



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Guidelines for Interfacility Transfer of Patients to a Trauma Center		Policy Number 1404	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: January 29, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: January 29, 2025	
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- I. PURPOSE: To establish guidelines for the transfer of a trauma patient from a hospital in Ventura County to a Level II trauma center.
- II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100136.03.
- III. DEFINITIONS:
 - A. **Trauma Call Continuation:** A process by which a patient with potential life-or-limb threatening traumatic injuries who has been taken to the emergency department by ALS ambulance is transferred to a trauma center. The patient requires an immediate procedure at a trauma center, the **ALS ambulance is still on the premises**, and the treating physician **requests immediate transport** to a designated trauma center.
 - B. **EMERGENT** Transfer: A process by which a patient with potential life-or-limb threatening traumatic injuries is transferred to a trauma center. The patient requires an **immediate procedure** at a trauma center, and a delay in transfer will result in deterioration of the patient's condition, and the treating physician requests **immediate transport** to a trauma center.
(Ambulance will arrive within 10 minutes)
 - C. **URGENT** Transfer: A process by which a patient with time-critical traumatic injuries is transferred to a trauma center. The patient requires a **timely procedure** at a trauma center, and a lengthy delay will result in deterioration of the patient's condition, and the treating physician requests **prompt transport** to a trauma center. (Ambulance will arrive within 30 minutes)

D. **NON-URGENT IFT TRAUMA** Transfer: A process by which a patient with non-life-threatening injuries and not a time-sensitive injury requires a transfer to a trauma center for further evaluation and care.

IV **POLICY:** The following criteria will be used as a guideline for the transfer of a trauma patient to a trauma center.

A. For patients who are in the emergency department at a community hospital and have one or more of the following injuries, if the referring physician requests transfer to a trauma center, the trauma center will immediately accept the patient.

B. **EMERGENT Trauma Transfer**

1. Indications for an immediate neurosurgical procedure
2. Penetrating injury to head or torso
3. Penetrating or blunt injury with shock
4. Torn thoracic aorta or great vessel
5. Solid organ injury **with** hemodynamic instability or as directed by treating physician in consultation with trauma center
6. Cardiac rupture
7. Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes)
8. Pregnancy with indications for an immediate Cesarean section
9. Blood Product given
10. ABC Score-anticipated Mass Transfusion Protocol (MTP) meets 2 or more criteria below:
 1. SBP < 90
 2. HR > 120
 3. + Fast Exam
 4. Penetrating trauma to torso

C. **URGENT Trauma Transfers**

1. Carotid or vertebral arterial injury
2. Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
3. Major abdominal vascular injury
4. Solid organ injury **without** hemodynamic instability or as directed by treating physician in consultation with trauma center
5. Unstable pelvic fracture
6. Fracture or dislocation with neurovascular compromise
7. Glasgow Coma Scale score <14 or lateralizing neurologic signs
8. Unstable spinal fracture or spinal cord deficit

9. >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
10. Open long bone fracture
11. Significant torso injury with advanced co-morbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
12. Amputations or partial amputations of any portion of the hand
13. Injury to the globe at risk for vision loss

D. *NON-URGENT IFT* Trauma Transfers

For patients who are in the emergency department at a community hospital and do not meet the ***EMERGENT*** or ***URGENT*** trauma criteria above, if the referring physician requests transfer to a Trauma Center, the Trauma Center will immediately accept the patient.

V. FACILITIES:

A. Ventura County Level II Trauma Centers:

1. Agree to immediately accept from Ventura County community hospitals, patients with conditions included in the guidelines above.
2. Will publish a point-of-contact phone number for an individual authorized to accept the transfer of a patient with a condition included in the guidelines above, or to request consultation with a trauma surgeon.
3. Will establish a written interfacility transfer agreement with every hospital in Ventura County.
4. Immediately post on ReddiNet and notify EMS Administrator on-call when there is no capacity to accept trauma patients due to:
 - a. Diversion for internal disaster
 - b. CT scanner(s) non-operational
 - c. Primary and back-up trauma surgeons in operating rooms with trauma patients

B. Transferring Hospitals:

1. Are not required to transfer patients with conditions included in the guidelines above to a trauma center when resources and capabilities for providing care exist at their facility.
2. Will enter into a written interfacility transfer agreement with every trauma center in Ventura County.

VI. PROCEDURES

A. Trauma Call Continuation

1. **Transferring hospital will:**

- a. Direct the ambulance personnel to prepare to continue the transport to the trauma center.
- b. Notify the designated trauma center ED of the immediate re-triage of a trauma patient and communicate the patient's apparent injuries or reason for the re-triage, after the call is continued and the patient is en route to the trauma center.
- c. Have policies, procedures, and a quality improvement system in place to track and review all Trauma Call Continuations.

2. **Ambulance personnel will:**

- a. Notify FCC of their assignment to a Trauma Call Continuation. FCC will link the trauma transfer to the original 911 incident and continue tracking en-route hospital (departure from transferring hospital), at hospital (arrival at trauma center) and available times.
- b. When the transferring physician determines the patient is ready, the same ALS personnel and ambulance that originally transported the patient to the transferring hospital will emergently transport the patient to the trauma center. The transporting paramedic will contact the trauma base hospital en route and provide updated patient information.

