

SOUTH DAKOTA
DEPARTMENT OF HEALTH

South Dakota Department of Health

Trauma Program

1200 North West Ave.

Sioux Falls, SD 57104

Local Emergency Medical Service Trauma Transportation Plan

INSTRUCTIONS: Complete this form, attach copies of all required documentation, and return to:

Gary Myers
Trauma Program Manager
1200 North West Ave.
Sioux Falls, SD 57104
(605) 367-5372

You may also complete the form on-line at: <http://www.doh.sd.gov/trauma/EMS.aspx>

Please Note: All required criteria must be met before submitting application – (R) Required

Date of plan submission: (R)

Type: Initial Renewal

Name of Service: (R)

Mailing Address: (R)

Physical Address if different from above: (R)

City (R) County State Zip Code

Physician Medical Director: (R)

Service Director or Manager: (R)

Phone Number: (R)

E-mail Address:

Name of person completing plan if different from above: (R)

Service Information:

Number of runs per year:

Volunteer Paid Combination

City County Hospital Private Other

Number of State licensed ambulances:

Is there a designated emergency helicopter landing zone in the response area? Yes No

Does the service participate in any hospital performance improvement programs? Yes No

Does the service assist any hospital with education or outreach programs? Yes No

Personnel:

Number of EMT-B's:

Number of EMT-I's:

Number of EMT-P's:

Do the personnel that are licensed at a level above EMT-B have the necessary protocols and equipment to properly give care at that level? Yes No

If no, please explain.

Number of EMS Providers that have taken PHTLS:

Number of EMS Providers that are current in PHTLS:

Additional Resources: (R)

(List all mutual-aid resources that are available with-in your response area including: ground EMS, first responder units, quick response units, rescue and extrication units, air medical, both rotor and fixed wing.)

GROUND: Selby EMS, Standing Rock EMS, Emmons Co. EMS, Timber Lake EMS, Campbell Co. EMS, Hoven EMS, Eagle Butte EMS FIRE & RESCUE: Mobridge, Selby, Campbell Co., Standing Rock Extrication 1st RESPONDERS: Mobridge Police Dept., AIR: Avera St. Luke's, ~~Metro Air Dispatch, Sanford, Avera, Makenen~~

Other Resources: (R)

(Rugged, technical or special rescue agencies; haz-mat or biohazard decontamination units.)

Northern Oahe Rescue-Search and Rescue/Water Rescue, Aberdeen Fire/Haz-mat

Triage/MCI:

Does the service have the following triage equipment available?

- EMSC triage fanny packs on each ambulance Triage tags on each ambulance
- Equipment to establish a treatment area
- Other:

Does the service practice/train with triage/MCI equipment a minimum of once per year? Yes No

Does the service have an established triage/MCI protocol? Yes No

Does the service have access to the following items for use during an MCI event?

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Extra standard x-ray translucent backboards |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | One-time use/disposable backboards |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Extra C-Collars/Head immobilizers |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Extra splinting devices |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Extra wound care supplies |

Additional info:

Hospital Organizations within transport area: (R)

(Those facilities that you would transport to.)

(Please note any facility that has a helicopter landing area on site.)

Mobridge Regional Hospital (landing zone)
Avera St. Luke's Aberdeen (landing zone)
Bismarck St. Alexius (landing zone)
Bismarck Med Center One (landing zone)

Hospital Organizations that your service transfers to regularly: (R)

(Include those that receive your patients by ground or by air.)

Avera St. Luke's Aberdeen
Bismarck St. Alexius
Bismarck Med Center One

Map of Service Area: (R)

(Attach an image of your response area. If transportation decisions differ by area, divide map into response zones. See example on trauma website. <http://www.doh.sd.gov/trauma/EMS.aspx>)

