May 25th, 2017

MCI PLAN – KEY POINTS FOR FIRST RESPONDERS

To follow up the roll out of a new MCI plan in the County of San Luis Obispo please review these key points regarding communications, patient triage, and patient dispersal. Thank you for your diligence and hard work. Please, direct questions to dbrim@co.slo.ca.us.

- Request **FULL** list of real time bed availability when asking MedCom to **poll hospitals**. Answer should only be “# Red, # Yellow, # Green”
- All patients receive START/jumpSTART triage for initial triage.
- **RETRIAGE** trauma patients for Trauma Triage Criteria during secondary triage. See Attachment E in policy 210 MCI and Trauma Triage Matrix (next page).
  - Red and Yellow tags meeting Trauma Triage Criteria Steps 1, 2, or 3 should be prioritized to a Trauma Center (TC)
    - Consider dispersal to Marian Medical Center (level III TC) and to out of county TC via **air transport**, if reasonable (see next page).
    - Step 3 and 4 Trauma Triage patients are transported as directed in MCI policy #210, and do not require TC consultation during MCI.
      - i.e. While on scene of a level I MCI with 5 red tags and 2 yellows SVRMC reports they can take 3 reds and 2 yellows. Transport the 3 reds and 2 yellows to SVRMC, and then distribute remaining 2 reds through system, preferably to TC (MMC, or out of county via air).
  - Disperse remaining patients amongst hospitals.
- All hospital communications regarding patients should **reference them by tag color and number (last 4 digits)**. Tag color and number (full) must be documented in PCR.
  - Transport Unit Leader alerts hospitals (whenever possible) early with brief report (color, trauma step, last 4 of tag number) of what patients will be transported to them.
  - Transporting paramedics provide base report (whenever possible) as they transport.
    - Trauma Alert style report for patients meeting Trauma Triage Criteria.
    - Brief information (color, last 4 of tag number, and chief complaint) for patients not meeting Trauma Triage Criteria.
- Inform dispatch when incident is closed, and request MedCom notify Hospitals.
### MCI DESTINATION DECISION ALGORITHM including TRAUMA TRIAGE

#### LEVEL I MCI
**FULL ePCR & TRIAGE TAGS**

- **START/JumpSTART Triage**
- **RED TAG** immediate
- **YELLOW TAG** drawing
- **GREEN TAG** minor

Establish a treatment area for all MCIs
- Perform a focused exam and begin to perform treatment as resources allow

**Secondary Triage**
- **TRAUMA TRIAGE STEP CRITERIA (Policy 165)** for destination decision will be used for all patients with traumatic injuries

- **ANY** TRAUMA STEP - TRANSPORT TO A TRAUMA CENTER (CONSIDER OUT OF COUNTY DOC), CONSIDER AIR TRANSPORT
- **STEPS 1, 2, 3** TRANSPORT TO A TRAUMA CENTER (CONSIDER DOC), CONSIDER AIR TRANSPORT
- **STEPS 4 OR NO STEP** TRANSPORT TO A NON-TRAUMA HOSPITAL
- **STEP 5 CONSIDER TRAUMA CENTER (CONSIDER DOC)**, CONSIDER AIR TRANSPORT

#### LEVEL II MCI
**Patient documentation on triage tag**

- **START/JumpSTART Triage**
- **RED TAG** immediate
- **YELLOW TAG** drawing
- **GREEN TAG** minor

Establish a treatment area for all MCIs
- Perform a focused exam and begin to perform treatment as resources allow

**Secondary Triage**
- **TRAUMA TRIAGE STEP CRITERIA (Policy 165)** for destination decision will be used for all patients with traumatic injuries

For level II MCI events, red tag patients with traumatic injuries exhibiting the following signs should be prioritized to a trauma center:
1. **Significantly decreased GCS with evidence of neurologic trauma**
2. Deteriorating or multitrauma injury with signs and symptoms of shock
3. Penetrating wounds to the head and/or torso

