Southwest Region EMS and Trauma Care Council

Patient Care Procedures (PCPs)

Approved: October 22, 2024 (unless otherwise noted)

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CONTACTS

Dr Marlow Macht	Clark County Medical Program Director
Dr Marc Kranz	Cowlitz County Medical Program Director
Dr Russell Smith	Klickitat County Medical Program Director
Dr Greg Hoskins	Skamania County Medical Program Director
Dr Steven Hill	South Pacific County Medical Program Director
Dr Marc Kranz	Wahkiakum County Medical Program Director
April Borbon	SW Region EMS Council Executive Director
Eric Koreis	SW Region EMS Council Chair

REGULATIONS

The following regulations provide guidance on the subject matter contained in this document. Please note, that this is not an inclusive list. For more information, please contact a Department of Health Emergency Care System representative.

Revised Code of Washington (RCW)

RCW 18.73 – Emergency medical care and transportation services
RCW 18.73.030 - Definitions
RCW 70.168 – Statewide Trauma Care System
RCW 70.168.015 – Definitions
RCW 70.168.100 – Regional Emergency Medical Services and Trauma Care Councils
RCW 70.168.170 – Ambulance services – Work Group – Patient transportation – Mental health or chemical dependency services

Washington Administrative Code (WAC)

WAC 246-976 – Emergency Medical Services and Trauma Care
WAC 246-976-920 – Medical Program Director
WAC 246-976-960 – Regional Emergency Medical Services and Trauma Care Councils
WAC 246-976-970 – Local Emergency Medical Services and Trauma Care Councils

1. LEVEL OF MEDICAL CARE PERSONNEL TO BE DISPATCHED TO AN EMERGENCY SCENE

Purpose

The appropriate level of emergency, BLS, ILS, ALS personnel, aid or ambulance services will be dispatched to the emergency incident scene to provide timely patient care.

Scope

Appropriate licensed and trauma verified aid and ambulance services are dispatched to all emergency medical and trauma incidents within an identified service area.

General Procedures

1. Dispatch
   a. Local EMS and Trauma Care Councils should identify primary and secondary Public Safety Answering Point (PSAP)/dispatch in each county and provide information to the Region Council of any changes.
   b. Dispatchers should be trained in and use an Emergency Medical Dispatch (EMD) Guidelines Program to include pre-arrival instructions.
   c. The appropriate level of service will be dispatched to the incident.
   d. EMS services are responsible to update PSAP/dispatch, DOH, Local and Region Councils of any response area changes as soon as possible.
   e. In the event a patient approaches a service seeking help or a unit happens upon an incident, PSAP/dispatch must be contacted to activate the EMS system.

2. Response Times
   a. Response times are measured from the time the call is received by the responding agency until the time the agency arrives on scene.

3. Cancellation of Response Criteria
   a. For all level EMS Agencies:
      i. The responsible party for patient care decisions is the highest-level EMS provider on scene with the patient.
      ii. Communicate with dispatch if no patient is found, there are no injuries, or if one of the following conditions is confirmed: (continue response if requested by law enforcement)
         a. Decapitation
         b. Decomposition
         c. Incineration
         d. Lividity and Rigor Mortis

4. Slow Down
   a. Incoming EMS units may be slowed to non-emergency mode by on-scene, emergency responders.
   b. On-scene responders will communicate patient status report before slowing response when practical.
5. Diversion to Another Emergency Call
   MPDs and Local EMS and Trauma Care Councils will develop county operating procedures for diversion of EMS resources to another emergency call.
6. Staging/Standby

a. Dispatch is responsible for supplying all relevant information to the responding units, enabling them to decide whether to stage. Dispatch shall share information regarding scene safety with all emergency responders, including fire, rescue, EMS, and law enforcement. Units will inform Dispatch if they intend to stage and will request law enforcement support if necessary.