B. EMERGENT Transfers

1. **Trauma centers will:**

- a. Publish a single phone number ("hotline"), that is answered 24/7, for an individual authorized to accept the transfer of patients who have a condition as described in Section V.B.1 of this policy.
- b. Immediately upon initial notification by a transferring physician, accept in transfer all patients who have a condition as described in Section V.B.1 of this policy.

2. **Transferring hospitals will:**

- a. Call the trauma hotline of the closest trauma center to notify of the transfer.
- b. Call FCC, advise they have an **EMERGENT** transfer, and request an ambulance. If the patient's clinical condition warrants, the transferring hospital will call FCC *before* calling the trauma center's hotline.

- c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form and demographic information form
 - e. Limit ambulance on-scene time in the transferring hospital ED to **ten minutes**.
 1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 3. Intravenous drips may be discontinued **or** remain on the ED pump if medication is within the paramedic scope of practice.
 - f. Establish policies and procedures to make personnel available, when needed, to accompany the patient during the transfer to the trauma center.
 - g. Assemble and maintain an “Emergency Transfer Pack” in the emergency department to contain all of the following:
 1. Checklist with phone numbers of Ventura County trauma centers.
 2. Patient consent/transfer forms.
 3. Treatment summary sheet.
 4. Ventura County EMS “Emergency Trauma Patient Transfer QI Form.” (See page 7)
 - h. Have policies, procedures, and a quality improvement system in place to track and review all Emergent transfers.
3. **Ventura County Fire Communications Center (FCC) will:**
- a. Respond to an **EMERGENT** transfer request by immediately dispatching the closest ALS ambulance and verbalize “MEDxxx EMERGENCY Trauma Transfer from [transferring hospital]”. The trauma center will be denoted in the incident comments, which will display on the mobile data computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination trauma center.
 - b. FCC will track ambulance dispatch, en route, on scene, en route hospital, at hospital, and available times.
 - c. Will **not** be required to consider **EMERGENT** transports as an “interfacility transport” as it pertains to ambulance contract compliance.

Transfers will be a follow-up to the original incident and will link the trauma transfer fire incident number to the original 911 fire incident number.

4. **Ambulance companies will:**
 - a. Upon notification, the ambulance will respond Code (lights and siren).
 - b. Will **not** be required to consider **EMERGENT** transports as an “interfacility transport” as it pertains to ambulance contract compliance.

C. **URGENT** Transfers

1. **Trauma centers will:**
 - a. Publish a single phone number, that is answered 24/7, for a transferring hospital to request an urgent trauma transfer. Additionally, this line may be used to request additional consultation with a trauma surgeon if needed
2. **Transferring hospitals will:**
 - a. Call the trauma hotline for the closest trauma center to request an urgent trauma transfer. This call may be used to request additional consultation with the trauma surgeon if needed.
 - b. Call the transport provider and advise they have an **URGENT** trauma transfer and request an ambulance.
 - c. Complete transfer consent and treatment summary.
 - d. Prepare copies of the ED triage assessment form.
 - e. Limit ambulance on-scene time in the transferring hospital ED to **twenty minutes**.
 1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test or radiologic study results may either be relayed to the trauma center at a later time, or if time permits, copied and sent with the patient to the trauma center.
 3. Intravenous drips may be discontinued **or** remain on the ED pump if medication is within the paramedic scope of practice.
3. **Ambulance companies will:**
 - a. Upon request for an **URGENT** trauma transfer, the transport provider will dispatch an ambulance to arrive **no later than thirty minutes** after the request.

D. **NON-URGENT IFT TRAUMA Transfers**

1. **Trauma centers will:**

- a. Publish a single phone number, that is answered 24/7, for a transferring hospital to request an urgent trauma transfer. Additionally, this line may be used to request additional consultation with a trauma surgeon if needed

2. **Transferring hospitals will:**

- a. Call the trauma hotline for the closest trauma center to request a **NON-URGENT IFT TRAUMA** transfer. This call may be used to request additional consultation with the trauma surgeon if needed.
- b. Call the transport provider and advise they have a **NON-URGENT IFT TRAUMA** transfer and request an ambulance.
- c. Complete transfer consent and treatment summary.
- d. Prepare copies of the ED triage assessment form.
- e. Limit ambulance on-scene time in the transferring hospital ED to **twenty minutes**.
 1. All forms should be completed prior to ambulance arrival.
 2. Any diagnostic test or radiologic study results may either be relayed to the trauma center later, or if time permits, copied and sent with the patient to the trauma center.
 3. Intravenous drips may be discontinued **or** remain on the ED pump if medication is within the paramedic scope of practice.

3. **Ambulance companies will:**

- a. Upon request for a **NON-URGENT IFT TRAUMA** transfer, the transport provider will provide the hospital with an ETA of an **IFT** ambulance. Trauma patients will be prioritized by the provider for a 60–90-minute response time whenever possible.