**TRANSPORT TO A TRAUMA CENTER IF POSSIBLE (CONSIDER DOC)**, CONSIDER AIR TRANSPORT

**TRANSPORT TO A NON-TRAUMA HOSPITAL**

*When trauma center capacity at local and neighboring county trauma centers has been exhausted, transport to a non-trauma hospital*

---

### Hospital/Air Resource

<table>
<thead>
<tr>
<th>Hospital/Air Resource</th>
<th>City</th>
<th>Care Level</th>
<th>Estimated in air flight time from/to SLO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marian Medical Center</td>
<td>Sant Maria</td>
<td>III TC</td>
<td>13 min</td>
</tr>
<tr>
<td>Cottage Hospital</td>
<td>Santa Barbara</td>
<td>II TC</td>
<td>37 min</td>
</tr>
<tr>
<td>Kern Medical Center</td>
<td>Bakersfield</td>
<td>II TC</td>
<td>44 min</td>
</tr>
<tr>
<td>Natividad</td>
<td>Salinas</td>
<td>II TC</td>
<td>52 min</td>
</tr>
<tr>
<td>Community Regional</td>
<td>Fresno</td>
<td>I TC</td>
<td>52 min</td>
</tr>
</tbody>
</table>

### Air Resources

<table>
<thead>
<tr>
<th>Air Resources</th>
<th>City</th>
<th>Service</th>
<th>Estimated in air flight time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Air</td>
<td>Fort Hunter Ligget</td>
<td>Nurse-Medic</td>
<td>27 min</td>
</tr>
<tr>
<td>Hall Air</td>
<td>Bakersfield</td>
<td>Nurse-Medic</td>
<td>42 min</td>
</tr>
<tr>
<td>Skylife</td>
<td>Fresno</td>
<td>Nurse-Medic</td>
<td>53 min</td>
</tr>
</tbody>
</table>
Criteria Adult Physiologic:
- Glasgow Coma Scale ≤ 13
- Systolic blood pressure < 90 mmHg
- Respiratory rate > 20 breaths per minute

Pediatric Physiologic Criteria:
- Glasgow Coma Scale 13
- Evidence of poor perfusion - color, temperature, etc.
- Respiratory Rate
  - > 60/min or respiratory distress/apnea
  - < 20/min in infants < 1 yr
- Heart Rate
  - ≤ 5 yrs (< 22 kg) < 80 or > 180/min
  - ≥ 6 yrs (23-34 kg) < 60 or > 150/min
- Blood Pressure
  - Neonate (<1 month) SBP < 60 mmHg
  - Infant (1 mo to 1 yr) SBP < 70 mmHg
  - Child (1 to 10 yrs) SBP < 70 mmHg – 2X age in yrs
  - Child (11 to 14 yrs) SBP < 90 mmHg

Trauma Triage Decision Scheme

Patients meeting one or more criteria activates:

1. Assess for anatomic injury
   - Traum Alert
   - Transport to closest TC

2. Anatomic Criteria
   - All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee
   - Chest wall instability or deformity (i.e., fail chest)
   - Two long bone fractures – proximal to elbow or knee
   - Open depressed skull fracture
   - Paraplegia

3. Mechanism of injury
   - Falls
     - Adults > 20 feet (one story equals 10 feet)
     - Children > 10 feet or two times their height
   - High-impact auto crash
     - Intrusion of passenger compartment > 12 inches occupant seat < 18 inches any site including the roof
     - Ejection (partial or complete) from automobile
     - Death in the same vehicle
   - Auto vs pedestrian/bicycle thrown, run over, or with significant impact (> 20 mph)
   - Motorcycle or unenclosed transport vehicle crash > 20 mph

4. Special Patient and System Considerations (*):
   - EMS provider judgement
   - Age > 65 yrs or < 14 yrs
   - Anticoagulants therapy (excluding ASA) or other bleeding disorders with head injury (excluding minor injuries)
   - Pregnancy > 20 weeks
   - Burns with traumatic mechanism

* Trauma Consult is not required for ground level/low impact falls with a GCS ≤ 14 (or GCS is normal for patient) – follow SLO County Destination Policy #151

Follow SLO County Destination Policy #151