Appendices

None

2. GUIDELINES FOR RENDEZVOUS WITH AGENCIES THAT OFFER HIGHER LEVEL OF CARE

Purpose

To guide EMS providers to initiate rendezvous with a higher level of care while enroute to a receiving hospital based on patient needs and resource availability.

Scope

BLS or ILS units may rendezvous with a higher level of care. Rendezvous is appropriate when the patient may benefit from a higher level of care or when resources are limited or not available.

General Procedures:

1. The BLS/ILS ambulance may request ALS ambulance rendezvous by contacting dispatch. Ground ambulance should rendezvous with a higher level of care based on patient illness or injury.
2. Benefit to patient should outweigh increase to out-of-hospital time.
3. Based on updated information, requesting units may cancel the rendezvous by contacting dispatch.
4. EMS providers should use effective communication with all incoming and on scene emergency responders, at all times, with patient care as their highest priority.
5. Pre-rendezvous communications should include a patient report when appropriate.

Appendices

None

3. AIR MEDICAL SERVICES - ACTIVATION AND UTILIZATION

Purpose

Air Medical Service activation and utilization provides expeditious transport of critically ill or injured patients to the appropriate hospital including designated/categorized receiving facilities.

Scope

Licensed and trauma verified aid and/or ambulance services utilize county protocols and county operating procedures (COPs) consistent with the current Washington State Air Ambulance Service Plan to identify and direct activation and utilization of air medical services.

General Procedures

1. For scene transport to be efficacious and optimize patient outcome, the air medical response should take significantly less time than it takes to travel by ground to the closest appropriate facility. Another strong consideration should be given to activating the helicopter from the scene, and rendezvous at the local hospital. This decision should be made as per local COPS in conjunction with local medical control.
2. Responders should involve dispatch to contact and activate air medical response to maintain system safety and integrity. The dispatching agency will provide the helicopter with the correct radio frequency to use for contacting EMS ground units.
3. Responding EMS service may activate air medical service prior to arrival on scene based on dispatch information or upon arrival on scene based on initial assessment.
4. Air medical service will provide ETA of available, fully staffed, closest air ambulance.
5. The final patient transport and destination decisions will be made on the scene by lead ground provider and air medical in conjunction with triage destination procedures
6. Air medical service will notify PSAP/dispatch when activated by a mechanism outside the emergency dispatch system.
7. Air Medical transport is recommended for the following:
    a. Trauma
        i. Patient condition identified as a major trauma per the trauma triage tool. (see link to the WA Trauma Triage Destination Procedure in appendix)
    b. Non-trauma
        i. Any patient airway that cannot be maintained.
        ii. Patient with cardiac disease and is experiencing a progressively deteriorating course, is unstable, and/or requires measures not available enroute (e.g. ALS level care, cardiac catheterization, thrombolytic therapy.)
        iii. Patient is experiencing a severe neurological illness requiring neurosurgical or other intervention that is not available enroute. (CVA, uncontrolled seizures, etc.)
    c. Follow local COPs for exception and exclusion criteria.

Appendices

Link to DOH website WA State Air Ambulance Service Plan:
https://www.doh.wa.gov/portals/1/Documents/Pubs/530129.pdf
WA Trauma Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/530143.pdf

4. ON SCENE COMMAND

Purpose

Provide coordinated and systematic delivery of patient-centric emergency medical care and transport services at all incidents, to include single EMS agency, multi-agency, and multi-jurisdictional responses.

Scope

The National Incident Management System (NIMS) Incident Command System (ICS) will be used when establishing on scene command.

General Procedures

1. Agencies are responsible for ensuring responders are trained in NIMS ICS per FEMA guidelines at the appropriate level.
2. ICS guidelines will be followed when establishing command and assigning other roles based on incident needs.
3. The Medical Group Supervisor should be an individual trained in the ICS, familiar with both the local EMS resources and the county Mass Casualty Incident and Disaster Plan, and capable of coordinating the medical component of a multiple patient incident.
4. Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

Appendices

None

5.PREHOSPITAL TRIAGE AND DESTINATION PROCEDURE

Purpose

Provide guidance for transport destination decisions for Trauma, Cardiac, Stroke, and Behavioral Health patients from the emergency medical scene to the appropriate receiving facility.

