

APA-1  
6/93

**TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION**

Control 420 Department or Agency Alabama Department of Public Health

Rule Number : 420-2-2-.08

Rule Title: Patient Entry Criteria for pre hospital providers

New  Amend  Repeal  Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

**Certification of Authorized Official**

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer Fabrice B. B. B. Date 4/16/14



**STATE BOARD OF HEALTH  
NOTICE OF INTENDED ACTION**

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-2-2-.08 Patient Entry Criteria for pre hospital providers.

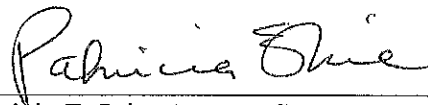
INTENDED ACTION: To repeal and replace current rule to make the language more concise.

SUBSTANCE OF PROPOSED ACTION: The rule is being repealed so that it is in accordance with the Alabama Patient Care Protocols.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held on May 21, 2014, at 10:00 a.m., RSA Tower, Suite 1540, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m., on June 4, 2014. All comments and requests for copies of the proposed rule should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Choona Lang, Alabama Department of Public Health, Office of EMS , 201 Monroe Street, Suite 1100, Montgomery, Alabama 36104. Telephone number: 334-206-5383.



Patricia E. Ivie, Agency Secretary

**420-2-2-.08 Patient Entry Criteria for pre hospital providers.** Refer to EMS Alabama Patient Care Protocols 1.16, Appendix H.

Authors: John Campbell, M.D., and Choona Lang

Statutory Authority: Alabama Legislature, Act 299, Regular Session, 2007 (Code of Alabama 1975, § 22-11D-1, et. seq.)

History: Filed February 18, 2009, Effective March 25, 2009

## PURPOSE

To provide patient entry criteria and system guidance for the Alabama Trauma System.

## GUIDELINE

## ALABAMA TRAUMA SYSTEM ENTRY CRITERIA

**Physiological criteria:**

1. A systolic BP < 90 mm/Hg in an adult **or child 6 years or older <80 mm/Hg in a child five or younger.**
2. Respiratory distress - rate < 10 or >29 in adults, **or <20 or >60 in a newborn. <20 or >40 in a child three years or younger. <12 or >29 in a child four years or older.**
3. Head trauma with Glasgow Coma Scale score of 13 or less **or head trauma with any neurologic changes in a child five years or younger.**

**Anatomical Criteria:**

1. The patient has a flail chest.
2. The patient has two or more obvious proximal long bone fractures (humerus, femur).
3. The patient has a penetrating injury of the head, neck, torso, or groin, associated with an energy transfer.
4. The patient has in the same body area a combination of trauma and burns (partial and full thickness) of fifteen percent or greater.
5. See Burns Protocol (3.08) for criteria to enter a burned patient into the trauma system.
6. The patient has an amputation proximal to the wrist or ankle.
7. The patient has one or more limbs which are paralyzed.
8. The patient has a pelvic fracture, as evidenced by a positive "pelvic movement" exam.

**Mechanism of the patient injury:**

1. A patient with the same method of restraint and in the same seating area as a dead victim.
2. Ejection of the patient from an enclosed vehicle.
3. Motorcycle/bicycle/ATV crash with the patient being thrown at least ten feet from the motorcycle/bicycle.
4. Auto versus pedestrian with significant impact with the patient thrown, or run over by a vehicle.
5. An unbroken fall of twenty feet or more onto a hard surface. **Unbroken fall of 10 feet or 3 times the height of the child onto a hard surface.**

## GUIDELINE

## ALABAMA TRAUMA SYSTEM ENTRY CRITERIA

**EMSP Discretion:**

1. If the EMSP is convinced that the patient could have a severe injury which is not yet obvious, the patient should be entered into the Alabama Trauma System.
2. The EMT's suspicion of severity of trauma/injury may be raised by the following factors:
  - a. Age > 55
  - b. **Age < five**
  - c. Environment (hot/cold)
  - d. Patient's previous medical history
  - e. Insulin dependent diabetes or other metabolic disorder
  - f. Bleeding disorder or currently taking anticoagulant medication (coumadin, heparin)
  - g. COPD/Emphysema
  - h. Renal failure on dialysis
  - i. Pregnancy
  - j. **Child with congenital disorder**
  - k. Extrication time > 20 minutes with heavy tools utilized
  - l. Motorcycle crash
  - m. Head trauma with history of more than momentary loss of consciousness.

