



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

*Recipient of The California Endowment's 2017 Arnold X. Perkins Award for Outstanding Health Equity Practice*

## MEMORANDUM

**DATE:** June 5, 2018  
**TO:** EMS System  
**FROM:** James Stubblefield, MD,  
EMS Medical Director  
**SUBJECT:** Training for EMS Providers

The Monterey County Trauma Evaluation and Quality Improvement Committee (TEQIC) has identified the need to provide additional guidance for existing policies in the following 5 areas: (1) Ventilating intubated patients on interfacility transfers; (2) Using a single base hospital on each call; (3) Selecting pediatric trauma patient destinations; (4) Using standardized terminology in radio communications; (5) Using "Trauma Alert" icon in ePCRs.

- 1. A patient needing Bag-Valve-Mask ventilation on an emergent interfacility transfer does not need an RN or a CCT unit.**
  - a. It is within the California paramedic scope of practice for paramedics to ventilate an intubated patient utilizing a BVM. When requested to initiate a transport for these patients, the expectation of the EMS Agency is that the paramedics will transport accordingly.
- 2. Paramedics should use a single Base Hospital on each call**
  - a. Paramedics are to contact a single base hospital with only one exception:
    - i. If a crew contacts a non-specialty base hospital with a specialty patient (i.e., if EMS personnel contact a non-trauma base hospital with a Step 1, 2 or 3 trauma patient), that base hospital may re-direct the EMS crew to contact the appropriate specialty base hospital.
    - ii. Specialty base hospitals are currently:
      1. Trauma – Natividad Medical Center (NMC)
      2. STEMI – Salinas Valley Memorial Hospital (SVMH) or the Community Hospital of the Monterey Peninsula (CHOMP)
      3. Stroke – SVMH or CHOMP
  - b. NMC shall be contacted with all adult and pediatric trauma patients who meet Step 1, 2, or 3 Field Trauma Triage criteria.

**3. Pediatric patients who meet Step 1 or Step 2 Field Trauma Triage Criteria should be sent to a Pediatric Trauma Center**

- a. Pediatric patients who meet Step 1 or Step 2 Field Trauma Triage Criteria should be sent to a Pediatric Trauma Center
  - i. If a helicopter is unable to fly these patients, transport them to the nearest Pediatric Trauma Center via ground ambulance.
  - ii. If the patient cannot be transported to the nearest Pediatric Trauma Center due to extreme conditions in weather or a patient in extremis, the patient will be brought to Natividad Medical Center
    1. “In-Extremis”, as defined by Monterey County EMS Policy #5000, means, “Inability to secure airway or uncontrolled external bleeding”.
- b. When NMC orders a pediatric patient flown to a Pediatric Trauma Center, this is not a refusal of the patient. If there are extenuating circumstances (i.e., parents refusing), re-contact NMC with the new information so that they can make the appropriate destination decisions.

**4. Paramedics should use standardized terminology for Trauma Alerts**

- a. When an EMS crew transports a patient who meets trauma activation criteria (Field Trauma Triage Steps 1, 2 or 3), start the base hospital communication by stating, “This is a Trauma Alert”.

**5. Paramedics must note Trauma Activation on PCR**

- a. To properly perform organizational or Agency QI, trauma patients must be rapidly identified. In ESO and in MEDS, there is an icon to click indicating that a Trauma Alert has been called to the Trauma Center. EMS personnel should be reminded to click this icon any time a Trauma Alert is called in.

EMS Service Providers must provide this training to their paramedics by July 1, 2018. If you have any questions, contact Laura Wallin, Clinical Program Coordinator, at 831-755-4953 or via e-mail at [WallinL@co.monterey.ca.us](mailto:WallinL@co.monterey.ca.us).