

April 2015

**PASCO COUNTY  
FIRE/RESCUE  
DEPARTMENT**

**TRAUMA TRANSPORT PROTOCOL**

**2015-2017**

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## TRAUMA TRANSPORT PROTOCOL

The Pasco County Fire/Rescue Department provides prehospital emergency care to the 440,628 residents and countless visitors in the 760 square miles of Pasco County. The department operates Advanced Life Support (ALS) and Basic Life Support units.

Six hospitals within the geographical boundaries of Pasco County have responded to our request to designate them as hospitals meeting the five criteria listed in Chapter 64J-2.002, Florida Administrative Code (F.A.C.), from hereafter referred to as initial receiving hospitals. Seven hospitals outside Pasco County—Bayfront Health Spring Hill in Spring Hill, Bayfront Health Brooksville in Brooksville, Oak Hill Hospital in Brooksville, Florida Hospital Tampa, St. Joseph's Hospital North in Hillsborough County, and Mease/Countryside and Florida Hospital North Pinellas in Pinellas County, have also met the criteria.

As stipulated in these protocols, the Pasco County Fire/Rescue Department may use an ALS helicopter for the transportation of trauma patients that meet the Trauma Scorecard Methodology standards as stipulated in Chapters 64J-2.004 and 64J-2.005, F.A.C., to a trauma center.

Bayflite and Aeromed, ALS helicopter services, each have a Certificate of Public Convenience and Necessity from the Pasco County Board of County Commissioners as an ALS provider in this County.

Any recommendations or suggestions from the Emergency Medical Services (EMS) office in revising these proposed protocols are encouraged and welcomed.

### Outside Pasco County

1. Bayfront Health Spring Hill
2. Bayfront Health Brooksville
3. Oak Hill Hospital
4. Florida Hospital Tampa
5. Mease/Countryside Hospital
6. Florida Hospital North Pinellas
7. St. Joseph's Hospital North

### Pasco County

1. Regional Medical Center Bayonet Point
2. Morton Plant North Bay Hospital
3. Medical Center of Trinity
4. Florida Hospital Wesley Chapel
5. Florida Hospital Zephyrhills
6. Bayfront Health Dade City

## DISPATCH PROCEDURES

1. Emergency medical assistance callers are queried in accordance with established Dispatch Protocols and dispatched in accordance with an established Emergency Medical Dispatcher (EMD) System. Items solicited include:

### **Type of Call:**

#### a. Location:

- (1) Address.
- (2) Subdivision (or area of County).
- (3) Nearest cross street.

#### b. Calling Party Information:

- (1) Callback number.
- (2) Name of calling party.

#### c. Extent and Severity of Reported Injuries:

- (1) Nature of injury/illness.
- (2) Number of vehicles/people involved.
- (3) Severity of injury/illness.

2. The method of dispatching which ensures that the emergency vehicle(s) most readily available to the location of the incident would respond as follows:

a. Each area of the County has been assigned a four-digit number. The first two numbers indicate the station that is closest in time to any incident in that area. Response cards located in the Emergency Communications Center (ECC) list the closest station for each of the 65 areas for first, second, and third-alarm assignments. Each of the units is moved to standby locations as multiple alarms are activated.

b. When a medical unit is unavailable for assignment, the units responsible for adjacent areas are moved from their assigned stations to "secondary locations" to provide "expanded zone" coverage.

c. Whenever a medical unit desires to leave its assigned station, it must obtain permission from the ECC first to ensure all zones have proper coverage. All initial transmissions from a medical unit in the field are answered by unit number designation and location.

