

Submission Packet For Regional Variation to State Trauma Triage Protocols.

In order to process your request to have the State Board of Emergency Medical Services consider your proposal for a regional variation to the state triage protocols, please submit your packet using the following documents.

Submission Guidelines

1. ALL packets must be in the EMS office no later than 14 days prior to the Trauma Committee meeting in order to be included on the agenda that month. Submissions received less than 14 days before the meeting will be placed on the agenda the following month.
2. A cover letter with an original signature from the chair of the RPAB submitting the packets is required.
3. The cover letter should contain the following information;
 - a. Name of RPAB chair
 - b. Mailing address
 - c. Daytime phone number and/or pager number
 - d. Fax number
 - e. E-mail address (if available)
4. **Do Not** staple or bind any of the documents.
5. **Do Not** submit double-sided documents.
6. Submit four (4) hard copies and one electronic copy.
7. Submission of an electronic copy is not required but will speed the processing of your request. (MS Word or other compatible word processing program)
8. Incomplete packets will significantly delay the process

IMPORTANT FORMATTING INFORMATION

When preparing your documents for submission, the EMS trauma triage protocol criteria should be separate from any supportive documents (i.e. guidelines, appendices, etc).

PROTOCOLS

ALL pages must be numbered, and protocols being submitted for the EMS Board to consider must have a header on each page that clearly indicates that these are regional protocols.

GUIDELINES

ALL pages must be numbered. Documents that are considered supportive material, and not subject to approval by the EMS Board, must have a header on each page that clearly indicates that these documents are guidelines or appendices.

Trauma Committee's Role in Review of Regional Triage Protocols

§4765.04(B)(22) The Committee shall assist and advise the state board of emergency medical services in matters related to adult and pediatric trauma care. §4765.40(B)(1) The Trauma Committee of the Board shall have reasonable opportunity to review and comment on regional triage protocols and amendments to such protocols before the board approves or disapproves them.

The Trauma Committee is committed to providing a thorough, objective and timely review of regional triage protocols and amendments, and providing a recommendation to the EMS Board regarding approval as a regional variation for the state trauma triage protocol.

This form will be utilized by the Trauma Committee to document their review of a regional protocol, and its adherence to the requirements for regional trauma protocol variations listed in the Ohio Revised Code. This form also permits the recording of optional trauma committee observations on the strengths and weaknesses of the protocol and recommendations for improvement.

The Trauma Committee will require documentation that the regional protocol is in compliance with criteria 2a through 2h, and 3a, b (requirements outlined in ORC §4765.40(B)(1)(2)(3))

Optional Trauma Committee comments may include, but are not limited to

1. Local, regional or state data was utilized when possible and appropriate to develop regional variations
2. Regional variations are supported by credible scientific research, or adherence to accepted standards of care.
3. EMS resources, both personnel and equipment/vehicular are identified
4. Utilization of air medical services
5. Issues specific to rural and urban locations within the region
6. Utilization of all hospital facilities within region
7. Bordering region concerns
8. Appropriate transport times
9. Clarifications of ORC exceptions to trauma triage

CHECKLIST

- Electronic copy (in MS Word or other compatible format)
(3.5 in floppy, or send as attachment to mglenn@dps.state.oh.us)
- Cover letter from Chair of RPAB
- Evaluation tool for regional triage protocols
- Regional Protocols
 - Adult
 - Pediatric
- Documentation
 - Neighboring RPAB's
 - Hospitals and Trauma Centers
 - Professional organizations (EMS, Nursing, Physician)
 - EMS Instructors
- State and Regional Criteria Comparison Checklist

§ 4765.40 State and regional triage protocols for trauma victims.

Text of Statute

(A)(1) Not later than two years after the effective date of this amendment, the state board of emergency medical services shall adopt rules under section [4765.11](#) of the Revised Code establishing written protocols for the triage of adult and pediatric trauma victims. The rules shall define adult and pediatric trauma in a manner that is consistent with section [4765.01](#) of the Revised Code, minimizes overtriage and undertriage, and emphasizes the special needs of pediatric and geriatric trauma patients.

