INFORMATION COLLECTION REQUEST

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Evaluation of the Field Triage Decision Scheme: The National Trauma Triage Protocol

Supporting Statement A

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A. Justification

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a new information collection request for a study entitled, "Evaluation of the Field Triage Decision Scheme: The National Trauma Triage Protocol". This request is for a two-year period.

The educational initiative was developed to help emergency medical services (EMS) professionals (administrators, medical directors, trauma system leadership, and providers) learn about and implement the revised Field Triage Decision Scheme. The Decision Scheme is intended to be the foundation for the development of local and regional field triage protocols, including those areas with limited medical resources and/or geographic hurdles to transporting patients to trauma centers.

In the United States, injury is the leading cause of death for persons aged 1–44 years[1]. EMS professionals have a substantial impact on care of the injured and public health. At an injury scene, EMS professionals determine the severity of injury, initiate medical management, and identify the most appropriate facility to which the patient should be transported. This destination decision is made through a process called field triage. Although basic emergency services are generally consistent across hospital emergency departments (ED), certain hospitals have additional expertise, resources, and equipment to treat severely injured patients. Such facilities are known as trauma centers and are classified by the American College of Surgeons Committee on Trauma (ACS-COT) from Level I to Level IV (Level I centers provide the highest level of care), depending on the scope of resources and services available. The risk for death of a severely injured person is 25% lower if the patient receives care at a Level I trauma center rather than at a nontrauma center[2]. However, not all patients require the services of a Level I trauma center; proper triage will ensure that patients who are injured less severely will be transported to a closer ED that is capable of managing their injuries. Transferring all injured patients to the highest level of care overburdens Level I centers, negatively affects patient outcomes, and decreases cost-effectiveness.

In an effort to encourage appropriate triage procedures, CDC's National Center for Injury Prevention and Control (NCIPC) worked with experts and partner organizations to develop the 2006 Field Triage Decision Scheme, which is intended to guide policy decisions by trauma system leaders—state, regional, and local EMS medical directors and public health professionals in injury and EMS-related roles—as well as on-scene triage decisions by the approximately 800,000 EMS providers in the United States.

In support of the 2006 Field Triage Decision Scheme, NCIPC developed multi-media materials aimed at EMS professionals. The materials include *A Guide to the Field Triage Decision Scheme: The National Trauma Triage Protocol* which seeks to ensure that EMS professionals—including emergency medical technicians, emergency medical service educators, medical directors, and administrators—become thoroughly familiar with the 2006 Field Triage Decision Scheme criteria, the importance of field triage in the care of the injured patient, and the rationale behind its revision. It also includes a large laminated poster for ambulances, PowerPoint presentation, badge with the Decision

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[1] Centers for Disease Control and Prevention (CDC). 10 Leading Causes of Death by Age Group,United States – 2006 [online] [cited 2009 September 18]. Available from URL: http://www.cdc.gov/injury/Images/LC-Charts/10lc%20-%20By%20Age%20Group%202006-7_6_09-a.pdf

[2] Centers for Disease Control and Prevention (CDC). Preparing for a Mass Casualty Event: Information for Health Care Systems and Providers. [online] [cited 2009 September 18]. Available from URL: http://www.cdc.gov/ncipc/dir/MassCalHealthPro.htm

Scheme, and pocket card to help those providers, planners, and administrators effectively train others and use the Decision Scheme criteria within their own systems.

The *Field Triage Decision Scheme* materials were distributed nationally beginning in early 2009. The proposed data collection is an evaluation to assess the *Field Triage Decision Scheme: The National Trauma Triage Protocol* educational initiative's short-term impact on EMS professional's knowledge, use, and implementation of the Decision Scheme.

CDC is authorized to collect this data under section 301 of the Public Health Service Act (42 USC 241) (Attachment A).

