

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services Systems Regulations

PROPOSED RULE

19 CSR 30-40.792 Adult Trauma and Pediatric Field Triage and Transport Protocol

PURPOSE: This rule establishes protocols for transporting suspected trauma patients by severity and time of onset to the trauma centers where resources exist to provide appropriate care.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

- (1) All ground and air ambulances shall use the Adult and Pediatric Trauma Field Triage and Transport Protocol unless the department has waived the requirements of the rule pursuant to section 190.200.3, RSMo, and 19 CSR 30-40.790.
 - (A) Assess for life threatening conditions. (such as serious airway or respiratory compromise or immediate life threatening conditions that cannot be managed in the field).
 1. If there are life threatening conditions, then transport patient to the closest trauma center or hospital emergency department capable of managing the condition.
 2. If there are no life threatening conditions, then assess the patient using the 2021 National Guideline for the Field Triage of Injured Patients, which is incorporated by reference in this rule as published by the American College of Surgeons and available online at www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/ or from the American College of Surgeons, 633 N. Saint Clair St., Chicago, Illinois 60611-3295. This rule does not incorporate any subsequent amendments or additions.
 - A. If the patient is fifteen (15) years or older and meets any one of the listed red criteria, then transport the patient to a Level I or II trauma center according to local and regional process. If the patient is younger than fifteen (15) years old, then transport to a Level I or II pediatric trauma center or a Level I or II pediatric capable trauma center according to local and regional process. A pediatric capable trauma center is an adult trauma center designated by the department that admits fewer than one hundred (100) injured children younger than fifteen (15) years of age. The local and regional process shall take into consideration time for transport, patient condition, and treatment window (within 60 minutes from time of injury to the appropriate trauma center) with the goal to secure the appropriate treatment for the patient as expeditiously as possible via

ground and/or air. The local and regional process for bi-state regions accounts for out-of-state transport when appropriate.

B. If the patient is fifteen (15) years or older and meets any one of the listed yellow criteria, then transport the patient to a Level I, II or III trauma center. If the patient is less than fifteen (15) years old, then transport to a Level I, II, or III pediatric trauma center or a Level I, II or III pediatric capable trauma center according to local and regional process. Local and regional process shall take into consideration time for transport, patient condition, and treatment window (within 60 minutes from time of injury to the appropriate trauma center) with the goal to secure the appropriate treatment for the patient as expeditiously as possible via ground and/or air. The local and regional process for bi-state regions accounts for out-of-state transport when appropriate.

(2) When initial transport from the scene of illness or injury to a trauma patient is prolonged, the trauma patient may be transported to the nearest appropriate facility for stabilization prior to transport to an appropriate trauma center.

(3) Nothing in this rule shall restrict an individual patient's right to refuse transport to a recommended destination. All ground and air ambulances shall have a written process in place to address patient competency and refusal of transport to the recommended destination.

AUTHORITY: section 190.185, RSMo, 2016 and sections 190.200 and 190.243, RSMo, Supp. 2022. Original rule filed November 21, 2022.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions a range of zero to two hundred fifty thousand dollars (\$0 to \$250,000) in the first year and annually thereafter.

PRIVATE COST: This proposed rule will cost private entities a range of zero to two hundred fifty thousand dollars (\$0 to \$250,000) in the first year and annually thereafter.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Nicole Gamm at Nicole.Gamm@health.mo.gov or Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, Missouri 65101-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*