



National Ambulance Service (NAS)

Procedure

Appropriate Hospital Access for Trauma Patients

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1.0 POLICY

- 1.1 Patients suffering Trauma may benefit from early and direct access to an “appropriate hospital” for the purposes of receiving definitive care.
- 1.2 Ambulance Control staff have an important role to play in ensuring that such patients are directed to an appropriate facility.
- 1.3 Following direct transfer of the patient with known or suspected trauma to a hospital capable of delivering definitive trauma care, these patients can be given **priority access to care**, assessment including imaging and treatment to optimise patient outcomes.

2.0 PURPOSE

- 2.1 The purpose of appropriate hospital access is for the efficient and effective care of the trauma patient who may require a specialized and/or multidisciplinary approach to care which is not available at the nearest hospital.
- 2.2 To provide direction to Control Supervisors and Staff on directing crews to the most appropriate facility.
- 2.3 To facilitate an improved clinical care pathway for patients suffering from known or suspected trauma.

3.0 SCOPE

- 3.1 This Procedure applies to high acuity trauma patients with a greater risk of poor outcomes that will benefit from specialised care at an appropriate trauma receiving hospital.
- 3.2 Identification of high acuity trauma patients is based on both physiological and anatomical criteria (these are referred to under Section 7.2).
- 3.3 Patients being cared for by a Paramedic crew in the absence of an Advanced Paramedic *and* with any of the following conditions - compromised airway, tension pneumothorax or life-threatening haemorrhage - must be transported to the nearest Emergency Dept. (not local injury unit - follow local protocol). The Paramedic crew must remain with the patient to allow prompt onward transfer to an appropriate Emergency Department once the immediate threat to life has been addressed.

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. PHECC 3rd Edition Clinical Practice Guidelines (CPG)

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 None applicable

6.0 ROLES AND RESPONSIBILITIES

- 6.1 The Control Manager is responsible for dissemination and clarification to all Control Supervisors and Staff.
- 6.2 Control Supervisors are responsible for ensuring Control Staff compliance with this Procedure.
- 6.3 The Control Manager is responsible for ensuring Control Supervisor compliance with this Procedure.
- 6.4 The lead Manager for Risk Management is responsible for reviewing any related Incident/Near Miss Report.
- 6.5 The responsibility for managing remedial training lies with the Education and Competency Assurance Team.
- 6.6 Staff involved in the treatment and transport of trauma patients are responsible for the operation of this Procedure.
- 6.7 It is the responsibility of all staff involved in the care of trauma patients to provide and maintain care based on the best clinical evidence available.
- 6.8 It is the responsibility of all staff members to work within their own scope of practice.
- 6.9 It is the responsibility of the Paramedic/Advanced Paramedic activating "Appropriate Hospital Access" to notify Ambulance Control.
- 6.10 It is the responsibility of Ambulance Control to dynamically deploy available resources to facilitate "Appropriate Hospital Access"

7.0 PROCEDURE

7.1 Key Principles

- 7.1.1 The Paramedic/Advanced Paramedic assessing the patient must adhere to the appropriate Clinical Practice Guidelines.
- 7.1.2 In order for appropriate hospital access to be initiated, Paramedics/Advanced Paramedics must coherently assess the patient and relay pertinent information to the appropriate receiving hospital via Ambulance Control.
- 7.1.3 The trauma patient who meets the anatomical and/or physiological criteria outlined in Section 7.2, should be transported directly, subject to Section 3.3, to the appropriate Emergency Department - see local Trauma Access Protocol.
- 7.1.4 Ambulance Control should establish and record the reason for initiating "Appropriate Hospital Access" in the Incident Note Pad.
- 7.1.5 Ambulance Control should tag the incident with the code "**AHA**" to facilitate future audit.

7.2 Appropriate Hospital Access Criteria

7.2.1 Anatomical Criteria

- A. Penetrating trauma to the head, neck, trunk, and extremities proximal to elbow and knee (gunshot wounds, stabbings or impalement on a sharp object)
- B. Flail Chest
- C. Suspected pelvic fracture
- D. Two or more proximal long bone fractures
- E. Crush, degloved or mangled extremity
- F. Paralysis
- G. Amputation proximal to the wrist or ankle
- H. Open or depressed skull fracture
- I. Paralysis

7.2.2 Physiological Criteria

- A. Systolic BP <90 mmHg or absence of radial pulse
- B. GCS \leq 13
- C. Unassisted respiratory rate <10 or >29 breaths per minute (<20 in infant < one year)

Practitioner discretion: in addition to the above criteria, if the treating practitioner has a high index of clinical suspicion of significant occult injury, the patient may be transported to the appropriate trauma receiving Emergency Department at an acute hospital even if they do not *precisely* fit the criteria for trauma access.

7.2.3 Immediately Life Threatening Injuries

- A. Airway Compromise (actual not potential)
- B. Tension Pneumothorax (no air entry on affected side, hypotension, respiratory compromise and trachea deviated away from side of injury)
- C. Life threatening haemorrhage - hypotension with absence of radial pulse Patients with any of these criteria being cared for a Paramedic crew only (i.e. no Advanced Paramedic available) should be brought to the nearest Emergency Department. They should not be transported in any circumstances to a local Injury Unit. Refer to local Trauma Access Protocol for details.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedures will be circulated electronically to all Officers, all Supervisors and Staff.
- 8.2 This Procedure will be available electronically in each Ambulance Station for ease of retrieval and reference.
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 The Control Manager and relevant medical personnel will monitor compliance on an ongoing and informal basis through regular contact and will meet to identify and implement appropriate amendments or corrective measures where deemed necessary.
- 9.3 The Control Manager will monitor the number of direct access journeys and the impact of this Procedure on resource availability.
- 9.4 The Manager with lead responsibility for Risk Management will initiate a review any related Incident/Near Miss Report.

10.0 REFERENCES

None

11.0 APPENDICES

- 11.1 **Appendix 1** – Procedure Acknowledgement Form
- 11.2 **Appendix 2** – Procedure Approval Group
- 11.3 **Appendix 3** – Document Control

APPENDIX 1 – Procedure Acknowledgement Form

Name:	Title:

APPENDIX 3 – Procedure Approval Group

Name:	Title:
Martin Dunne	National Director - NAS
Dr. Cathal O'Donnell	Medical Director – NAS
Macartan Hughes	Education & Competency Assurance Manager
Pat McCreanor	Control Manager
Sean Brady	Control & Performance Manager
William Merriman	Area Operations Manager – NL
Paudie O’Riordan	Area Operations Manager – West
Paul Gallen	Area Operations Manager - South

APPENDIX 4

Document Control No. 1 (to be attached to Master Copy)

Policy Governing Adherence to all SOP's, Policies and Procedures

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name	Signature (Block Capitals)	Date
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Please return this completed form to:

Name: Niamh Murphy

Contact Details: National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

**Key Stakeholders Review of Policy, Procedure, Protocol or
Guidance Reviewer Statement**

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

_____	_____	_____
Name	Signature (Block Capitals)	Date

Please return this completed form to:

Name: Niamh Murphy

Contact Details: National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:

(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

*I have read, understand and agree to adhere to the attached Policy, Procedure,
Protocol or Guideline:*

Print Name	Signature	Area of Work	Date