(2) The state triage protocols adopted under division (A) of this section shall require a trauma victim to be transported directly to an adult or pediatric trauma center that is qualified to provide appropriate adult or pediatric trauma care, unless one or more of the following exceptions applies:

- (a) It is medically necessary to transport the victim to another hospital for initial assessment and stabilization before transfer to an adult or pediatric trauma center;
- (b) It is unsafe or medically inappropriate to transport the victim directly to an adult or pediatric trauma center due to adverse weather or ground conditions or excessive transport time;
- (c) Transporting the victim to an adult or pediatric trauma center would cause a shortage of local emergency medical service resources;
- (d) No appropriate adult or pediatric trauma center is able to receive and provide adult or pediatric trauma care to the trauma victim without undue delay;
- (e) Before transport of a patient begins, the patient requests to be taken to a particular hospital that is not a trauma center or, if the patient is less than eighteen years of age or is not able to communicate, such a request is made by an adult member of the patient's family or a legal representative of the patient.

(3)(a) The state triage protocols adopted under division (A) of this section shall require trauma patients to be transported to an adult or pediatric trauma center that is able to provide appropriate adult or pediatric trauma care, but shall not require a trauma patient to be transported to a particular trauma center. The state triage protocols shall establish one or more procedures for evaluating whether an injury victim requires or would benefit from adult or pediatric trauma care, which procedures shall be applied by emergency medical service personnel based on the patient's medical needs. In developing state trauma triage protocols, the board shall consider relevant model triage rules and shall consult with the commission on minority health, regional directors, regional physician advisory boards, and appropriate medical, hospital, and emergency medical service organizations.

(b) Before the joint committee on agency rule review considers state triage protocols for trauma victims proposed by the state board of emergency medical services, or amendments thereto, the board shall send a copy of the proposal to the Ohio chapter of the American college of emergency physicians, the Ohio chapter of the American college of surgeons, the Ohio chapter of the American academy of pediatrics, OHA: the association for hospitals and health systems, the Ohio osteopathic association, and the association of Ohio children's hospitals and shall hold a public hearing at which it must consider the appropriateness of the protocols to minimize overtriage and undertriage of trauma victims.

(c) The board shall provide copies of the state triage protocols, and amendments to the protocols, to each emergency medical service organization, regional director, regional physician advisory board, certified emergency medical service instructor, and person who regularly provides medical direction to emergency medical service personnel in the state; to each medical service organization in other jurisdictions that regularly provide emergency medical services in this state; and to others upon request.

(B)(1) The state board of emergency medical services shall approve regional protocols for the triage of adult and pediatric trauma victims, and amendments to such protocols, that are submitted to the board as provided in division (B)(2) of this section and provide a level of adult and pediatric trauma care comparable to the state triage protocols adopted under division (A) of this section. The board shall not otherwise approve regional triage protocols for trauma victims. The board shall not approve regional triage protocols for regions that overlap and shall resolve any such disputes by apportioning the overlapping territory among appropriate regions in a manner that best serves the medical needs of the residents of that territory. The trauma committee of the board shall have reasonable opportunity to review and comment on regional triage protocols and amendments to such protocols before the board approves or disapproves them.

(2) Regional protocols for the triage of adult and pediatric trauma victims, and amendments to such protocols, shall be submitted in writing to the state board of emergency medical services by the regional physician advisory board or regional director, as appropriate, that serves a majority of the population in the region in which the protocols apply. Prior to submitting regional triage protocols, or an amendment to such protocols, to the state board of emergency medical services, a regional physician advisory board or

regional director shall consult with each of the following that regularly serves the region in which the protocols apply:

- (a) Other regional physician advisory boards and regional directors;
 - (b) Hospitals that operate an emergency facility;
 - (c) Adult and pediatric trauma centers;
 - (d) Professional societies of physicians who specialize in adult or pediatric emergency medicine or adult or pediatric trauma surgery;
 - (e) Professional societies of nurses who specialize in adult or pediatric emergency nursing or adult or pediatric trauma surgery;
 - (f) Professional associations or labor organizations of emergency medical service personnel;
 - (g) Emergency medical service organizations and medical directors of such organizations;
 - (h) Certified emergency medical service instructors.
- (3) Regional protocols for the triage of adult and pediatric trauma victims approved under division (B)(2) of this section shall require patients to be transported to a trauma center that is able to provide an appropriate level of adult or pediatric trauma care; shall not discriminate among trauma centers for reasons not related to a patient's medical needs; shall seek to minimize undertriage and overtriage; may include any of the exceptions in division (A)(2) of this section; and supersede the state triage protocols adopted under division (A) of this section in the region in which the regional protocols apply.
- (4) Upon approval of regional protocols for the triage of adult and pediatric trauma victims under division (B)(2) of this section, or an amendment to such protocols, the state board of emergency medical services shall provide written notice of the approval and a copy of the protocols or amendment to each entity in the region in which the protocols apply to which the board is required to send a copy of the state triage protocols adopted under division (A) of this section.

(C)(1) The state board of emergency medical services shall review the state triage protocols adopted under division (A) of this section

at least every three years to determine if they are causing overtriage or undertriage of trauma patients, and shall modify them as necessary to minimize overtriage and undertriage.

(2) Each regional physician advisory board or regional director that has had regional triage protocols approved under division (B)(2) of this section shall review the protocols at least every three years to determine if they are causing overtriage or undertriage of trauma patients and shall submit an appropriate amendment to the state board, as provided in division (B) of this section, as necessary to minimize overtriage and undertriage. The state board shall approve the amendment if it will reduce overtriage or undertriage while complying with division (B) of this section, and shall not otherwise approve the amendment.

(D) No provider of emergency medical services or person who provides medical direction to emergency medical service personnel in this state shall fail to comply with the state triage protocols adopted under division (A) of this section or applicable regional triage protocols approved under division (B)(2) of this section.

(E) The state board of emergency medical services shall adopt rules under section [4765.11](#) of the Revised Code that provide for enforcement of the state triage protocols adopted under division (A) of this section and regional triage protocols approved under division (B)(2) of this section, and for education regarding those protocols for emergency medical service organizations and personnel, regional directors and regional physician advisory boards, emergency medical service instructors, and persons who regularly provide medical direction to emergency medical service personnel in this state.

HISTORY: 144 v S 98 (Eff 11-12-92); 146 v S 150 (E ff 11-24-95); 146 v H 405 (Eff 10-1-96); 148 v H 138. Eff 11-3-2000.

For provisions analogous to the preceding version of RC § [4765.40](#), 146 v H 405, see now RC § [4765.41](#).

This evaluation tool should be completed by the region submitting the proposal as a self-evaluation of the completeness of your packet. This tool will be used by the Trauma Committee to evaluate your protocol and make a recommendation to the EMS Board

Region Number :			RPAB Chair:		
Criteria Met?			Required Criteria ORC §4765.40(B)(1)(2)(3)	Examples of how this criteria could be met	What Documentation is Provided that this Criterion was met?
YES	NO	NA			
			1a. Submitted in writing by the Regional Physicians Advisory Board	Written copy received by DEMS	
			1b. Provide a level of adult and pediatric trauma care comparable to the state triage protocol	Must be comparable to the state rules, MAY be more strict, but NOT LESS strict	
			2. Documentation that all organizations listed in ORC §4765.40(B)(2)(a-h) were consulted during the development of the regional triage protocol	Documentation of written communications with named organizations, meeting minutes, notes, etc. documenting named organizations participation	
			2a. Other RPAB's	"	
			2b. Hospitals	"	
			2c. Trauma Centers	"	
			2d. Professional societies of physicians who specialize in adult or pediatric emergency medicine or trauma surgery	"	
			2e. Professional societies of nurses who specialize in adult or pediatric emergency medicine or trauma surgery	"	
			2f. Professional associations or labor organizations of EMS personnel	"	
			2g. Emergency medical service organizations and medical directors of such organizations	"	
			2h. EMS instructors	"	
			3a. Require patients to be transported to a trauma center that is able to provide an appropriate level of adult or pediatric trauma care.	Regional Destination Protocols identify local trauma resources. Evidence of Educating EMS on regional protocol use.	

