

MEDICAL ADVISORY COUNCIL
Position Statement

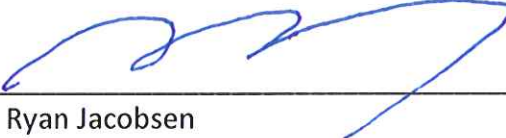
MAC PS 2016-001

FIELD TRIAGE OF THE INJURED PATIENT

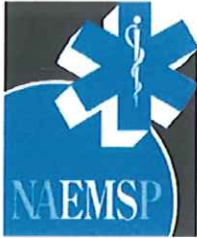
The Medical Advisory Council to the Kansas Board of Emergency Medical Services endorses the National Association of EMS Physicians®/American College of Surgeons - Committee on Trauma joint position statement, approved March 23, 2010, on the use of the Centers for Disease Control (CDC) Field Triage Guidelines for the Injured Patient.

The Medical Advisory Council is of the opinion that all transporting EMS agencies in Kansas should be utilizing these triage guidelines and that compliance with these guidelines should be included in the performance improvement (PI) plans at both the local and regional levels.

Approved by the Medical Advisory Council on May 10, 2016.



Dr. Ryan Jacobsen
Chair, Medical Advisory Council



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National Association of EMS Physicians® (NAEMSP®)
American College of Surgeons – Committee on Trauma (ACS-COT)

Approved 3/23/10

Position Statement

Field Triage of the Injured Patient

The National Association of EMS Physicians® (NAEMSP®) and the American College of Surgeons (ACS-COT) believe that:

1. Achieving optimal outcomes for severely injured people requires a well-functioning and inclusive trauma care system.
2. Emergency medical services (EMS) systems play a critical role within the trauma system by ensuring that injured people receive care at centers with appropriate expertise and resources to effectively manage their conditions.
3. Trauma system stakeholders are responsible to ensure that there exist within their systems triage criteria that achieve optimal distribution of injured people to appropriate trauma care resources. Stakeholders include, but are not necessarily limited to, EMS medical directors, administrators, and providers; emergency physicians and surgeons; hospital administrators and managers; and trauma program medical directors and managers.
4. Trauma systems and the EMS systems with which they collaborate should adopt the *Field Triage Decision Scheme / National Trauma Triage Protocol* (Centers for Disease Control and Prevention. Guidelines for Field Triage of Injured Patients. *MMWR* 2009;58 (RR-1):1-34)
 - a. Injured patients who meet physiologic and/or anatomic criteria should be transported directly to trauma centers providing the highest level care within the defined trauma system.
 - b. Patients who meet only mechanism of injury criteria should be transported to the closest appropriate trauma center that may not necessarily be the highest level care within the system.
 - c. Trauma patients with an identified special circumstance, as defined in the *Field Triage Decision Scheme*, should be transported to the closest appropriate trauma center as directed by either on-line medical control or written protocols developed through collaboration with trauma system stakeholders.

- d. Patients who do not meet trauma center criteria as described in the *Field Triage Decision Scheme* are unlikely to need trauma center care and should be transported to an appropriate emergency department as determined by EMS system protocols.
 - e. EMS providers must be educated and knowledgeable about the *Field Triage Decision Scheme* and any conditions (e.g., transport resource availability, geography, weather, disaster/mass casualty situations, and others) that might appropriately affect real-time decision making.
5. Trauma system stakeholders should participate in an ongoing quality improvement program that serves to ensure compliance with the *Field Triage Decision Scheme* in the community, region, and trauma system.
 6. Research should be encouraged to continue to develop new knowledge about the specific factors that affect optimal triage and transport of trauma victims and their care.