3. The process used to request assistance for specialized/additional assistance is as follows:

- a. Request for mutual aid/specialized agencies (Sheriff's Office, HazMat Team, Marine Patrol) is made by the on-scene commander (usually a battalion chief) through the ECC. The ECC will then coordinate the requested action via land line, State Warning Point line, and/or radio. The ECC, if required, will call for mutual aid.
4. The procedures used by the ECC to request a helicopter to the scene of a "Trauma Alert" patient for transport to a trauma center are as follows:
    - a. The on-scene commander will request a helicopter.
    - b. The ECC will contact the appropriate helicopter service's dispatch via telephone and request their response.
    - c. The ECC will advise the helicopter dispatcher of the scene location, the Loran reference (when appropriate), the number of victims, any available patient information, and the radio designation of the on-scene commander.
    - d. The ECC will request the estimated time of arrival (ETA) of the helicopter.
    - e. The ECC will notify the on-scene commander of the ETA and radio designation of the responding helicopter service.
  5. For all emergencies requiring a helicopter, AirMedical Transport will be called. The only exceptions to this rule would be if the patient, or relative of the patient, requested to go to a specific trauma center, i.e., Bayfront, Tampa General, Bayonet Point, Lakeland Regional, or St. Joseph's. If this request is made, every effort will be made to accommodate the request, and the helicopter that services that trauma center will be requested through the ECC.

In most cases, it will not be necessary to ask for a specific service by name. The ECC will make the decision based on the location of the incident and the availability of the helicopter service.

## ADULT TRAUMA TRIAGE CRITERIA AND METHODOLOGY

On a scene with more than one critically-injured, trauma patient, the paramedic or emergency medical technician (EMT) will request, through the ECC, an additional rescue unit. Patients will be evaluated according to the severity of injury and anatomy and mechanism of injury as follows:

1. Each EMS provider shall ensure that upon arrival at the location of an incident, an EMT or paramedic shall:
  - a. Assess the condition of each adult trauma patient using the Adult Trauma Scorecard Methodology, as provided in this section, to determine whether the patient should be a "Trauma Alert" per Chapter 64J-2.004, F.A.C.
  - b. In assessing the condition of each adult trauma patient, the EMT or paramedic shall evaluate the patient's status for each of the following components: airway, circulation, best motor response (a component of the Glasgow Coma Scale, which is defined and incorporated by reference in Chapter 64J-1.001[11], F.A.C.), cutaneous, long-bone fracture, patient's age, and mechanism of injury. The patient's age and mechanism of injury shall only be assessment factors when used in conjunction with assessment criteria included in Subsection 3 (f and g) of this section.
2. The EMT or paramedic shall assess all adult trauma patients using the following criteria in the order presented and, if any one of the following conditions is identified, the patient shall be considered a "Trauma Alert" patient:
  - a. Airway: The patient receives active airway assistance beyond the administration of oxygen.
  - b. Circulation: The patient lacks a radial pulse with a sustained heart rate greater than 120 beats per minute or has a blood pressure less than 90 mmHg.
  - c. Best Motor Response (BMR): The patient exhibits a score of four or less on the motor assessment component of the Glasgow Coma Scale, or exhibits the presence of paralysis, or there is the suspicion of a spinal cord injury or the loss of sensation.
  - d. Cutaneous: The patient has second and third degree burns to 15 percent or more of the total body surface area, or amputation proximal to the wrist or ankle, or any penetrating injury to the head, neck, or torso (excluding superficial wounds where the depth of the wound can be determined).
  - e. Long-Bone Fracture: The patient reveals signs or symptoms of two or more long-bone fracture sites (humerus [radius, ulna] or femur [tibia, fibula]).
3. Should the patient not be identified as a "Trauma Alert" using the criteria in Subsection 2 of this section, the trauma patient shall be further assessed using the criteria in

Subsection 3 of this section and shall be considered a “Trauma Alert” patient when a condition is identified from any two of the seven components included in this section.