Scope

A coordinated system of care which identifies hospital levels of services available for specific categories of patient need. The triage destination procedures inform EMS providers of patient triage criteria algorithms to identify the transport destination to the appropriate designated/categorized hospital receiving facilities.

General Procedures

EMS providers use the statewide triage destination procedures to identify and transport critically ill or injured patients to the appropriate designated/categorized hospital receiving facilities for definitive care.

Appendices

None

5.1 TRAUMA TRIAGE AND DESTINATION PROCEDURE

Effective Date: 4/15/2025

PURPOSE
To provide guidance to prehospital providers, decreasing the amount of decision making in the field necessary, to ensure patients are delivered to the most appropriate trauma center equipped to minimize death and disability.

This Procedure also provides the foundation for COP and Protocol development where more specific guidance is necessary at the local level to achieve the above purpose.

SCOPE
This PCP was created for prehospital EMS providers to use in the field when responding to victims of traumatic injury. It should be utilized in conjunction with COP and Protocol to make decisions about patient destination based upon **WA State Trauma Triage and Destination Guidelines for Prehospital Providers**

GENERAL PROCEDURES

EMS dispatch and response to traumatic injury in the Southwest Region will be consistent with guidelines set forth in "PCP I Level of Medical Care to Be Dispatched to An Emergency Scene" of this document. Currently, dispatch and response PCPs are specific to, and defined by, each Local Council area. MOUs for mutual aid and rendezvous are set forth in each county and dispatch cards/criteria and set by user groups and reviewed annually to ensure the highest level of response possible is afforded each trauma response area.

Triage is performed by the first arriving EMS unit using the **WA State Trauma Triage and Destination Guidelines for Prehospital Providers**.

Activation of the trauma system is done through early notification of Medical Control at the receiving trauma center. This can be done via radio notification through dispatch, HEAR radio contact or via phone. COPs further define mode of activation by providers based upon destination facility preference and internal procedures. Providers must provide activation at the earliest possible moment to ensure adequate resources are available at the receiving trauma center.

Transport of High Risk (Red Criteria) for Serious Injury: patients should be transported to the closest Level I or Level II trauma service within 30 minutes transport time (air or ground). Transport times greater than 30 minutes, take to the closest most appropriate trauma service unless otherwise specified in local County Operating Procedures (COPs). Transport of patients meeting Moderate Risk (Yellow) for Serious Injury, WHO DO NOT MEET THE RED CRITERIA, should be transported to a designated trauma service, it need not be the highest level. Refer to table below for list of Designated Trauma Centers in the Southwest Region.

Interfacility transport of patients requiring additional definitive care not available at the primary trauma center after stabilization will be coordinated by the primary trauma center and be consistent with transfer procedures in RCW 70.170.

Specialty Care Services are not available in the Southwest Region, therefore patients requiring specialty care such as pediatric trauma patients, burn patients and obstetrical patients will be triaged and transported in the same manner as all other trauma patients using the **WA State Trauma Triage and Destination Guidelines for Prehospital Providers,** where secondary triage and stabilizing care can take place, and the patient then transferred to the most appropriate trauma center capable of definitively managing their injuries.

Quality Measures are monitored by the Regional Quality Assurance Committee. Quarterly data will be reviewed to determine the following system components.

- Adherence to the WA State Trauma Triage and Destination Guidelines for Prehospital Providers
- Adequacy of system resources
    - EMS Response
        - Level/adequacy of response
        - Request for ALS rendezvous
        - Use of air medical services
    - Initial stabilization by primary trauma centers
    - Transfers from primary trauma center for definitive care
    - System barriers to optimal care and outcome

APPENDICES

DESIGNATED TRAUMA FACILITIES IN THE REGION

Facility	Location (City/County)	Designation Level
PeaceHealth SW Medical Center	Vancouver/Clark	II
PeaceHealth St John Medical Center	Longview/Cowlitz	III
Klickitat Valley Hospital	Goldendale/Klickitat	IV
Ocean Beach Hospital	Ilwaco/South Pacific	IV
Skyline Hospital	White Salmon/Klickitat	IV

ASSOCIATED COPS AND PATIENT CARE PROTOCOLS

Each county in the Southwest Region has County Operating Procedures (COPs) and MPD Protocols which offer additional guidance. These can be found on the region's website at www.swems.org.

