

TO: EMS Provider Agencies  
Base Hospitals  
Receiving Hospitals

FROM: Bruce Barton EMS Agency Director  
Dr Humberto Ochoa EMS Medical Director

RE: ICS and Trauma Care – Critical Tenets for Optimizing Patient Care and EMS Safety.

DATE: November 20, 2007

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As we start into the Holiday season it is important to recognize that while the season is festive both EMS call volume and safety concerns for EMS professionals increase greatly during this time of year. Specifically motor vehicle collisions (MVCs) and the subsequent traumatic injuries peak during the Holiday season. Many of the MVCs result in Multiple Casualty Incidents (MCIs). It is important for us to review a few critical tenets for optimizing EMS safety and care for critically injured patients.

### **The Incident Command System (ICS)**

Scene safety is a critical objective on all EMS incidents. To that end, it is important for all EMS responders to recognize and function within the Incident Command System (ICS). The ICS is a tried and true method of incident management and is our standard within Riverside County for all EMS incidents. EMS responder, patient safety and patient care are optimized through an organized, disciplined and objective oriented incident management structure, particularly on MCIs. The Firescope Field Operations Guide (FOG) ICS 420-1 is required equipment for all EMS response vehicles authorized within Riverside County. It is expected that all EMS response personnel are familiar with the ICS operating structure as described in the FOG. The appropriate jurisdictional public safety agency is responsible for establishing Incident Command on scene of MCIs. Responding EMS resources must integrate into that structure as directed by the Incident Commander (IC). For trauma related MCIs, Incident Commanders must ensure that the critical tenets of trauma care are incorporated into the incident management objectives.

### **Prehospital Trauma Care**

The patient care objectives of trauma related MCIs are the rapid triage, field stabilization and expedient transport to the right hospital with the right resources standing by to provide definitive care. Throughout medical literature, trauma is described as a time sensitive disease process. It is important to understand that the critical trauma patient has sustained injury that physiologically can be rapidly degenerative and require surgical intervention. All efforts should be made to limit scene time to 10 minutes or less for critical trauma patients.<sup>1</sup> The essential components of field care should be limited to the establishment of an airway, provision of ventilation, hemorrhage control and stabilization of the spine/critical fractures. Intravenous access should be established en route to the hospital and not delay transport if the critically injured patient.<sup>2</sup> Transport destinations for trauma patients must be made within the guidelines of Riverside County EMS policy 5710.

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<sup>1</sup> Prehospital Trauma Life Support, 6<sup>th</sup> Edition. Golden Principle 11. Riverside County EMS Policy 7060.

<sup>2</sup> American College of Surgeons, Committee on Trauma, Resources for the Optimal Care of the Injured Patient 2006.

## **Communication with the Trauma Center**

The prehospital trauma system is driven by the goal of getting the right patient to the right place at the right time.<sup>3</sup> Requirements for Base Hospital communication during MCIs are delineated in Riverside County EMS policy 5800. Patient care is optimized when the Trauma Center receives timely and complete patient care information from the field. On MCIs the IC and those charged with medical communications by the IC must ensure that incident management objectives include appropriate early notification of the Base Hospital/Trauma Center. Coordination of patient transport destinations must be cooperative between the Base Hospital and the Medical Communications Coordinator (MCC).

Both the Base Hospital and the MCC should understand the environment of a field MCI and tenets of good trauma care. Competing priorities of equal importance can create a dichotomy that can only be resolved through effective communication and cooperative efforts. The MCC should understand that the Base Hospital wants definitive patient care information including the size and scope of the incident so that they can assist with patients getting to hospitals capable of providing timely and appropriate care. Getting patients off scene quickly but arriving at facilities that cannot provide surgical care or overloading a trauma center with too many patients is not conducive to good trauma care.

The Base Hospital should understand that the scene of an MCI can be chaotic even under the best incident management structure. The inherent austere and constantly changing environment of the field can create conditions far too numerous to relay to the Base Hospital in initial on-scene reports. Base Hospitals must trust the ICS and keep dialogue and requested information to the minimum needed to provide a patient destination to the MCC as stipulated in policy 5800 section 4.4. Subsequent patient information provided to the Trauma Center by transporting ambulances must be comprehensive and initiated immediately when en route.<sup>4</sup>

As a refresher in anticipation of increased trauma calls, please take the time to review this information and all related policies with your staff. We must all acknowledge that only when we work cooperatively together with the patient as our focus that care of that patient is then optimized.

On behalf of the EMS Agency staff, have a happy and safe Holiday Season.

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<sup>3</sup> American College of Surgeons, Committee on Trauma, Resources for the Optimal Care of the Injured Patient 2006.

<sup>4</sup> Riverside County EMS policy 5710