- a. Airway: The patient has a respiratory rate of 30 or greater.
  - b. Circulation: The patient has a sustained heart rate of 120 beats per minute or greater.
  - c. BMR: The patient has a BMR of five on the motor component of the Glasgow Coma Scale.
  - d. Cutaneous: The patient has a soft tissue loss from either a major degloving injury, or a major flap avulsion greater than five inches, or has sustained a gunshot wound to the extremities of the body.
  - e. Long-Bone Fracture: The patient reveals signs or symptoms of a single long-bone fracture resulting from a motor vehicle collision or a fall from an elevation of ten feet or greater.
  - f. Age: The patient is 55 years of age or greater.
  - g. Mechanism of Injury: The patient has been ejected from a motor vehicle (excluding any motorcycle, moped, all terrain vehicle, bicycle, or the open body of a pickup truck), or the driver of the motor vehicle has impacted with the steering wheel causing steering wheel deformity.
4. If the patient is not identified as a “Trauma Alert” patient after evaluating the patient using the criteria in Subsections 2 and 3 of this section, the trauma patient will be evaluated using all the elements of the Glasgow Coma Scale. If the patient's score is 12 or less, the patient shall be considered a “Trauma Alert” patient (excluding patients whose normal Glasgow Coma Scale score is 12 or less, as established by the patient's medical history or preexisting medical condition when known).
  5. Where additional local “Trauma Alert” criteria has been approved by the Medical Director of the EMS service and presented as part of the State Trauma Transport Protocols' approval process, the use of local “Trauma Alert” criteria as the basis for calling a “Trauma Alert” shall be documented as required in Chapter 64J-1.014, F.A.C. Local trauma assessment criteria can only be applied after the patient has been assessed as provided in Subsections 2, 3, and 4 of this section.
  6. In the event that none of the conditions are identified using the criteria in Subsections 2, 3, 4, or 5 of this section in the assessment of the adult trauma patient, the EMT or paramedic can call a “Trauma Alert” if, in his or her judgment, the patient's condition warrants such action. Where the EMT's or paramedic's judgment is used as the basis for calling a “Trauma Alert,” it shall be documented as required in Chapter 64J-1.014, F.A.C.
  7. The results of the patient assessment shall be recorded and reported in accordance with the requirements of Chapter 64J-2.002(5), F.A.C.

8. All requests for AirMedical and ground transports will be directed through the ECC to the appropriate AirMedical/ground service agencies.
9. The paramedic or EMT will use the phrase "Trauma Alert" when notifying the ECC.
10. All "Trauma Alert" patients will be transported to a State-Approved Trauma Center (SATC) unless doing so would endanger the life of the patient.
11. As stipulated in Chapter 64J-2.002, F.A.C., a "Trauma Alert" patient may be transported to a hospital other than an SATC if the patient's immediate condition is such that the patient's life will be endangered if care is delayed by:

Awaiting the arrival of AirMedical transport.

**OR**

Proceeding directly to an SATC.

12. The paramedic or EMT will initiate a Patient Care Report as outlined in Chapters 64J-1.014 and 64J-2.002(5), F.A.C., complete with trauma information, with the appropriate copy to be delivered with the patient to the trauma center or receiving hospital.

**ANY DEVIATION FROM THESE PROTOCOLS WILL BE DOCUMENTED AND JUSTIFIED ON THE PATIENT CARE REPORT.**

## PASCO COUNTY FIRE/RESCUE ADULT TRAUMA TRIAGE CRITERIA

The EMT or paramedic will assess the condition of those injured individuals with anatomical and physiological characteristics of a person 16 years of age or older as described below.

**Patient will be transported as a “Trauma Alert” if:**

- Glasgow coma score of 12 or less,
- Trauma score of two or greater, or
- Trauma score less than two, but transported as a “Trauma Alert” based on the EMT/paramedic’s judgment. (Document reason below.)

