

SECTION 1. 836 IAC 1-2.1 IS ADDED AS FOLLOWS

**Rule 2.1. Certification of Ambulance Service Providers - Trauma Field Triage and Transport Destination Protocol**

**836 IAC 1-2.1-1 Purpose**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 1. The purpose of this article is to provide a regulatory plan to ensure that injured patients in the pre-hospital setting are transported to the most appropriate hospital facility within the Indiana state trauma system based on field assessment by emergency medical services personnel of the potential severity of injury, available transportation and hospital resources.**

**836 IAC 1-2.1-2 Exceptions**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 2. This article does not apply to interfacility transfers.**

**836 IAC 1-2.1-3 Definitions**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 3. The following definitions apply throughout this article.**

**(1) “ACS” means the American College of Surgeons, 633 N Saint Clair Street, Chicago, IL 60611-3211.**

**(2) “Hospital” means a hospital that is licensed under IC 16-21-2 or another hospital, located in Illinois, Kentucky, Michigan, that is licensed under a statute in that state that is substantially equivalent to IC 16-21-2, or another hospital, located in Ohio that is legally operating under the laws of the State of Ohio and that provides substantially the same level of care as an Indiana hospital that is licensed under IC 16-21-2.**

**(3) “Field Triage Decision Scheme” means the document incorporated by reference in section 6 of this rule.**

**(4) “Incident” means the site where the conditions requiring emergency medical services occurred.**

**(5) “Protocol” means a written guidance, prepared by the provider’s medical director, detailing trauma field triage and transport destination procedures that shall be based on the Field Triage Decision Scheme.**

**(6) “Transport time” means the time from when the patient has been placed in the ambulance and the ambulance is ready to depart the incident and ends when the patient’s care is transferred to the hospital.**

**(7) “Trauma center” means a hospital that is verified by the ACS, or is in the ACS verification process, as meeting its requirements to be a trauma center.**

**(8) “Trauma center care” means care provided to patients at a high risk of dying or serious injury, as determined by reference to the Field Triage Decision Scheme and medical judgment. (Emergency Medical Services Commission, 836 IAC 2.1-3)**

#### **836 IAC 1-2.1-4 Transportation destination procedures**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 4. (a) Upon arrival at an incident, emergency medical services personnel shall assess the condition of each patient using the field triage decision scheme to determine the appropriate transport destination.**

**(b) Patients determined to need trauma center care by virtue of their satisfying either step one or step two of the field triage decision scheme shall be transported to a trauma center, unless transport time exceeds 45 minutes or, in the judgment of the emergency medical services certified responder, a patient’s life will be endangered if care is delayed by going directly to a trauma center, in which case the patient shall be transported to the nearest appropriate hospital as determined by the provider’s protocols.**

**(c) Patients determined to need trauma center care by virtue of their satisfying either step three or step four of the field triage decision scheme shall be transported to either a trauma center or the nearest appropriate hospital, as determined by the provider’s protocols.**

**(d) Patients who do not meet the field triage decision scheme criteria for trauma center care may nonetheless be transported to a trauma center if permitted under the provider’s protocols.**

#### **836 IAC 1-2.1-5 Advance notification**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 5. Emergency medical services personnel shall provide advance notification to the receiving hospital or trauma center whenever possible to allow appropriate activation of resources prior to patient arrival.**

#### **836 IAC 1-2.1-6 Adoption by reference**

**Authority: IC 16-31-2-7**

**Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1**

**Sec. 6. “Figure 2, ‘Field triage of injured patients-United States 2011’” as contained at pages 6-7 of that certain document being titled the “Guidelines for Field Triage of Injured Patients - Recommendations of the National Expert Panel on Field Triage”, as published on January 13, 2012, in the Centers for Disease Control and Prevention Morbidity and**

**Mortality Weekly Report, MMWR /January 13, 2012/ Vol. 61/ No. 1, is hereby adopted by reference as if fully set out in this rule.**