			3b. Does not discriminate among trauma centers for reasons not related to the patients medical needs	Regional Destination Protocols that require transfer a particular facility document the medical need for this	
			3c. Seeks to minimize over and under triage	(need data to do this)	
			3d. May include any of the state exceptions to triage	Included as part of regional protocol	
			(i) Medically necessary to transport to another hospital	Included as part of regional protocol	
			(ii) Inappropriate due to weather or excessive transport time	Included as part of regional protocol	
			(iii) Causes a shortage of local EMS resources	Included as part of regional protocol	
			(iv) No Trauma Center able to take patient	Included as part of regional protocol	
			(v) Patient/Guardian requests transport to specific hospital	Included as part of regional protocol	

Final approval of a regional variation to the state trauma triage protocol is not determined by the following optional trauma triage protocol components. Completion of the following pages is suggested, but is not required. This is offered as opportunity to evaluate strengths and weakness or clarify a regional protocol.

Optional Trauma Triage Protocol Components	Strengths	Weakness	
Local, regional or state data was utilized when possible and appropriate to develop regional variations			
EMS resources, both personnel and equipment/vehicular are identified			
Appropriate use of Air Medical Services is addressed (Guidelines for Operation of Air Medical Services on EMS web site)			
Appropriate use of on-line medical control is addressed			
Local and/or Regional triage educational efforts are addressed			
Local and/or process improvement, quality assurance or peer review measures are addressed			
Plan for local and regional review and revision of triage protocols are			

addressed			
Issues specific to rural and urban locations within the region			
Utilization of all hospital facilities with region			
Bordering region concerns, if applicable are addressed			
Appropriate transport times are addressed			
If ORC exceptions to trauma triage are included, appropriate and adequate clarifications or explanations are provided			
Regional variations are supported by credible scientific research, or adherence to accepted standards of care			
Other			

Organizations to Consult with During Regional Trauma Triage Protocol Development

Alliance of Ohio Trauma Registrars	Mr. Timothy	Erskine	President
Association of Ohio Children's Hospitals	Mr. Andrew	Carter	President
Association of Ohio Health Commissioners	Ms. Katherine	Kuck	Executive Director
Brain Injury Association of Ohio	Ms. Suzanne	Minnich	Executive Director
Governors Council on People with Disabilities	Mr. Robert	Knight	Chair
Health Forum of Ohio	Mr. Lee	Contie	Executive Director
Northern Ohio Firefighters	Mr. Greg	Schneider	Government Liaison
Ohio Ambulance and Medical Transportation Association	Ms. Diane	Farabi	Executive Director
Ohio Association of Critical Care Transport	Ms. Vickie	Cobb-Boes	President
Ohio Association of Emergency Medical Services	Ms. Karen	Beavers	President
Ohio Association of Professional Firefighters	Mr. Kevin	Watts	President
Ohio Chapter of the American Academy of Pediatrics	Ms. Sandra	Aured	Chapter Administrator
Ohio Chapter of the American College of Emergency Physicians	Ms. Laura	Tiberi	Executive Director
Ohio Chapter of the American College of Surgeons	Mr. Brad	Feldman	Executive Director
Ohio Dental Association	Mr. David	Owsiany	Executive Director
Ohio Department of Public Safety	Mr. Kenneth	Morckel	Director
Ohio Emergency Medical Technician Instructor Association	Mr. Jim	O'Conner	President
Ohio Fire Chiefs Association	Ms. Sue	Powell	Executive Director
Ohio Health Information Management Association	Ms. Amy	Dotts	Executive Director
Ohio Hospital Association	Ms. Bridget	Gargan	Vice President
Ohio Instructor Coordinators Society	Ms. Carolyn	Lingel	?
Ohio Nurses Association	Ms. Gingy	Harshy-Meade	CEO
Ohio Orthopedic Society	Mr. Steve	Landerman	Executive Director
Ohio Osteopathic Association	Mr. Jon	Wills	Executive Director
Ohio Rehabilitation Association	Ms. Robin	Markey	President
Ohio Society of Physical Medicine & Rehabilitation	Dr. Deborah	Venesy	President
Ohio Society of Trauma Nurse Coordinators	Ms. Vicki	Graymire	President
Ohio State Coroners Association	Mr. David	Corey	Executive Director
Ohio State Council Emergency Nurses Association	Ms. Deb	Zang	President
Ohio State Firefighters Association	Mr. Jim	Waugaman	President
Ohio State Medical Association	Mr. Brent	Mulgrew	Executive Director
Ohio State Neurological Society	Dr. Alan	Cohen	President
RPAB Chair 5	Dr. Ann	Dietrich	M.D.
RPAB Chair 7	Dr. William	Elliott	M.D.
RPAB Chair 9	Dr. Arnold	Feltoon	M.D.
RPAB Chair 4	Dr. Barry	Knotts	M.D.
RPAB Chair 8	Dr. Michael	Mackan	M.D.
RPAB Chair 2	Dr. Randy	Marriott	M.D.
RPAB Chair 6	Dr. Thomas	Munro	M.D.
RPAB Chair 1	Dr. Phillip	Oblinger	M.D.
RPAB Chair 10	Dr. Theodore	Spirtos	M.D.