	<b>ADULT SCORECARD METHODOLOGY: (check each box that applies)</b>	
<b>COMPONENT</b>	<b>1</b>	<b>2</b>
<b>AIRWAY</b>	<input type="checkbox"/> Respiratory rate of 30 or greater	<input type="checkbox"/> Active airway assistance <sup>1</sup>
<b>CIRCULATION</b>	<input type="checkbox"/> Sustained HR of 120 beats per minute or more	<input type="checkbox"/> Lack of radial pulse with sustained HR 120 or greater or <input type="checkbox"/> BP <90 mmHg.
<b>BEST MOTOR RESPONSE</b>	<input type="checkbox"/> BMR = 5	<input type="checkbox"/> BMR = 4 or less <input type="checkbox"/> Presence of paralysis <input type="checkbox"/> Suspicion of spinal cord injury <input type="checkbox"/> Loss of sensation
<b>CUTANEOUS</b>	<input type="checkbox"/> Soft tissue loss <sup>2</sup> or <input type="checkbox"/> GSW to the extremities	<input type="checkbox"/> 2nd <sup>o</sup> or 3rd <sup>o</sup> burns to 15% or more TBSA or <input type="checkbox"/> Amputation proximal to wrist or ankle, any penetrating injury to head, neck, or torso <sup>3</sup>
<b>LONG-BONE FRACTURE<sup>4</sup></b>	<input type="checkbox"/> Single long-bone Fx due to MVA or fall of 10' or more	<input type="checkbox"/> Fx of two or more long bones
<b>AGE</b>	<input type="checkbox"/> 55 years or older	
<b>MECHANISM OF INJURY</b>	<input type="checkbox"/> Ejection from vehicle <sup>5</sup> or <input type="checkbox"/> Deformed steering wheel <sup>6</sup>	
<b>COLUMN TOTALS</b>	<b>ANY TWO CHECKED— TRANSPORT AS “TRAUMA ALERT”</b>	<b>ANY ONE CHECKED— TRANSPORT AS “TRAUMA ALERT”</b>

- 1 Airway assistance beyond administration of oxygen.
- 2 Major degloving injuries or flap avulsion (>5 inches).
- 3 Excluding superficial wounds in which the depth of the wound can be determined.
- 4 Long bone (includes humerus [radius, ulna], femur [tibia or fibula]).
- 5 Excluding motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck.
- 6 Only applies to driver of vehicle.

## PEDIATRIC TRAUMA SCORECARD METHODOLOGY

1. Each EMS provider shall ensure that upon arrival at the location of an incident, the EMT or paramedic shall assess the pediatric trauma patient by evaluating the patient's status for each of the following components: Airway, Consciousness, Circulation, Fracture, Cutaneous, and the pediatric patient's size when used in conjunction with the other components in Chapter 64J-2.005, F.A.C. The assessment of the pediatric patient using the weight and length parameter and the other components of this section shall be referred to as the Pediatric Trauma Scorecard Methodology. In assessing the pediatric patient, the criteria for each of the components in Paragraphs 2 and 3 of this section shall be used to determine the transport destination for pediatric trauma patients.
2. The EMT or paramedic shall assess all pediatric trauma patients using the following criteria, and if any of the following conditions are identified, the patient shall be considered a pediatric "Trauma Alert" patient:
  - a. Airway: In order to maintain optimal ventilation, the patient is intubated or the patient's breathing is maintained through such measures as manual jaw thrust, continuous suctioning, or through the use of other adjuncts to assist ventilatory efforts.
  - b. Consciousness: The patient exhibits an altered mental status that includes: drowsiness, lethargy, the inability to follow commands, unresponsiveness to voice, totally unresponsive, in a coma, there is the presence of paralysis, the suspicion of a spinal cord injury, or loss of sensation.
  - c. Circulation: The patient has a faint or nonpalpable carotid, femoral pulse, or the patient has a systolic blood pressure of less than 50 mmHg.
  - d. Fracture: There is evidence of an open, long-bone (humerus, radius, ulna, femur tibia, or fibula) fracture, or there are multiple fracture sites or multiple dislocations (except for isolated wrist or ankle fractures or dislocations).
  - e. Cutaneous: The patient has a major soft tissue disruption, including major degloving injury; major flap avulsions; second or third-degree burns to ten percent or more of the total body surface area; amputation at or above the wrist or ankle; or any penetrating injury to the head, neck, or torso (excluding superficial wounds where the depth of the wound can be determined).
3. In addition to the criteria listed in Subsection 2 of this section, a "Trauma Alert" shall be called when a condition is identified from any two of the components listed below:
  - a. Consciousness: The patient exhibits symptoms of amnesia or there is loss of consciousness.
  - b. Circulation: The carotid or femoral pulse is palpable, but the radial or pedal pulses are not palpable or the systolic blood pressure is less than 90 mmHg.
  - c. Fracture: The patient reveals signs or symptoms of a single closed, long-bone fracture. Long-bone fractures do not include isolated wrist or ankle fractures.