Privacy Impact Assessment

This proposed data collection consists of a Web-based survey and focus groups that will be used to assess the extent the Decision Scheme is being used, how it is being implemented, self-reported changes in knowledge, and perceived impact on treatment of trauma patients. Survey respondents and focus group participants are EMS professionals, including EMS administrators at the state and local level (including EMS educators) and EMS providers that work in the field. Focus group participants will be recruited from those that respond to the survey and provide their business contact information. This information includes their name, business e-mail address, and business phone number. Providing this information is optional and will only be maintained for the length of the study. Follow-up information that is collected from respondents in order to participate in the focus group includes race, gender and more job-specific information such as job title and work location. This information is being collected to ensure a diverse group of participants. Focus groups will also be recorded. The data collection will have an online survey and the database system will be a backend to a survey website. The website does not have any information or pages directed at children under the age of thirteen.

Overview of the Data Collection System

Information will be collected via an online survey and focus groups with EMS professionals. The focus groups will be composed of two groups of professionals: EMS administrators at the state and local level (including EMS educators) and EMS providers that work in the field.

NCIPC will work primarily with the National Registry of Emergency Medical Technicians to promote the survey. NCIPC will ask this partner to send out a survey invitation to a random selection of their members that had previously been sent a copy of the Decision Scheme materials.

Focus groups will be conducted with a segment of the survey responders to have them elaborate on data submitted through the survey. These individuals will be those that respond on the survey that they would like to participate in a focus group and provide their contact information.

Data will be maintained until two months after the last data collection is performed and the data are no longer necessary.

Items of Information to be Collected

The data collection will ask respondents to:

- Identify basic background questions about their work
- Describe their knowledge of field triage and their state's policy
- Rate the usefulness of each piece of the Decision Scheme materials
- Indicate whether they have used or plan to use the materials
- Signify whether the materials increased their knowledge of field triage

- Identify whether the materials changed the ways in which they conduct field triage

Survey participants will be asked to provide their name, e-mail address, and phone number if they would like to participate in a focus group. Providing this information is optional. Focus group participants' contact information will be known, however it will only be used to schedule the focus groups. Follow-up information that is collected from respondents in order to participate in the focus group includes race, gender and more job-specific information such as job title and work location. This information is being collected to ensure a diverse group of participants. Focus groups will also be recorded. Reporting of focus group data will not include any identifying information and all data will be reported in aggregate. Refer to Section A.10 for further information on data confidentiality.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age
The data collection will have a survey website and the database system will be a backend to a survey website. The website does not have any information or pages directed at children under the age of thirteen. End users of the system will only have access to the web-based survey pages provided by the system. Administrative users will have access to collected data, however, only via password-protected web-based download tools. Only system administrators will have direct access to the database or other components of the survey system. A website privacy policy will be posted on the survey website.

A.2. Purpose and Use of Information Collection

The proposed evaluation is designed to answer the following evaluation questions.

- What did EMS professionals learn from the materials?
- How did the Decision Scheme change EMS professional's triage practices?
- Has the Decision Scheme been implemented or mandated as the standard field triage policy in their area?
- Have any changes or modifications been made to the Decision Scheme?
- What are the barriers to implementing the Decision Scheme in their area?

Information will be collected via an online survey and focus groups with EMS professionals. The focus groups will be composed of two groups of professionals: EMS administrators at the state and local level (including EMS educators) and EMS providers that work in the field.

The survey will be online and potential participants will be sent an e-mail invitation. NCIPC is working with professional organizations to distribute the Decision Scheme materials. For evaluation purposes, a segment of those individuals that receive a copy of the Decision Scheme materials through these means will be contacted. NCIPC will work with the National Registry of Emergency Medical Technicians to promote the survey to a random sample of their members. NCIPC will ask the National Registry of Emergency Medical Technicians to send out a survey invitation to their members that had previously been sent a copy of the Decision Scheme materials.

The data collection will ask respondents to:

- Identify basic demographics about themselves
- Describe their knowledge of field triage and their state's policy
- Rate the usefulness of each piece of the materials
- Indicate whether they have used or plan to use the materials
- Signify whether the materials increased their knowledge of field triage
- Identify whether the materials changed the ways in which they conduct field triage

Focus groups will be conducted with a segment of the survey responders to have them elaborate on data submitted through the survey. These group interviews will focus on the extent the Decision Scheme is being used, how it is being implemented, self-reported changes in knowledge, and perceived impact on treatment of trauma patients. Those that are recruited will be divided into two groups, EMS administrators at the state and local level and Emergency Medical Service providers that are in the field. The focus groups will cover topics including:

- Basic demographics
- Knowledge of field triage
- Feedback on the materials
- Usage of the materials

Privacy Impact Assessment Information

This data collection is essential to evaluate the usage and impact of the Decision Scheme. Survey participants will be asked to provide their name, business e-mail address, and business phone number so that they can be contacted for participation in a focus group at a later date. Names and business contact information will only be used for this purpose and will not be connected to the survey data. Information will only be maintained for the length of the study. Follow-up information that is collected from respondents in order to participate in the focus group includes race, gender and more job-specific information such as job title and work location. This information is being collected to ensure a diverse group of participants. Focus groups will also be recorded. The focus groups will be planned so that respondents can elaborate on data submitted through the survey. When focus group data is reported, all identifying information will be removed and results will only be reported in aggregate.

The only individuals with access to this information are the contractors conducting the survey and focus groups. The contractor will have access to the respondents' contact information in order to schedule their focus group.

The proposed data collection will have little effect on the respondent's privacy since no sensitive information is being collected. Information being collected is non-personal and related to their occupation.

A.3. Use of Improved Information Technology and Burden Reduction

The information will be collected through the use of group interviews and an online questionnaire. Improved technology in the collection and processing of data will be used to reduce respondent burden and make processing maximally efficient. For example, telephone focus groups will be convened when geographic diversity prevents an in-person group and a face-to-face setting is not necessary to accomplish evaluation objectives. For the online questionnaire, closed-ended questions (for example, multiple-choice items or Likert scales) will be used when feasible. Transmission of data collection instruments and responses by electronic means will be utilized as appropriate.

As computer technology has continued to improve and become more widespread, opportunities to evaluate programs using computers and the Internet have increased. Using computer-assisted information technology to transmit data collection instruments and/or collect responses will continue to reduce the burden on respondents; for example, respondents can access and respond to data collection requests at a time and place that is convenient to them, eliminating the need to travel for group interviews. Wherever possible, CDC will make use of Web- or computer-based data collection methods.

A.4. Efforts to Identify Duplication and Use of Similar Information

The proposed data collection is unique and does not duplicate any past, current, or planned data collection. In its work to develop the Field Triage Decision Scheme materials, CDC/NCIPC has conducted literature searches, conferred with numerous experts in the field, and worked with influential program partners. This work confirmed that there is not another similar effort to develop and test similar materials either presently, occurring, or planned.

A.5. Impact on Small Businesses and Other Small Entities

EMS professionals are the subjects of this data collection. These professionals may work for either public or private entities. Efforts have been made to keep response burden to a minimum. The online survey is succinct and is expected to take no more than 15 minutes to complete. The survey is designed to obtain information on respondents' assessment, possible use, and actual use of the materials with a minimum of items. A brief set of items concerning background and demographics will provide a descriptive profile of respondents and will allow for analyses that assist CDC/NCIPC in identifying differences between respondents' assessments of the materials, intentions to use the materials, and actual use of the materials. Respondents may elect to provide their contact information in order to participate in the focus group interviews. These groups are expected to take no more than an hour. The focus groups are designed to obtain more in-depth information on respondents' usage of the materials and knowledge of field triage procedures. CDC/NCIPC will ensure that this information is collected in the most succinct way possible in order to minimize respondent burden.

A.6. Consequences of Collecting the Information Less Frequently

The feedback obtained in this data collection will assist CDC/NCIPC in measuring the impact the materials had on EMS professionals' knowledge, use, and implementation of the Decision Scheme. These findings will be used to evaluate the success of the materials to increase knowledge about improved field triage procedures. Collecting data less frequently would result in CDC/NCIPC not having the information necessary to assess the national campaign objectives, complete an outcome evaluation, or show accountability for tax payers' funds that contributed to the creation and national distribution of the Decision Scheme. There are no legal obstacles to reduce the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection request fully complies with Guidelines of 5 CFR 1320.5. No special circumstances exist outside the guidelines.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. The notice required in 5 CFR 1320.8(d) was published in the Federal Register on September 21, 2009, volume 74, number 181, page 48079. There were no public comments. The 60-day Federal Register notice is included in Attachment B.