Submitted by:	Change/Action:	Date:	Type of Change
Regional Council	Approved Draft	04/15/2025	☒ Major ☐ Minor
			☐ Major ☐ Minor
			☐ Major ☐ Minor
			☐ Major ☐ Minor

5.2 CARDIAC TRIAGE AND DESTINATION PROCEDURE

Purpose

Patients presenting with signs and symptoms of acute cardiac distress are identified and transported to an appropriate categorized Emergency Cardiac System participating hospital to reduce death and disability.

Scope

Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Cardiac Triage Destination Procedure to identify patients with signs or symptoms of acute cardiac distress and transport them to the appropriate categorized cardiac hospital.

General Procedures

Prehospital providers will utilize the most current State of Washington Prehospital Cardiac Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized Emergency Cardiac System participating hospital.

Appendices

Link to DOH website: Washington Prehospital Cardiac Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/346050.pdf
Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

5.3 STROKE TRIAGE AND DESTINATION PROCEDURE

Purpose

Patients presenting with signs and symptoms of acute stroke are identified and transported to the appropriate categorized Emergency Stroke System participating hospital to reduce death and disability.

Scope

Licensed and trauma verified aid and/or ambulance services utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure to identify patients with signs or symptoms of acute stroke and transport them to the appropriate categorized stroke hospital.

General Procedures

Prehospital providers will utilize the most current State of Washington Prehospital Stroke Triage Destination Procedure, local COPs, and MPD protocols to direct prehospital providers to transport patients to an appropriate categorized Emergency Stroke System participating hospital.

Appendices

Link to DOH website: Washington Prehospital Stroke Triage Destination Procedure:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/346049.pdf
Link to DOH website: List of WA State Emergency Cardiac and Stroke System Participating Hospitals:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/345299.pdf

5.4 - BEHAVIORIAL HEALTH DESTINATION PROCEDURE

Purpose

Licensed and verified ambulance services to transport of patients from the field to alternate facilities for behavioral health services.

Scope

Licensed and verified ambulances may transport patients from the field to behavioral health services in accordance with RCW 70.168.170.

General Procedures

1. Prehospital EMS agencies and receiving behavioral health facility participation is voluntary.
2. Participating agencies and facilities will adhere to the WA State Department of Health Guidelines in accordance with RCW 70.168.170.
3. Facilities that participate will work with the MPD and EMS agencies to establish criteria for accepting patients.
4. MPDs and Local EMS and Trauma Care Councils will develop county operating procedures.
5. Upon implementation and during ongoing operation of transport to alternate receiving facilities the following will be in place with DOH approval:
    a. County Operating Procedure (COPs)
    b. MPD patient care protocols
    c. EMS provider education

Appendices

Link to DOH website: EMS Guideline Transport to Behavioral Health Facilities
https://doh.wa.gov/sites/default/files/2024-06/530262-EMSGuidelineTransportToBehavioralHealthFacilities.pdf

6. EMS/MEDICAL CONTROL COMMUNICATIONS

Purpose

Communications between prehospital personnel, base station hospital (online medical control), and all receiving healthcare facilities are interoperable to meet system needs.

Scope

Communication between prehospital personnel, base station hospital (online medical control), and all receiving health care facilities (to include designated trauma services and categorized cardiac and stroke services) utilize effective communication to expedite the exchange of patient care information.

