

Transportation

Prehospital patients shall be transported to an in-hospital emergency facility or a GCMCA recognized free standing outpatient surgical facility (FSOF) as follows:

I. General Transport Criteria:

1. Facility of patient's choice.
2. If patient is a minor, or incompetent, facility of family or guardian choice.
3. In matters of life and death or loss of limb, the closest appropriate facility as determined by the medical control physician and the pre-hospital provider.
4. EMS Personnel must consider when a patient's/patient's relative choice would endanger the patient due to:
 - A. increased transport time;
 - B. lack of appropriate facilities capable of addressing patient's specific problems;
 - C. over-burdening of facilities for any reason(s) (i.e., ambulance hold, disaster).
5. If facility of choice is out of the county or an extreme distance away, the EMS provider should use their best judgment if this would be appropriate for the patient, and can occur without online medical control approval as long as it does not contradict other sections of this protocol. If a patient requests transport to an out of county facility and is an ALS patient, there can be no downgrading of the patient to BLS.
6. No other individuals (police, fire, other physician) shall be allowed to determine the destination of a patient without prior approval from online medical direction.
7. GCMCA recognized Freestanding Surgical Outpatient Facilities (FSOFs) may receive patients via ambulance with the following exceptions:
Patients With:
 - A. Multi-system trauma
 - B. Blunt torso trauma
 - C. Penetrating torso trauma
 - D. Patients in active labor
 - E. High risk obstetrics
 - F. Critical care pediatrics
 - G. Reimplantation above the ankle or wrist
 - H. Burns per Burn Protocol
 - I. Head injury with GCS < 13
 - J. Priority I patients whose condition could be expected to deteriorate or patients who would be better served by a more specialized medical facility.

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The following criteria must be met in order for a facility to be considered a GCMCA recognized FSOF:

- A. Must maintain appropriate Joint Commission and/or AOA accreditation.
- B. Must be operational 24 hours a day.
- C. Must be licensed by the Michigan Department of Community Health as a free standing outpatient surgical facility (FSOF).

Patients requesting a FSOF, who do not meet criteria to go to that facility, shall be diverted by the usual Genesee County Medical Control Authority Advisory Committee protocols (i.e. patient preference if stable, or closest, most appropriate facility if unstable).

8. In the event that a BLS or LALS transporting rig is more than 5 minutes from an in-hospital emergency facility and is in need of an ALS provider for appropriate patient treatment, the BLS/LALS agency will contact the appropriate 911 agency to request an ALS intercept. The intercept should not cause more than a brief delay in transport. Intercepts are to take place at a fixed meeting location. The responding ALS unit will maintain communication with the intended intercept vehicle. Upon meeting with due care and caution, members of the ALS vehicle should board the intercept vehicle bringing appropriate equipment. All units operating in the Genesee County Medical Control region shall cooperate and provide all necessary verbal information to coordinate an intercept. In the event that the LALS/BLS unit is in route to the hospital and is less than 5 minutes from the hospital, a request for ALS intercept will not be made.

II. Pediatric Destination Criteria:

Pediatric patients (ages 14 and under) can be transported to any of the three Genesee County hospitals with the following exceptions:

1. Unstable trauma patients meeting any of the following criteria, but not in cardiac arrest, should be transported to Hurley Medical Center:

ABSOLUTE CRITERIA

Vital signs & level of consciousness

- Glasgow Coma Scale <14
- Systolic Blood Pressure <90
- Respiratory Rate <10 or >29 (<20 in infant less than 1 year)

Anatomy of injury

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee.

- Flail Chest
- Two (2) or more proximal long bone fractures (femur and or humerus).
- Crush, degloved or mangled extremity
- Amputation proximal to wrist or ankle
- Pelvic fracture
- Open or depressed skull fracture
- Paralysis

Mechanism and evidence of high-energy impact

- Falls >10 feet or 2 to 3 times the height of the child
- High-risk auto crash
 - Intrusion > 12 in. occupant site, 18 in any site
 - Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Auto v. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
- Motorcycle crash > 20 mph

RELATIVE CRITERIA

Special patient or system considerations

- Anticoagulation and bleeding disorders (patient on coumadin or plavix)
- Burns
 - Without other trauma mechanism
 - With trauma mechanism
- Time sensitive extremity injury
- End-stage renal disease requiring dialysis
- Any other injuries felt by EMS personnel to require specialized trauma care.

2. All non-traumatic **Priority 1** medical patients should not be transported to McLaren Regional Medical Center. **Priority 1** patients per protocol are “critically ill or injured patients, which include those unstable patients with abnormal vital signs, or those with a suspected disease process or mechanism of injury which poses immediate threat to life.”
3. If based upon the above criteria the unit will bypass a closer facility and, in the opinion of EMS personnel or on-line medical control, this decision would result in an adverse effect on the patient’s outcome, then the closer facility may be selected as the final destination.

III. Adult Trauma Destination Criteria:

MCA Name: Genesee County
MCA Board Approval Date: February 4, 2016
MDCH Approval Date: April 14, 2016
Implementation Date: June 8, 2016

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1. Cases meeting the following criteria will be transported to Hurley Medical Center unless communication between field personnel and receiving hospital determines otherwise:
 - A. Burns - Patients with greater than 5 percent 3rd degree; or greater than 15 percent 2nd degree; or respiratory burns; or burns involving hands, feet, face, perineum.
 - B. Pregnancy - Trauma patients in 2nd or 3rd trimester.

IV. Acute ST Elevation Myocardial Infarction:

Currently all Genesee County hospitals have the capability to adequately care for stable and unstable ST Elevation Myocardial Infarction (STEMI) patients.

Unstable STEMI patients should be transported to the closest hospital.

V. CVA/Stroke:

Currently all Genesee County hospitals have the capability to adequately care for CVA/stroke patients and these patients should be transported to the closest hospital.