Mailing addresses for the organizations listed above as well as a mailing list of all hospitals and EMS organizations by region is available from the Division of EMS mglenn@dps.state.oh.us

State and Regional Criteria Comparison

Regional variations to the state trauma triage rules must provide care comparable to the state protocols. RPAB's submitting a regional variation must complete this chart comparing state minimum criteria to those required by the state

Instructions:

For RPAB's

Regions must document in column # 2 the exact criteria, as proposed in your protocols, which address the corresponding state criteria. Failure to complete this chart will result in your submission being considered incomplete, and it will not be processed.

Trauma Committee Reviewers

Please use column # 3 to document your review of the state and region criteria. Comments are required if it is determined that the regional criteria do not compare to state minimum.

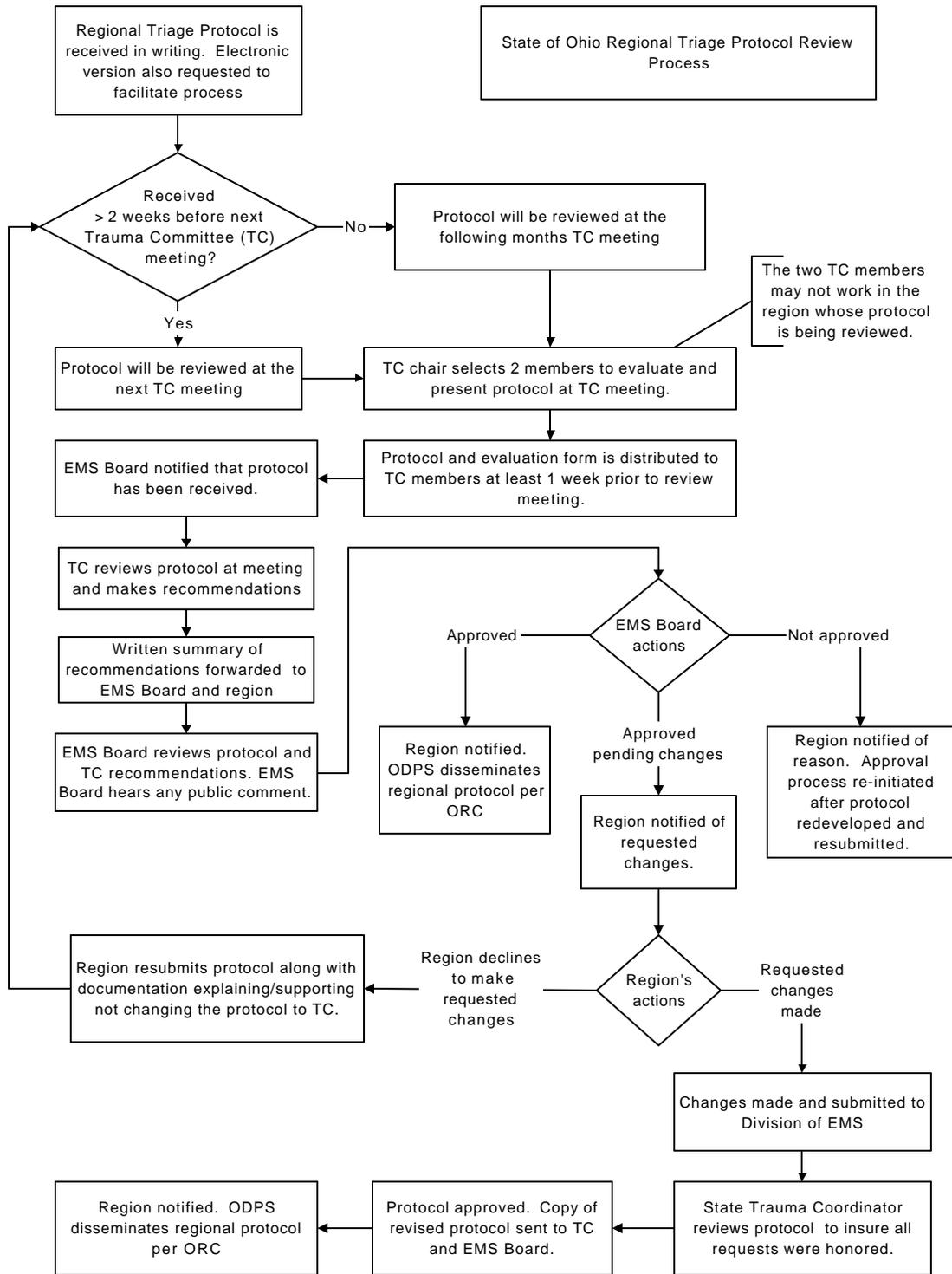
Column 1	Column 2	Column 3	
MINIMUM STATE PHYSIOLOGIC CRITERIA ADULT	REGIONAL PHYSIOLOGIC CRITERIA ADULT	Comparable? Yes / No	Reviewer Comments
Glasgow coma scale less than or equal to thirteen (ADULT)			
Loss of consciousness greater than five minutes; (ADULT)			
Deterioration in level of consciousness at the scene or during transport; (ADULT)			
Failure to localize to pain (ADULT)			
Respiratory rate less than ten or greater than twenty-nine (ADULT)			
Requires endotracheal intubation (ADULT)			
Requires relief of tension pneumothorax (ADULT)			
Pulse greater than one hundred twenty in combination with evidence of hemorrhagic shock (ADULT)			
Systolic blood pressure less than ninety, or absent radial pulse with carotid pulse present (ADULT)			