General Procedures

1. Communication between EMS providers and healthcare facilities may be done directly or indirectly via local PSAP/dispatch.
2. Based on geographic area, communication via radio, cell phone and/or telephone may be used to expedite the exchange of information as needed.
3. EMS agencies and receiving healthcare facilities will maintain communication equipment and training to communicate effectively.

Appendices

None

7. HOSPITAL DIVERSION

Purpose

Hospitals have diversion policies to divert trauma, cardiac, or stroke patients to other appropriate facilities based on that facility's ability to provide care and intervention.

Scope

All designated trauma services and categorized cardiac and stroke hospitals within the Region have written policies to divert patients to other appropriate designated or categorized facilities.

General Procedures

1. Hospitals should identify communication procedures for redirection/diversion of trauma, cardiac and stroke patients to another facility when resources are unavailable. The hospital must notify the EMS transport agencies and other designated services in their area of a divert status and also notify EMS when they have come off divert status.
    a. Hospitals should maintain their divert status in an online tracking and alert system such as WATrac and, if appropriate, OCS (Oregon Capacity System).
    b. If the online tracking system is unavailable, hospitals should utilize other pre-established communication procedures to notify EMS transport agencies.
2. Exceptions to redirection/diversion:
    a. Airway compromise
    b. Cardiac arrest
    c. Active seizing
    d. Persistent shock
    e. Uncontrolled hemorrhage
    f. Urgent need for IV access, chest tube, etc.
    g. Disaster declaration
    h. Paramedic discretion

Appendices

WATrac Tracking and Alert System link: https://doh.wa.gov/public-health-healthcare-providers/emergency-preparedness/watrac

8. CROSS BORDER TRANSPORT

Purpose

To provide guidance for EMS providers when crossing county, state, tribal, international or other borders to provide care and transport for patients when requested to respond outside of their normal jurisdiction.

Scope

Occasionally EMS providers may be requested to respond outside of their normal jurisdiction. In these cases, providers should follow the general procedures listed below.

General Procedures

1. EMS providers should respond out of their normal jurisdiction in accordance with any current MOUs or as directed by dispatch.
2. EMS providers should follow their own Regional Patient Care Procedures (PCPs), County Operating Procedures (COPs) and MPD protocols unless otherwise directed by medical control during an out of jurisdiction response.

Appendices

None

9. INTERFACILITY TRANSPORT PROCEDURE

Purpose

To provide guidance on transferring high-risk trauma and medical patients without adverse impact to clinical outcomes.

Scope

All interfacility patient transfers via ground or air shall be provided by appropriate licensed or verified service with appropriate certified personnel and equipment to meet the patient's needs.

General Procedures

1. Medical responsibility during transport should be arranged at the time of the initial contact between referring and receiving physicians, and transfer orders should be written after consultation between them.
2. Immediately upon determination that a patient's needs exceed the scope of practice and/or protocols, prehospital personnel shall advise the facility that they do not have the resources to do the transfer.
3. When online medical control is not available, prehospital protocols shall be followed during an EMS transport in the event that an emergency situation occurs while enroute that is not anticipated prior to transport.
4. While enroute, the transporting agency should communicate patient status and estimated time of arrival to the receiving health care service per MPD local protocols and COPs.

Appendices

None

10. PROCEDURES TO HANDLE TYPES AND VOLUMES OF PATIENTS THAT EXCEED REGIONAL RESOURCES (MCI/ALL HAZARD)

Purpose

To provide for the standardization and integration of Mass Casualty Incident (MCI) Plans between counties throughout the region.

Scope

Major incidents/emergencies that create hazardous conditions that threaten public health, that exceed local resources, and may involve multiple counties and states. The following material represents a broad guideline for the common practice of our EMS providers when dealing with a mass casualty event.

General Procedures

1. All EMS agencies and Incident Commanders working during an MCI event shall operate within the National Incident Management System (NIMS).
2. Prehospital EMS responders will follow MCI protocols or county operating procedures (COPs) set forth by the County MPD and County EMS & Trauma Care Council.
3. The appropriate local Public Health Department will be notified when a public health threat exists.

Appendices

None