**ENTERING A PATIENT INTO THE ALABAMA TRAUMA SYSTEM**

1. **Regions that are not yet operating under the Alabama Trauma System**  
Patients should be transported to a hospital with a trauma response program if such is available in the region, per the region's Medical Control and Accountability Plan.
2. **Regions that are currently operating under the Alabama Trauma System should call the Alabama Trauma Communications Center (ATCC) to determine patient destination:**

ATCC contact numbers:

Toll-Free Emergency: 1-800-359-0123, or

Southern LINC EMS Fleet 55: Talkgroup 10/Private 55\*380, or Nextel: 154\*132431\*4

The initial unit on-scene should enter the patient into the Alabama Trauma System but if they have not done so, it becomes the responsibility of the transporting service (ground or air) before the receiving facility is selected.

**GUIDELINE (continued)****ENTERING A PATIENT INTO THE ALABAMA TRAUMA SYSTEM (continued)**

For helicopter EMS (HEMS) it is preferable to request a preliminary receiving facility from ATCC prior to arrival on the scene and then later enter the patient into the ATCC as soon as is logistically possible. After assessing a trauma situation and making the determination that the patient should be entered into the Alabama Trauma System, the EMSP licensed at the highest level should contact the ATCC at the earliest practical time before the receiving facility is selected and provide the following information. The highest level EMSP on the scene may delegate the call to ATCC to a lower level EMSP if patient care duties require the higher level EMSP's attention:

- 1) EMSP service
- 2) Location of Trauma Scene
- 3) Age and Sex of the patient(s)
- 4) Reason for Entry and Mechanism of Injury
- 5) Patient assessment
  - a) Airway Status
  - b) Vital signs and GCS
  - c) Areas of Injury
  - d) Environmental issues or co-morbid factors
- 6) Transportation type
- 7) Transportation timing

ATCC will provide a unique identification number that must be entered into the e-PCR.

Notify the ATCC of any change in the patient's condition. The receiving trauma center or ATCC should be updated by the transporting unit 5-10 minutes out. This update should only consist of any patient changes and patient's current condition. A repeat of information used to enter the patient into the Alabama Trauma System is not necessary since this information will be relayed by the ATCC to the receiving trauma center.

After the patient is delivered to the trauma center, the transporting provider should call the ATCC with the Patient Care Report times.

**420-2-2-.08 Patient Entry Criteria for pre hospital providers.** Refer to EMS Alabama Patient Care Protocols 8.5, Appendix H.

Authors: John Campbell, M.D., and Choona Lang

Statutory Authority: Alabama Legislature, Act 299, Regular Session, 2007 (Code of Alabama 1975, § 22-11D-1, et. seq.)

History: Filed February 18, 2009, Effective March 25, 2009

**PURPOSE:**

The following are criteria for entering a patient who has been involved in a trauma incident into the Alabama Trauma System.

**Physiological criteria:**

1. A systolic BP < 90 mm/Hg in an adult **or < 80 mm/Hg in a child five or younger.**
2. Respiratory distress - rate < 10 or >29 in adults, **or < 20 or > 40 in a child one year or younger.**
3. Head trauma with Glasgow Coma Scale score of 13 or less.