- d. Size: Pediatric trauma patients weighing 11 kilograms or less, or the body length is equivalent to this weight on a pediatric length and weight emergency tape (the equivalent of 33 inches in measurement or less).
4. In the event that none of the criteria in Subsections 2 or 3 of this section are identified in the assessment of the pediatric patient, the EMT or paramedic can call a "Trauma Alert" if, in his or her judgment, the trauma patient's condition warrants such action. Where the EMT's or paramedic's judgment is used as the basis for calling a "Trauma Alert," it shall be documented in the patient care record in accordance with Chapters 64J-1.014 and 64J-2.005, F.A.C.

## PEDIATRIC TRAUMA TRIAGE CRITERIA AND METHODOLOGY

Upon arrival on the scene, the first paramedic or EMT, using the Trauma Scorecard Methodology as designated by Chapter 64J-2.005, F.A.C., will assess the trauma patient with the anatomical and physiological characteristics of a person 15 years of age or younger, utilizing the following scorecard. Refer to the legend below to determine transport destination. On a scene with more than one critically injured trauma patient, the paramedic or EMT will request through ECC an additional rescue unit.

<b>PEDIATRIC TRAUMA SCORECARD METHODOLOGY</b>			
<b>COMPONENT</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>SIZE</b>	<input type="checkbox"/> Weighs more than 11 kg (24 lbs)	<input type="checkbox"/> Weighs 11 kg or less (24 lbs) or measures 33 inches or less in length	
<b>AIRWAY</b>	<input type="checkbox"/> Normal or <input type="checkbox"/> Supplemental O2		<input type="checkbox"/> Assisted <sup>1</sup> or <input type="checkbox"/> Intubated
<b>CONSCIOUSNESS</b>	<input type="checkbox"/> Awake, alert, and age-appropriate orientation	<input type="checkbox"/> Amnesia or <input type="checkbox"/> Reliable Hx. of loss of consciousness	<input type="checkbox"/> Altered mental status <sup>5</sup> , coma, or <input type="checkbox"/> Paralysis, loss of sensation, or <input type="checkbox"/> Suspected spinal cord injury <sup>2</sup>
<b>CIRCULATION</b>	<input type="checkbox"/> Good Peripheral pulses or <input type="checkbox"/> SBP is greater than or equal to 90 mHg	<input type="checkbox"/> Only carotid or femoral <sup>3</sup> pulses are palpable or <input type="checkbox"/> SBP is less than 90 mHg	<input type="checkbox"/> Weak or no palpable, carotid or femoral pulses, or <input type="checkbox"/> SBP is less than 50 mHg
<b>FRACTURE</b>	<input type="checkbox"/> None seen nor suspected	<input type="checkbox"/> Suspected single closed long bone fracture <sup>6,7</sup>	<input type="checkbox"/> Any open long bone <sup>6</sup> fracture or <input type="checkbox"/> multiple fracture/dislocation sites <sup>8</sup>
<b>CUTANEOUS</b>	<input type="checkbox"/> No visible injury, or <input type="checkbox"/> Contusion, abrasion, minor laceration		<input type="checkbox"/> Major tissue disruption <sup>4</sup> or <input type="checkbox"/> Amputation proximal to wrist or ankle, or <input type="checkbox"/> 2nd or 3rd degree burns to 10% or more of total body surface area, or <input type="checkbox"/> Penetrating injury to head, neck, or torso

**2 = any one checked, transport as “Trauma Alert”**

**1 = any two checked, transport as “Trauma Alert”**

**0 = follow local protocols**

- 1 Includes measures such as manual jaw thrust, continuous suctioning attempts, and other airway adjuncts.
- 2 As evidenced by sensory or motor finding of weakness, decreased strength, or sensation.
- 3 Radial or pedal pulses not palpable.
- 4 Major degloving injuries, major flap avulsions, or major soft tissue disruption.
- 5 Altered mental status includes drowsiness, lethargy, inability to follow commands, unresponsiveness to voice, or totally unresponsive.
- 6 Long bones (include the humerus [radius, ulna], femur [tibia or fibula]).
- 7 Long bone fractures do not include isolated wrist or ankle fractures or dislocations.
- 8 Suspected fractures involving a joining radius and ulna or tibia and fibula are to be considered only one long-bone fracture.