MINIMUM STATE PHYSIOLOGIC CRITERIA, PEDIATRIC	REGIONAL PHYSIOLOGIC CRITERIA, PEDIATRIC		
Glasgow coma scale less than or equal to thirteen (PEDIATRIC)			
Loss of consciousness greater than five minutes; (PEDIATRIC)			
Deterioration in level of consciousness at the scene or during transport; (PEDIATRIC)			

Failure to localize to pain (PEDIATRIC)			
Evidence of poor perfusion, (PEDIATRIC)			
Evidence of respiratory distress or failure (PEDIATRIC)			
MINIMUM STATE ANATOMIC CRITERIA ADULT & PEDIATRIC	REGIONAL ANATOMIC CRITERIA ADULT & PEDIATRIC		
Penetrating trauma to the head, neck, or torso			
Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise			
Injuries to the head, neck, or torso where the following physical findings are present: (i) Visible crush injury; (ii) Abdominal tenderness, distention, or seat belt sign; (iii) Pelvic fracture; (iv) Flail chest			
(d) Injuries to the extremities where the following physical findings are present: (i) Amputations proximal to the wrist or ankle; (ii) Visible crush injury (iii) Fractures of two or more proximal long bones (iv) Evidence of neurovascular compromise.			
Signs or symptoms of spinal cord injury			
Second degree or third degree burns greater than ten per cent total body surface area, or other significant burns involving the face, feet, hands, genitalia, or airway.			
MINIMUM STATE MOI and Special Considerations CRITERIA	REGIONAL MOI and Special Considerations CRITERIA		

EMS personnel shall also consider mechanism of injury and special considerations as taught in current EMS curriculums			
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Completed by _____ Date _____
[Chair of RPAB or their designee]

Trauma Committee Reviewer _____ Date _____



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