As a reminder:

FAX forms are no longer required for documentation

Please use link below to submit all Trauma Transfers

E. Documentation:

For all **Trauma Call Continuation**, **EMERGENT** or **URGENT** transfers, the transferring hospital will submit a completed Emergency Trauma Patient Transfer QI Form by using the link or QR Code found below, to the Ventura County EMS Agency within 72 hours. The transfer will be reviewed for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Trauma Operational Review Committee.

Trauma Transfer QI Form

Use Link:

[Emergent and Urgent trauma Transfer QI form](#)

-OR-

Scan QR Code:





Scan QR Code for Trauma Transfer form

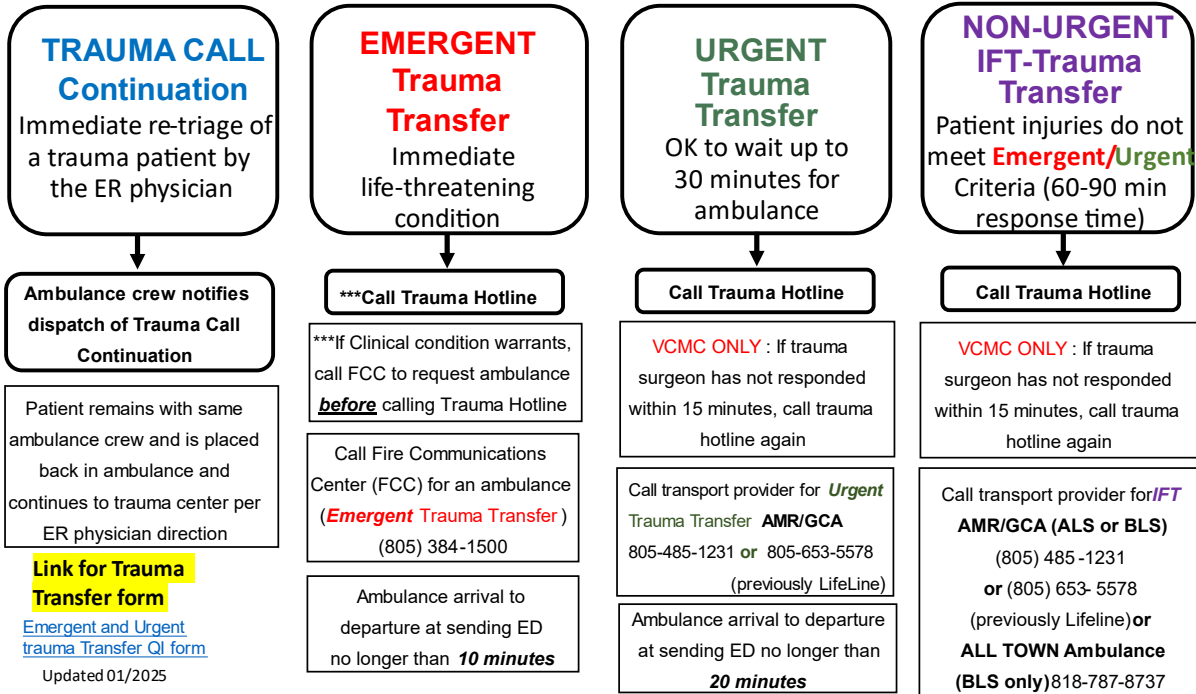
Ventura County Trauma Centers *Hotline*

LRHMC (877) 922-3648

VCMC (805) 652-6777

For In-County Transfers

If ETA is outside the expected response time window, ask to speak with EMS supervisor



**URGENT
Trauma Transfer**
OK to wait up to
30 minutes for ambulance
ALS transport only

**EMERGENT
Trauma Transfer**
Immediate life-threatening
condition
ALS transport only

Refer to Guidelines below:

- Carotid or vertebral arterial injury
- Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
- Major abdominal vascular injury
- Solid organ injury **without** hemodynamic instability or as directed by treating physician in consultation with trauma center
- Unstable pelvic fracture
- Fracture or dislocation with neurovascular compromise
- Glasgow Coma Scale score <14 or lateralizing neurologic signs
- Unstable spinal fracture or spinal cord deficit
- >2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
- Open long bone fracture
- Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary disease, type 1 diabetes mellitus, or immunosuppression)
- Amputations or partial amputations of any portion of the hand
- Injury to the globe at risk for vision loss

Refer to Guidelines below:

- Indications for an immediate neurosurgical procedure.
- Penetrating injury to head or torso.
- Penetrating or blunt injury with shock.
- Torn thoracic aorta or great vessel
- Solid organ injury **with** hemodynamic instability or as directed by treating physician in consultation with trauma center
- Cardiac rupture
- Vascular injuries that cannot be stabilized and are at risk of hemorrhagic shock or loss of limb acutely (excluding fingers/toes).
- Pregnancy with indications for an immediate Cesarean section.
- Blood Product given
- ABC Score-anticipated Mass Transfusion Protocol (MTP) meets 2 or more criteria below:
 1. SBP < 90
 2. HR > 120
 3. + Fast exam
 4. Penetrating trauma to torso

Out of County Trauma Transfers
Refer to policy 605