B. CDC/NCIPC consulted with CDC staff and representatives from other organizations about conducting the study, including the data collection.

Those outside the CDC who have been consulted about this study during 2009 include:

- Dan Eckstein, NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814, (301) 986-1891, deckstein@novaresearch.com
- Allison Zambon, NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814, (301) 986-1891, azambon@novaresearch.com
- Fred Snyder, NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814, (301) 986-1891, FSnyder@novaresearch.com
- Paul Young, NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814, (301) 986-1891, PAYoung@novaresearch.com
- Lisbeth Jarama, NOVA Research Company, 4600 East-West Highway, Suite 700, Bethesda, MD 20814, (301) 986-1891, LJarama@novaresearch.com
- Lindsay Richey, The RedFlash Group, 679 Encinitas Blvd., Suite 211, Encinitas, CA 92024 (760) 632-8280 x232, lrichey@redflashgroup.com

CDC staff who have been consulted about this study during 2009 include:

- Kelly Sarmiento, CDC/NCIPC/DIR, Chamblee GA 30341-3717, (770) 488-1384, egz8@cdc.gov
- DeVonne Mitchell, CDC/NCIPC/DIR, Chamblee GA 30341-3717, (770) 488-3895, gwi0@cdc.gov

A.9. Explanation of Any Payment or Gift to Respondents

Survey participants will not receive payment or gifts. Focus group participants will receive a small incentive to thank them for their time. Participants are being asked for an hour of their time, and in return will receive a check or gift card worth $50. Offering participants a small incentive has proven to increase participation rates as part of previous CDC/NCIPC studies, including focus groups with high school coaches and physicians, and is the standard in focus group research. There is extensive literature to support the use of incentives, primarily monetary incentives, as a supplement or complement to other efforts of persuasion to ensure recruitment of a representative sample. In studies for both commercial market research and social sciences, findings indicate that respondents who receive these tokens of appreciation provide valid input, and their inclusion makes for a more representative sample.[3,4]

A.10. Assurance of Confidentiality Provided to Respondents

Information provided by respondents will be kept private to the extent permitted by law. This will be communicated to respondents by means of introductory letters, explanatory texts on the cover pages of questionnaires, scripts read prior to focus groups, and consent forms. Respondents will also be advised of the following: the nature of the activity, the purpose and use of the data collected, CDC sponsorship, and the fact that participation is voluntary at all times. Because responses are voluntary, respondents will be assured that there will be no penalties if they decide not to respond, either to the

[3] Singer E and Kulka RA. Paying respondents for survey participation. In Ver Ploeg M. Moffitt RA, Citro CF (eds). Studies of Welfare Populations: Data collection and Research Issues. National Academy Press: Washington, DC 2001. Available at http://aspe.hhs.gov/hsp/welf-res-data-issues02/04/04.htm. Accessed on April 15, 2009.

[4] Singer E. The use of incentives to reduce nonresponse in household surveys. The University of Michigan Institute for Social Research Survey Research Center. Available at http://www.isr.umich.edu/src/smp/Electronic Copies/51-Draft106.pdf. Accessed On April 15, 2009.

information collection as a whole or to any particular questions. This data collection will not involve the gathering of sensitive information.

Privacy Impact Assessment Information

A. The Office of the Chief Information Security Officer has reviewed this OMB application and has determined that the Privacy Act is not applicable (Attachment C). Names and other contact information will be collected on the surveys only if the participant agrees to be contacted for focus group research and elects to provide their contact information. Their names and contact information will not be linked to their survey data during analysis. Names will be removed from the survey database and kept separately.

B. All data collection activities will be conducted in full compliance with the CDC regulations to maintain the privacy of data obtained on persons and to protect the rights and welfare of human assessment subjects, as contained in Title 28 of the Code of Federal Regulations, Parts 22 and 46. The NCIPC nonresearch determination form has been routed and this project has been determined to be a program evaluation (Attachment D). Data will be treated in a confidential manner, unless otherwise compelled by law. All evaluation staff will be trained in the importance of privacy and will be required to sign confidentiality and professional ethics statements found in NOVA's System Security Plan (Attachment E).

