



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Sean McCullough**, Director

### MEMORANDUM

**TO:** Joseph Kirk, Ohio Department of Public Safety

**FROM:** Joseph Baker, Business Advocate

**DATE:** May 23, 2022

**RE:** **CSI Review – Trauma Triage (OAC 4765-14-01, 4765-14-02, 4765-14-03, 4765-14-04, 4765-14-05, and 4765-14-06)**

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Department as provided for in ORC 107.54.

#### Analysis

This rule package consists of two amended and four no-change rules proposed by the Ohio Department of Public Safety (Department). This rule package was submitted to the CSI Office on April 1, 2022, and the public comment period was held open through April 25, 2022. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on April 1, 2022.

Ohio Administrative Code (OAC) 4765-14-01 establishes definitions for various terms related to classifying trauma or traumatic injuries. The rule is amended to reference an additional symptom of respiratory distress or failure. OAC 4765-14-02 specifies the responsibilities of emergency medical service (EMS) personnel to evaluate an injured person to determine if the person is a victim of trauma. The rule is amended include an additional indicator of injury and to instruct EMS personnel to consider victim use of anticoagulant or anti-platelet medications when determining whether the victim has suffered trauma. OAC 4765-14-03 requires EMS medical directors to enforce regional or state trauma protocols for personnel under their direction and requires the State Board of Emergency Management, Fire and Transportation Services (Board) to investigate

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complaints regarding violations of trauma triage protocols.

OAC 4765-14-04 requires the Board to consult with the State Trauma Committee and other EMS stakeholders in developing and implementing educational opportunities regarding trauma triage protocols. OAC 4765-14-05 requires EMS personnel to transport trauma victims directly to a trauma center qualified to provide appropriate care, except in specific circumstances. Finally, OAC 4765-14-06 requires any amendments to state trauma triage protocols that do not appear in a region's protocols to be automatically applied until the region amends its protocols.

During early stakeholder outreach, the Department shared the proposed rules with members of the Trauma Committee, which includes various industry representatives. Additionally, the Board approved the rules prior to the Department filing the rules with CSI. During the CSI public comment period, the Department shared the rules with stakeholders including the Ohio Chapter of the American College of Emergency Physicians, the Ohio Hospital Association, the Ohio Children's Hospital Association, and others. No comments were received. During the CSI public comment period, one comment was received from an individual suggesting that various exceptions to transportation standards (such as inclement weather) are unnecessary, recommending the use of dashboard cameras for EMS vehicles, and suggesting that the rules be generally reviewed for potential updates. The Department responded to the comment stating that road conditions are considered in order to ensure patient safety and that best practices are reviewed when the rules are updated during the five-year review process to ensure that they remain current.

The business community impacted by the rules includes an estimated 102 private ambulance companies that are involved in emergency response. The Department identifies an adverse impact to business associated with the additional costs of transporting trauma victims to a trauma center rather than the nearest hospital. The adverse impacts may also include the costs, time and training associated with ensuring emergency personnel are able to properly determine if a victim has suffered trauma, costs connected to EMS medical directors conducting a required performance improvement or peer review process, and the expenses and time necessary to comply with any complaint investigations regarding appropriate trauma care provision. The Department states that the adverse impacts to business are necessary to create protocols for the identification of trauma victims, to maximize chances of survival for trauma victims, and to minimize associated costs that result from subsequent transfers to a trauma center.

### **Recommendations**

Based on the information above, the CSI Office has no recommendations on this rule package.

## **Conclusion**

The CSI Office concludes that the Department should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review.