

GUIDELINES FOR EMS TRANSPORT DECISIONS MADE AT MULTIPLE-CASUALTY & MASS-CASUALTY TRAUMA SCENES

PURPOSE

The purpose of these guidelines is to improve patient care when multiple trauma victims are injured from a single cause and/or identified at the same scene. These guidelines are intended to assist EMS in patient destination decisions so that trauma care resources are optimally utilized in the region. These guidelines can be applied to both *multiple-casualty events* and *mass-casualty events*.

These guidelines are for voluntary use by Central Ohio emergency medical services (EMS) responding to scenes involving multiple or numerous victims.

COMMUNITY-WIDE PATIENT DISTRIBUTION CONSIDERATIONS

- **The on-call Healthcare Incident Liaison (HIL) should be notified and they will assist with information sharing to our healthcare partners, including but not limited to the COTS member trauma centers.**
 - To contact the on-call HEALTHCARE INCIDENT LIAISON (HIL) 24/7:
 - email your contact info to cotshil1@onpage.com
 - or call 1-855-266-7243, enter ID 26874451, and enter your call back number
- Anticipate the daily goal of getting the right patient to the right place at the right time may be challenged in the immediate aftermath of a no-notice incident.
- Most survivors of a no-notice incident are likely to have minor injuries that do not require trauma care. Research predicts that only 10-20% of the injured will require surgical services and/or critical care.
- Self-referring patients will not be triaged according to established patient distribution protocols. Proximity to the incident and other factors may lead to large numbers of people with minor to moderate injuries arriving at trauma centers while those with moderate to severe injuries may arrive at non-trauma centers.
- Emergency medical services (EMS) practice to triage all patients with gunshot wounds (GSW) to trauma centers may saturate trauma centers, with minor injuries. Consider diverting extremity GSWs to other facilities in disaster situations.
- Do not assume that patient triage will be conducted at the incident scene. Be prepared to do initial triage on patients arriving via private vehicles and taxis.
- Traditional trauma patient arrival patterns may not be followed. Trauma centers expecting multiple waves of patients or transfers from other facilities may not receive these additional patients as planned due to traffic restrictions, miscommunication, and rumors.

DESTINATION DECISION-MAKING

EMS destination decisions in multiple-casualty and mass-casualty incidents are made given many variables, including but not limited to the number of victims; the severity and type of injuries; the proximity of trauma centers and other hospitals to the scene; the availability of transport vehicles and crew, both ground and air; whether victims are adults or children; and whether victims are family to each other.

Patients may arrive to the hospitals without ever being seen by EMS providers. When patients can self-evacuate and self-transport, they will; it is important for responders and receivers to adjust MCI plans accordingly. EMS decision making regarding destinations need to include information about the number of patients that have already self-transported to a specific hospital.

*Central Ohio Trauma System
Multiple-casualty & Mass-casualty
EMS Destination Decision Guidelines*

When possible, the following should be considered when making destination decisions at multiple-casualty and mass-casualty trauma scenes:

	Multiple Casualty Event: When the number of casualties is able to be managed with local resources.	Mass Casualty Event: When the numbers, severity and diversity of injuries may overwhelm the local medical resources.
<i>Injury Scene within Franklin County or Close Proximity to Franklin County</i>	<ul style="list-style-type: none"> • Critically injured ADULT victims with PENETRATING TORSO TRAUMA should be distributed among adult trauma centers so that definitive trauma care resources are shared. Adult victims within the same family should be transported to the same hospital if possible. • Pediatric victims under the age of 16 should be taken to Nationwide Children’s Hospital. <i>Note:</i> For multiple pediatric patients WITH PENETRATING TORSO TRAUMA, consider transporting the oldest of the victims to area adult trauma centers. • If adults and children from the same family are seriously injured, the adults should be transported to an adult trauma center and the children to Nationwide Children’s Hospital. 	<ul style="list-style-type: none"> • Critically injured adult victims WITH PENETRATING TORSO TRAUMA should be distributed among adult trauma centers. Nationwide Children’s Hospital can be included in this distribution for victims ages 16-21 in a mass-casualty event. • Other critically injured adult victims should also be distributed among adult trauma centers. Nationwide Children’s Hospital can be included in this distribution for victims ages 16-21 in a mass-casualty event. • Adult victims less critically injured can be taken to an acute care hospital. These patients require no immediate operative treatment. • Pediatric trauma victims under the age of 16 should be taken to Nationwide Children’s Hospital. In a mass-casualty event that involves a majority of pediatric patients, the oldest pediatric victims should be distributed among adult trauma centers in Franklin County. Transfer to trauma centers is essential for victims WITH PENETRATING TORSO TRAUMA. • Non-seriously injured pediatric patients can be taken to acute care hospitals in Franklin and contiguous counties as needed.
<i>Injury Scene Outside Franklin County within the COTS Region</i>	<ul style="list-style-type: none"> • Critically injured victims should be distributed among nearby hospitals in the region, with the most critical transported to area trauma centers (Genesis or Marietta). • Consider using aeromedical services to transport trauma patients to other verified centers including those in Central Ohio. • Consider transporting victims with critical closed head injuries to those trauma centers with neurosurgical capabilities. • Adult victims within the same family should be transported to the same hospital if possible. • Critically injured pediatric victims should be transported to Nationwide Children’s Hospital or other verified pediatric trauma centers in Ohio. • If adults and children from the same family are seriously injured, the adults should be transported to an adult trauma center and the children to Nationwide Children’s Hospital. 	<ul style="list-style-type: none"> • Critically injured victims should be distributed among nearby hospitals in the region, with those most critical going to area trauma centers (Genesis or Marietta). • Consider using aeromedical resources to transport trauma patients to other verified centers including those in Central Ohio; to those in other areas of the state as appropriate; and out of state to verified trauma centers if the trauma scene is proximal to the state boundary. • Consider transporting victims with critical closed head injuries to those trauma centers with neurosurgical capabilities. • Critically injured pediatric victims should be transported to Nationwide Children’s Hospital or other verified pediatric trauma centers in Ohio.

RESOURCE DOCUMENTS/REFERENCES

- *Resources for the Optimal Care of the Injured Patient*, American College of Surgeons Committee on Trauma Resource Guide, 2014.
- *COTS Central Region Burn Surge Disaster Plan*, Approved by the COTS Board August 25, 2009.
- *COTS Regional Pediatric Disaster Surge Guidelines*, Approved by the COTS Board December 12, 2008.
- *ASPR TRACIE Tip Sheets: No Notice incidents April 2018*