MCI Trauma System Inclusion

Policy 131 was recently updated and the changes will go into effect on June 1, 2013. The biggest change was the incorporation of the trauma system into MCI operations. A trauma center is the best destination for patients with actual or potential serious injuries.

- VCEMS 131 Attachment C—The “MCI Trauma Patient Destination Decision Algorithm” outlines where patients should be transported based on their START triage category as well as their VC trauma step.
- MCI Level I—All patients with traumatic injuries will be triaged using START and the VC Field Triage Decision Scheme. This algorithm prioritizes Steps 1-3 to a trauma center, regardless of START triage category. It further outlines procedures for Step 4 and No Step patients.
- MCI Level II/III—Patients with severe traumatic injuries should be prioritized to a trauma center whenever possible.
- The Base Hospital for MCIs with any number of patients with traumatic injuries will be the trauma center for that particular area, based on the VC Trauma Center Service Area Map.
- MICNs will coordinate destinations on any level MCI utilizing Reddinet and information relayed from the scene by MEDCOMM.
- Out-of-County trauma centers may need to be utilized for any level MCI, depending on the number of patients.
- Air transport may need to be considered when transporting Immediate patients to Out-of-County trauma centers.
1. When trauma center capacity at local and neighboring county trauma centers has been exhausted, transport to non-trauma hospitals

2. For Level II/III MCI events, red tag patients with traumatic injuries exhibiting the following criteria should be prioritized to trauma centers:
   - Significantly decreased GCS with evidence of neurological trauma
   - Penetrating or blunt injury with signs and symptoms of shock
   - Penetrating wounds to the neck and/or torso

VCEMS 131 Attachment C