The same method of requesting a helicopter, initiating a Patient Care Report, and announcing a "Trauma Alert," as noted previously in these protocols on Page 3, will be followed.

If, in the judgment of the paramedic or EMT, it is in the patient's best interests to transport to the closest initial or other receiving hospital in lieu of waiting on the scene for a helicopter, they will do so, as described in the Transport Destination Criteria described on Page 4.

**ANY DEVIATION FROM THESE PROTOCOLS MUST BE DOCUMENTED AND JUSTIFIED ON THE PATIENT CARE REPORT.**

## TRANSPORT DESTINATION CRITERIA

If any adult/pediatric patients meet the "Trauma Alert" criteria, as stipulated in Chapters 64J-2.004 and 64J-2.005, F.A.C., and as listed on Pages 4 and 8 of this document, the paramedic or EMT will request the ECC to call for helicopter transportation of the "Trauma Alert" patient directly to the nearest trauma center.

The attending paramedic or EMT will notify the trauma center or the initial receiving hospital, either directly via the appropriate radio medical channel or indirectly via the ECC. This will be done prior to transporting the patient and as soon as practical. The attending paramedic or EMT will use the phrase, "This is a Trauma Alert," when notifying the receiving hospital of a "Trauma Alert" patient. Helicopter determination will be made by the ECC, reference Page 3 of this document.

Ground transportation to a State-Approved Trauma Center (SATC) will be used for the trauma alert patient when:

1. Air transport is not available, or
2. Air transport arrival is in excess of 30 minutes or their arrival takes longer than ground transport, or
3. The incident is located within 20 driving minutes from the SATC.

Since no helicopter is being requested in these ground transport situations, notify dispatch as soon as possible of the trauma alert status and your intent to respond to the SATC.

Pediatric trauma patients should be transported to a pediatric trauma center (St. Joseph's Hospital and Tampa General).

Burn patients should be transported to a Burn Center (Tampa General).

If, in the judgment of the paramedic or EMT, it is in the patient's best interests to be transported to the closest initial or other receiving facility in lieu of waiting on the scene for the helicopter or ground transportation, they will do so. These situations include, but are not limited to, an unsecured airway, no IV access, cardiac arrest, complete compromise of the airway, or mass casualty incidents. The paramedic or EMT will notify the receiving facility as specified above and direct the ECC to notify the helicopter service to divert to the receiving facility they are transporting to.

**ANY DEVIATION FROM THESE PROTOCOLS WILL BE DOCUMENTED AND JUSTIFIED ON THE PARAMEDIC'S OR EMT'S PATIENT CARE REPORT.**

## **EMERGENCY TRAUMA INTERHOSPITAL TRANSFER PROCEDURES**

Requests from hospitals for emergency interhospital transfers are received by the ECC via telephone. The ECC solicits the following information from the sending hospital:

1. Sending hospital's name.
2. Location of patient in the hospital.
3. Patient's name.
4. Destination (receiving hospital).
5. Physician accepting the patient.
6. Nature of patient's injuries.
7. Patient's condition.
8. Special needs of patient during transport (cardiac monitor, oxygen, IV, ventilator, additional staff accompanying patient, etc.).

The ECC will contact the admissions office and the special care unit at the receiving hospital to confirm the transfer. The ECC will dispatch the designated unit and advise them of all of the above information.