   The data gathered from this study, as well as the corresponding data collection forms and analysis plans, will be maintained by NOVA Research Company. As the Project Director at NOVA, Dan Eckstein will be responsible for preserving the confidentiality of all data stored on NOVA's premises. Data stored on easily transportable media (e.g., diskettes or compact disks) and all working files and documents are physically secure in locked offices, desks, or filing cabinets at the end of each day. Upon completion of NOVA's contract with CDC, NOVA will relinquish all data files to Ms. Kelly Sarmiento, the CDC Technical Monitor for this project, to allow for any future analysis or review of the data by CDC project staff. Ms. Kelly Sarmiento will be responsible for preserving the confidentiality of any data stored on CDC premises. In addition, Ms. Kelly Sarmiento will ensure that all study data are stored in a locked and secure cabinet on CDC premises. Upon completion of the larger project, the data files will be destroyed.

C. All participants will be sent advance notice about the study including information on the purpose of the data collection effort, the expected length of time to complete the data collection, confidentiality of the information provided, name and telephone number at NOVA for respondents to contact if they have questions about the data collection effort.

   The data collection instruments utilized in this project include a survey and focus group guide for EMS professionals. A copy of the survey for EMS professionals who have received the Field Triage Decision Scheme materials can be found in Attachment F. The EMS professional focus group moderator's guide is provided in Attachment G. The focus group screener is available as Attachment H. Immediately prior to the conduct of each survey and focus group, consent will be obtained and the following points will be made regarding privacy of the respondent's answers:

   - Participation in this research is voluntary.
   - Identifying information such as respondent's name will be an optional field on the survey and will not be connected to participant's responses. First names will be collected from focus group participants.

- The participant may skip any question he/she chooses not to answer.
- All data collected by NOVA is for CDC use and will be kept in a secure manner, unless compelled by law. Neither the CDC nor NOVA will publish or release non-aggregated data directly to the public.
- CDC will retain ownership of all data collected. When these data are submitted to the CDC, no identifying information will appear.

D. In order to protect respondents' privacy, all presentation of data in reports will be in aggregate form, with no links to individuals preserved. Reports will be used only for research purposes. Additionally, before participating all respondents will be told that their participation is voluntary.

A.11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

A.12. Estimates of Annualized Burden Hours and Costs

Table A-1 presents burden estimates for the collection of information for the survey and focus groups with EMS professionals. The time required for a respondent to complete each survey is expected to be 15 minutes or less. The time required to screen each potential focus group participant is estimated to be 5 minutes. The time required for the focus group is estimated to be approximately 60 minutes. The data collection will occur over two years. For this data collection, it is estimated that the total burden will be 824 hours or 412 annually.

Table A-1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Hours per Response (Hours)	Response Burden (Hours)
EMS Professionals	EMS Professional Survey	1,500	1	15/60	375
	Screening and Recruitment for Focus Groups	64	1	5/60	5.3
	EMS Professional Focus Groups	32	1	1	32
				Total	412

Table A-2 presents the annualized cost to respondents that was calculated by applying appropriate wage rate categories identified from the Department of Labor tables to hours of burden estimates.

According to the U.S. Department of Labor's Bureau of Labor Statistics, the median hourly rate for Emergency Medical Technicians was $13.66 in 2007[5]. This hourly rate will be used for the estimate. The data collection will occur over two years. For this data collection, it is estimated that the total burden cost is $11,264.04 or $5,632.02 annually.

Table A-2. Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Response Burden (Hours)	Hourly Wage Cost	Respondent Cost
EMS Professionals	EMS Professional Survey	1,500	1	375	$13.66	$5,122.50
	Screening and Recruitment for Focus Groups	64	1	5.3	$13.66	$72.40
	EMS Professional Focus Groups	32	1	32	$13.66	$437.12
Total						$5,632.02

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no capital or start-up costs and no operating/maintenance costs to respondents in this follow-up study.

A.14. Annualized Cost to the Government

The estimated total cost to the federal government for this program evaluation is $112,399.50. This figure includes survey design and development, survey implementation, focus group recruitment, focus group implementation, data analysis, and report writing, and oversight by a federal Technical Monitor.

Survey and focus group design and development are expected to take place in 2009; survey data collection, preliminary analysis, focus groups, final analysis and report writing are expected to take place in 2010 and 2011. Table A-3 presents the estimated annualized cost to the federal government from 2009-2011. As this information collection will be conducted under a task order awarded to NOVA Research Company, the estimated costs reflect those in the task order contract and 25% of a CDC FTE's (Grade 12) time for oversight and supervision of the data collection. NOVA labor costs were budgeted by estimating the number of hours of staff at the various wage levels that are required, multiplying by the applicable wage rates, and multiplying the results subtotals by factors to cover fringe benefits and burden expense. The basis for estimating other direct costs varies with the type of

[5] U.S. Department of Labor Bureau of Labor Statistics, Occupational Employment Statistics Internet source: http://www.bls.gov/oes/current/oes_nat.htm#b29-0000

cost being estimated. There are no anticipated travel costs. The 25% of a CDC FTE's time for oversight and supervision is estimated to be $22,399.50 for the term of the project.

Table A-3. Annualized Cost to the Government

Year	NOVA	CDC	Total
2010	$45,000	$11,199.75	$56,199.75
2011	$45,000	$11,199.75	$56,199.75
Total	**$90,000**	**$22,399.50**	**$112,399.50**

A.15. Explanation for Program Changes or Adjustments

This is a new collection of information.

A.16. Plans for Tabulation and Publication and Project Time Schedule

CDC anticipates making evaluation results available to a variety of health program planners at Government agencies, voluntary organizations, health professional organizations, and medical institutions. In addition, CDC anticipates presenting the findings of its evaluation at professional associations such as the American Public Health Association, and publishing its findings in professional journals such as the American Journal of Public Health.

A period of 24-months will be necessary to distribute surveys, conduct focus groups, collect data, analyze data and write reports. NOVA will be prepared to begin fielding the survey soon after OMB approval is obtained and focus groups will be conducted several months after the survey.

The table below outlines the project time schedule, by activity:

Table A-4. Project Time Schedule

Data Collection	Timing
Program Survey Online	2 months after OMB approval
Field Survey	3-6 months after OMB approval
Analyze Results from Survey	7-10 months after OMB approval
Screen Potential Participants for Focus Groups	8-10 months after OMB approval
Conduct Focus Groups	11-14 months after OMB approval
Analyze Results from Focus Groups	15-18 months after OMB approval
Prepare Final Report of Evaluation Data	19-24 months after OMB approval

Qualitative data from focus groups will be transcribed verbatim. These data will be analyzed and interpreted using content analysis in which main ideas (i.e., themes), comments, and words are grouped based on variables of interest. To maximize reliability, coding (i.e., categorizing) of data and thematic analysis of text will be conducted by experienced evaluators. Qualitative software, specifically ATLAS.ti, will be used for these analyses.

Data analysis of the EMS professional survey will utilize quantitative data analysis software, such as Stata. Analysis of quantitative measures will begin with descriptive statistics (e.g., frequencies, means, medians) to characterize the data and answer evaluation questions related to the Field Triage Decision

Scheme. These methods will be used to analyze closed-ended questions in the survey that will be conducted. More complex analyses and causal modeling may be possible depending on quality and quantity of data and specific evaluation factors appropriate to more complex analyses. Where appropriate, questions will be presented overall, as well as cross tabulated by significant variables.

Frequencies can be compared across various response categories or variables (i.e., comparative frequencies of responses to items by respondents' demographics, type of work, or region, etc.) or on subsets of the population. Frequencies will be depicted in tables, charts, and graphs, and reported to CDC/NCIPC as part of the survey findings. After tabulating frequencies, NOVA will conduct chi-square tests, or cross tabulations of responses by relevant response categories or variables.

Table A-5. Knowledge about Field Triage by Job Title

	% respondents who reported learning something new about field triage from the Decision Scheme materials	**% respondents who did not report learning something new about field triage from the Decision Scheme materials**
% EMS Management		
% Medical Director		
% EMS Educator		
% Trauma System Leadership		
% EMS Provider		
% Physician		
% Other		

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

The proposed data collection does not seek approval to be exempted from displaying the expiration date for OMB approval of the information collected.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.