisions

1. All injured patients (Adult & Pediatric) meeting trauma triage criteria must be transported to an appropriate Trauma Center.

a.) Any patient with an uncontrollable airway **MUST** be transported to the closest emergency department, including pediatrics.

b.) Pediatric patients meeting trauma triage criteria should be transported to a Pediatric Trauma Center, if the total transport time is 60 minutes or less.

2. Patient Destination for Trauma Centers:

The distribution of patients destined for a Stanislaus County Trauma Center must be guided by the following:

a.) All trauma patients requiring transport by air or ground ambulance to a Trauma Center in Stanislaus County will follow an alternating rotation of Trauma Centers per the Stanislaus County DCF. Stanislaus County DCF will be contacted and will identify the Trauma Center destination. The DCF will contact the Trauma Center with the initial trauma notification.

b.) In the event a Trauma Center located within the SCEMSA region meets Trauma Bypass criteria as indicated in Policy 546.10, the facility will immediately notify the

Stanislaus County DCF and update its facility status on EMResource to Advisory. When the Trauma Center goes off Trauma Bypass, the facility will immediately notify the DCF and update its status on EMResource.

- c.) Where response and transportation times permit, two patients requiring trauma activation should not be delivered to the same Trauma Center in the same ambulance (ground or air).
3. Any disputes regarding distribution of patients should be documented on an Unusual Occurrence Report and sent to SCEMSA within 72 hours for review.

C. Trauma Triage Criteria

1. Physiologic Criteria – **Any occurrence of physiologic trauma criteria must be reported to the Trauma Center**
 - a.) New onset - unable to follow commands (motor GCS < 6) or total GCS < 14
 - b.) Respiratory rate < 10 or > 29 breaths/min
 - c.) **0-9 yrs:** SBP, 70mmHg + (2 x age in years)
 - d.) **10-64 yrs:** SBP, 90 mmHG or HR > SBP
 - e.) **65 yrs or greater:** SBP < 110mmHg or HR > SBP
2. Anatomic Criteria
 - a.) Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee
 - b.) Depressed or suspected skull fracture
 - c.) Chest wall instability or deformity or suspected flail chest
 - d.) 2 or more proximal long bone fractures in an adult or 1 or more proximal long bone fracture in a pediatric patient
 - e.) New onset of paralysis from acute trauma
 - f.) Suspected pelvic fracture
 - g.) Crushed, degloved, mangled extremity or pulseless extremity
 - h.) Amputation proximal to ankle or wrist
 - i.) Active bleeding requiring a tourniquet or wound packing with continuous pressure

3. Mechanism of Injury Criteria

a.) High Risk Auto Crash

- i. Partial or complete ejection
- ii. Significant intrusion to passenger compartment, either > 12" to occupant side or > 18" on any other passenger side.
- iii. Death in same vehicle
- iv. Unrestrained child or unsecured child safety seat

b.) Rider separated from transport vehicle with significant impact (e.g. motorcycle, ATV, horse, etc.)

c.) Pedestrian, bike, or scooter rider thrown, run over, or collision with significant impact

d.) Falls from height > 10 feet (all ages)

4. Provider Judgement – **Provider Judgement for trauma activation must be guided by an assessment of the patient's risk for a significant injury.**

a.) Low level falls in young patients (5 years or younger) or elderly patients (65 years or greater) **with significant head impact.**

b.) Anticoagulant use or bleeding disorder

c.) Special or high resource healthcare needs

d.) Pregnancy > 20 weeks