**MEDICAL DIRECTOR—STATEMENT OF APPROVAL  
TRAUMA TRANSPORT PROTOCOL  
2015-2017**

Date: \_\_\_\_\_

Pasco County Fire/Rescue Department  
4111 Land O' Lakes Boulevard, Suite 208  
Land O' Lakes, FL 34639  
Telephone (813) 929-1250

As Medical Director of Pasco County Fire/Rescue Department, I have reviewed and approved the 2015-2017 Trauma Transport Protocol.

Sincerely,

Charles M. Boothby, D.O.  
Medical Director

## 2015-2017 Trauma Centers, Initial Receiving Hospitals, and Out-of-County Hospitals

### Trauma Centers

#### **Level 1 Trauma Center:**

Tampa General Hospital  
James Burkhart, CEO  
One Tampa General Circle  
Tampa, FL 33606  
(813) 251-7000

#### **Level 2 Trauma Centers:**

Bayfront Health St. Petersburg  
Kathryn Gillette, CEO  
701 Sixth Street South  
St. Petersburg, FL 33701  
(727) 823-1234

Lakeland Regional Medical Center  
Elaine Thompson, CEO  
1324 Lakeland Hills Boulevard  
Lakeland, FL 33805  
(863) 687-1100

St. Joseph's Hospital  
Lorraine Lutton, President  
301 W. Dr. Martin Luther King Blvd.  
Tampa, FL 33607-6387  
(813) 870-4000

Regional Medical Center Bayonet Point  
Shayne George, CEO  
14000 Fivay Road  
Hudson, FL 34667-7103  
(727) 863-2411

### Initial Receiving Hospitals (Hospitals that meet the five criteria Chapter 64J-2.003, F.A.C.)

Medical Center of Trinity  
Leigh Massengill, CEO  
9330 S.R. 54  
Trinity, FL 34655  
(727) 834-4000

Florida Hospital Zephyrhills  
Randy Surber, CEO  
7050 Gall Boulevard  
Zephyrhills, FL 33541-1347  
(813) 788-0411

Morton Plant North Bay Hospital  
Michael Yungmann, President  
New Port Richey Office  
6600 Madison Street  
New Port Richey, FL 34652  
(727) 842-8468

Bayfront Health Dade City  
Shauna McKinnon, CEO  
13100 Fort King Road  
Dade City, FL 33525-5294  
(352) 521-1150

Florida Hospital Wesley Chapel  
Denyse Bales-Chubb, CEO  
3750 Maryweather Lane  
Wesley Chapel, FL 33544  
(813) 615-7724

### Out-of-County Hospitals

Bayfront Health Brooksville  
Ken Wicker, CEO  
17240 Cortez Boulevard  
Brooksville, FL 34601  
(352) 796-5111

Florida Hospital North Pinellas  
Bruce Bergherm, CEO  
1395 S. Pinellas Avenue  
Tarpon Springs, FL 34689  
(727) 942-5000

Mease Countryside Hospital  
Lou Galdieri, President  
3231 McMullen Booth Road  
Safety Harbor, FL 34695  
(727) 734-6365

Oak Hill Hospital  
Mickey Smith, CEO  
11375 Cortez Boulevard  
Brooksville, FL 34613-5406  
(352) 597-6632

Bayfront Health Spring Hill  
Thomas Patrias, CEO  
10461 Quality Drive  
Spring Hill, FL 34609-9634  
(352) 688-8200

Florida Hospital Tampa  
Brian Adams, CEO  
3100 E. Fletcher Avenue  
Tampa, FL 33613-4613  
(813) 971-6000

St. Joseph's Hospital North  
Paula McGuinness, President  
4211 VanDyke Road  
Lutz, FL 33558  
(813) 443-7000

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, SHAUNA McKINNON, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that **BAYFRONT HEALTH DADE CITY** meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

BAYFRONT HEALTH DADE CITY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Shauna McKinnon  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, RANDY SURBER, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that **FLORIDA HOSPITAL ZEPHYRHILLS** meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

FLORIDA HOSPITAL ZEPHYRHILLS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Randy Surber  
Printed Name

\_\_\_\_\_  
Chief Executive Officer  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, DENYSE BALES-CHUBB, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that FLORIDA HOSPITAL WESLEY CHAPEL meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

2. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
6. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
7. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
8. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
9. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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FLORIDA HOSPITAL WESLEY CHAPEL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Denyse Bales-Chubb  
Printed Name

Chief Executive Officer  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, LEIGH MASSENGILL, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that MEDICAL CENTER OF TRINITY meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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MEDICAL CENTER OF TRINITY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Leigh Massengill  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, MICHAEL YUNGMANN, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that MORTON PLANT NORTH BAY HOSPITAL meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, FAC:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

MORTON PLANT NORTH BAY HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Michael Yungmann  
\_\_\_\_\_  
Printed Name

President  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, PAULA McGUINNESS, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that **ST. JOSEPH'S HOSPITAL NORTH** meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, FAC:

6. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
7. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
8. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
9. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
10. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

ST. JOSEPH'S HOSPITAL NORTH

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Paula McGuinness  
\_\_\_\_\_  
Printed Name

President  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, MICKEY SMITH, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that OAK HILL HOSPITAL meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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OAK HILL HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mickey Smith  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, THOMAS PATRIAS, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that BAYFRONT HEALTH SPRING HILL meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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BAYFRONT HEALTH SPRING HILL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thomas Patrias  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, BRIAN ADAMS, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that **FLORIDA HOSPITAL TAMPA** meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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FLORIDA HOSPITAL TAMPA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Brian Adams  
Printed Name

Chief Executive Officer  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, BRUCE BERGHERM, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that FLORIDA HOSPITAL NORTH PINELLAS meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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FLORIDA HOSPITAL NORTH PINELLAS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bruce Bergherm  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, KEN WICKER, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that **BAYFRONT HEALTH BROOKSVILLE** meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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BAYFRONT HEALTH BROOKSVILLE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Ken Wicker  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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I, LOU GALDIERI, certify to the PASCO COUNTY FIRE/RESCUE DEPARTMENT that MEASE/COUNTRYSIDE HOSPITAL meets the following prehospital Trauma Alert Transport requirements as specified in Chapter 64J-2.002, Florida Administrative Code:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
  - a. Airway management.
  - b. Ventilatory support.
  - c. Control of life-threatening circulatory problems which include:
    - (1) Endotracheal tubes.
    - (2) Establishment of central intravenous lines.
    - (3) Insertion of chest tubes.
2. Has equipment and staff in hospital and available to conduct chest and cervical spine x-rays.
3. Has laboratory facilities, equipment, and staff in hospital and available to analyze and report laboratory results.
4. Has equipment and staff on call and available to initiate definitive care required by a "Trauma Alert" patient within 30 minutes of the patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the "Trauma Alert" patient to State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Referral Center (SAPTRC).
5. Has a written transfer agreement with at least one SATC or SAPTRC. The transfer agreement shall provide specific procedures to ensure a timely transfer of "Trauma Alert" patients to SATC or SAPTRC.

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MEASE/COUNTRYSIDE HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Lou Galdieri  
\_\_\_\_\_  
Printed Name

President  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

BAYFRONT HEALTH ST. PETERSBURG

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Kathryn Gillette  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

TAMPA GENERAL HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

James Burkhart  
\_\_\_\_\_

Chief Executive Officer  
\_\_\_\_\_

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

ST. JOSEPH'S HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Lorraine Lutton  
\_\_\_\_\_  
Printed Name

President  
\_\_\_\_\_  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

LAKELAND REGIONAL MEDICAL CENTER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Elaine Thompson  
Printed Name

Chief Executive Officer  
Title

# PASCO COUNTY FIRE/RESCUE DEPARTMENT

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This is to acknowledge that our facility has received the revised 2015-2017 Fire/Rescue Department Trauma Transport Protocol on line. The online address is: <http://www.pascocountyfl.net/index.aspx?NID=1480>.

REGIONAL MEDICAL CENTER BAYONET POINT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Shayne George  
\_\_\_\_\_  
Printed Name

Chief Executive Officer  
\_\_\_\_\_  
Title