**Anatomical Criteria:**

1. The patient has a flail chest.
2. The patient has two or more obvious proximal long bone fractures (humerus, femur).
3. The patient has a penetrating injury of the head, neck, torso, or groin, associated with an energy transfer.
4. The patient has in the same body area a combination of trauma and burns (partial and full thickness) of fifteen percent or greater.
5. The patient has an amputation proximal to the wrist or ankle.
6. The patient has one or more limbs which are paralyzed.
7. The patient has a pelvic fracture, as evidenced by a positive "pelvic movement" exam.

**Mechanism of the patient injury:**

1. A patient with the same method of restraint and in the same seating area as a dead victim.
2. Ejection of the patient from an enclosed vehicle.
3. Motorcycle/bicycle/ATV crash with the patient being thrown at least ten feet from the motorcycle/bicycle.
4. Auto versus pedestrian with significant impact with the patient thrown, or run over by a vehicle.
5. An unbroken fall of twenty feet or more onto a hard surface.

**EMT Discretion:**

1. If, the EMT is convinced the patient could have a severe injury which is not yet obvious, the patient should be entered into the trauma system.
2. The EMT's suspicion of severity of trauma/injury may be raised by the following factors:
  - a. Age > 55
  - b. **Age < five**
  - c. Environment (hot/cold)
  - d. Patient's previous medical history
    - i. Insulin dependent diabetes
    - ii. Cardiac condition
    - iii. Immunodeficiency disorder
    - iv. Bleeding disorder



## Administrative

# TRAUMA SYSTEM PROTOCOL (continued)

8.5

- i. COPD/Emphysema
- e. Pregnancy
- f. Extrication time > 20 minutes with heavy tools utilized
- g. Motorcycle crash
- h. Head trauma with history of more than momentary loss of consciousness.

### ENTERING A PATIENT INTO THE TRAUMA SYSTEM:

#### 1. Regions that are not yet operating under the Alabama Trauma System

Patients should be transported to a hospital with a trauma response program if such is available in the region, per the region's Medical Control and Accountability Plan.

#### 2. Regions that are currently operating under the Alabama Trauma System should call the Trauma Communications Center (TCC) to determine patient destination:

TCC contact numbers:

Toll-Free Emergency: 1-800-359-0123, or  
Southern LINC EMS Fleet 55: Talkgroup 10/Private 55\*380, or  
Nextel: 154\*132431\*4

After assessing a trauma situation and making the determination the patient should be entered into the Trauma System, the EMT licensed at the highest level should contact the Trauma Communications Center (TCC) at the earliest time which is practical, and provide the following:

1. Identify yourself and your agency by name, unit number and county. If on-line medical direction is necessary, the receiving trauma center becomes medical direction. TCC will help coordinate on-line medical direction with a physician immediately.
2. Give your geographic location.
3. Give age and sex of patient (patient name is not necessary).
4. Assign patient number if more than one patient.
5. Give criteria for entry into Trauma System.
6. Give vital signs: Blood Pressure, Pulse rate, Respiratory rate, GCS
7. TCC Communicator will offer available trauma centers based on information given above.

8. Give unit number of transporting unit, mode of transport, and time of transport from the scene.

### **Administrative**

<b>TRAUMA SYSTEM PROTOCOL (continued)</b>
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<b>8.5</b>
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9. You will be given a unique identification number that must be entered into the chart when you generate your e-PCR. The Office of EMS and Trauma will use this to identify the charts for quality improvement studies.

Notify the TCC of any change in the patient's condition. The receiving trauma center (or TCC, who can relay to trauma center) should be updated by the transporting unit 5-10 minutes out. This update need only consist of any patient changes and patient's current condition. A repeat of information used to enter the patient into the Trauma System is not necessary since this information will be relayed by the TCC to the receiving trauma center. After the patient is delivered to the trauma center, the transporting provider should call the TCC with the Patient Care Report times.

NOTE: If you are considering helicopter transport of the trauma patient, you should follow Protocol 7.10: Guidelines for Helicopter Transport of Trauma Patients