See Attached

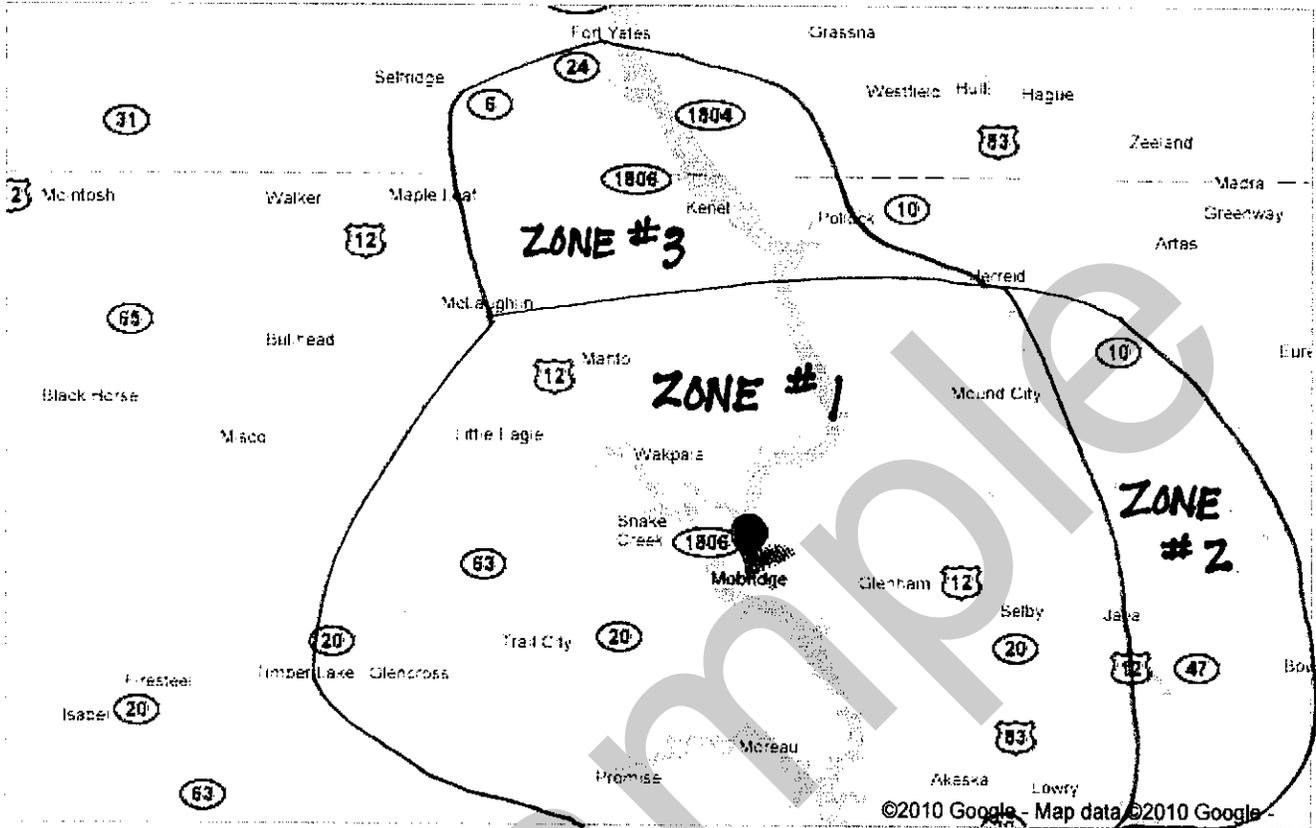
Example

Google maps Address

To see all the details that are visible on the screen, use the "Print" link next to the map.

[Get Directions](#) [My Maps](#)

[Print](#) [Send](#) [Link](#)



- Zone # 1 : Mobridge Regional Hospital
- Zone # 2 : Avera St. Luke's Aberdeen
- Zone # 3 : Bismarck St. Alexius / Med Center One

Transport Protocol by zone: (R)

(Explain the transportation plan for severely injured trauma patients by zone listed above. See example on trauma website. <http://www.doh.sd.gov/trauma/EMS.aspx>)

Zone #1: Trauma Team Alert patients transport to Mobridge Regional Hospital. Trauma Team is activated from the scene.

ALS units may divert to Bismarck St. Alexius, Med Center One, or Aberdeen Avera St. Luke's anywhere within Zone #1, with on-line medical direction from Mobridge Regional Hospital.

Zone #2: BLS units transport to Mobridge Regional Hospital when a transport to a higher level trauma center would delay transport greater than 20 minutes. Trauma Team is activated from the scene.

ALS units may divert to Aberdeen Avera St. Luke's anywhere within Zone #2, with on-line medical direction from Mobridge Regional Hospital.

Zone #3: BLS units transport to Mobridge Regional Hospital when a transport to a higher level trauma center would delay transport greater than 20 minutes. Trauma Team is activated from the scene.

ALS units may divert to Bismarck St. Alexius or Med Center One anywhere within Zone #3, with on-line medical direction from Mobridge Regional Hospital.

MASS CAUSILITY WITH MULTIPLE RESPONDING UNITS: Mobridge Regional Hospital will be notified of all transport plans of patients by the transport officer.

Transport Decisions: (R)

1. Does the service have the ability, if available, to request ALS air assistance to the scene of a major trauma patient? Yes No

If yes, what is the process for this request and who is notified? If no, please explain.

On scene personnel make a direct request to Avera St. Luke's Aberdeen or if assistance is needed, a request can be made through the PSAP.

2. Does the service have the ability, if available, to request ALS ground assistance, Fire, Search and Rescue, or other appropriate agencies to the scene of a major trauma patient? Yes No

If yes, what is the process for this request and who is notified? If no, please explain.

On scene personnel make a request through the PSAP.

Transport Decisions (cont.): (R)

3. Does the service have the ability to make decisions in the field that will ensure the patient will receive definitive care in the shortest amount of time. Examples include: choosing to transport to a trauma hospital with more resources over another with less resources, requesting ALS air assistance be dispatched to the hospital prior to patient arrival, and requesting an en-route intercept with an EMS service with a higher level of care. Yes No

If yes, what is the process for these requests and who is notified? If no, please explain.

EMS can request air assistance from scene. EMS will contact medical direction from Mobridge Regional Hospital for diversion to a higher level trauma center listed in Zone #2 or #3 (St. Alexius or Med Center One Bismarck, or Aberdeen Avera St. Luke's)

4. Does the service have the ability, if available, to have ALS ground or air assistance, Fire, Search and Rescue, or other appropriate agencies automatically dispatched for certain types of trauma incidents. Examples would be incidents identified by MOI, incident location, or reports of injuries from first responders. Yes No

If yes, please list the services and indicators for this to occur. If no, please explain.

Mobridge Fire and Rescue is auto dispatched for all MVC's. Mobridge Police / 1st Responders are auto dispatched to all 911 calls within city limits.

Signatures: (R)

Ambulance service director or chief officer:

Name:

Signature: _____

Ambulance service medical director:

Name:

Signature: _____

Trauma Program Manager of all local hospitals listed in plan:

Name:

Signature: _____

Name:

Signature: _____

Name:

Signature: _____

Ambulance service director or chief officer of any ground service listed as intercept or auto-dispatch:

Name:

Signature: _____

Name:

Signature: _____

Name:

Signature: _____

Additional Information:

SD DOH Trauma Program office use only

Approved: Date: Follow-up: Date:

Notes: