IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Jen Steele Interim Medicaid Director 1603#068 Evan Brasseaux Staff Director Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Emergency Response Network

LERN Destination Protocol: TRAUMA (LAC 48:I.19121)

Notice is hereby given that the Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and intends to codify in LAC 48:I.Chapter 191, Section 19121, a protocol adopted and promulgated on December 10, 2015, by the Louisiana Emergency Response Network Board for the transport of trauma and time sensitive ill patients, adopted as authorized by R.S. 9:2798.5 (to replace the protocol adopted on November 10, 2014, codified in LAC 41:950 (May 20, 2014) as LAC 48:I.Chapter 191, Section 19119).

Title 48 PUBLIC HEALTH—GENERAL Part I. General Administration

Subpart 15. Emergency Response Network Chapter 191. Trauma Protocols \$19121. LERN Destination Protocol: TRAUMA

A. A. On December 10, 2015, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: TRAUMA", which replaces the "LERN Destination Protocol: TRAUMA" found in §19121 adopted and promulgated November 20, 2014, as follows.

 Call LERN Communication Center at (866) 320-8293 for patients meeting the following criteria.

Unmanageable airway Tension pneumothorax Traumatic cardiac arrest Burn patient without patent airway Burn patient > 40 percent BSA without IV No	Yes→	Closest ED/Trauma Center
Measure vital signs and level of consciousness GCS ≤13 SBP <90mmHg RR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant aged <1 year)	GCONSCIOUSNESS OGCS ≤13 OSBP <90mmHg ORR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma
		Program. * If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.

No		
1		
Assess anatomy of injury All penetrating injuries		
to head, neck, torso, and extremities proximal to elbow or knee Chest wall instability or deformity (e.g. flail chest) Two or more proximal long-bone fractures Crushed, degloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Pelvic fractures Open or depressed skull fracture Paralysis Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. * If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.
No I		
Assess mechanism of injury		
and evidence of high-energy impact		
Falls Adults: >20 feet (one story is equal to 10 feet) Children: >10 feet or two or three times the height of the child High-risk auto crash Intrusion, including roof: > 12 inches occupant site; > 18 inches any site Ejection (partial or complete) from automobile Death in the same passenger compartment Vehicle telemetry data consistent with a high risk of injury Auto vs. pedestrian/bicyclist/ATV thrown, run over, or with significant (>20 mph) impact Motorcycle crash >20 mph	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
No ↓		
Assess special patient or system considerations		
Older Adults Risk of injury/death increases after age 55 years SBP <110 may represent shock after age 65 Low impact mechanisms (e.g. ground level falls) may result in severe injury Children Should be triaged preferentially to pediatric capable trauma centers Anticoagulants and bleeding disorders Patients with head injury	Yes→	Transport to Trauma Center/Trauma Program or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

are at high risk for rapid deterioration Burns - With trauma mechanism: triage to trauma center Pregnancy > 20 weeks Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls Major joint dislocations (hip, knee, ankle, elbow) Open Fractures EMS provider judgment		
Multi/Mass Casualty Incident	No→	Transport according to protocol

- 2. When in doubt, transport to a trauma center.
- B. This protocol was published at LR 42:169 (January 2016).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 42:

Family Impact Statement

- 1. What effect will these rules have on the stability of the family? The proposed Rule will not affect the stability of the family.
- 2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The proposed Rule will not affect the authority and rights of persons regarding the education and supervision of their children.
- 3. What effect will this have on the functioning of the family? This Rule will not affect the functioning of the family.
- 4. What effect will this have on family earnings and family budget? This Rule will not affect the family earnings or family budget.
- 5. What effect will this have on the behavior and personal responsibility of children? This Rule will not affect the behavior or personal responsibility of children.
- 6. Is the family or local government able to perform the function as contained in this proposed Rule? No, the proposed Rule will have no impact.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Analysis

The impact of the proposed amendment to Section 9119 of the Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small business.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, and no increase on direct or indirect cost. The proposed Rule will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons my submit written comments relative to the proposed Rule until 4:30 p.m., Monday, April 11, 2016 to Paige Hargrove, Louisiana Emergency Response Network, 14141 Airline Hwy., Suite B, Building 1, Baton Rouge, LA 70817, or via email to paige.hargrove@la.gov.

Paige Hargrove Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: LERN Destination Protocol: TRAUMA

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed rule adopts Louisiana Administrative Code (LAC) Title 48—Public Health General, Part I—General Administration, Subpart 15 – Louisiana Emergency Response Network Board, Chapter 191 – Trauma Protocols, Section 19119 – Destination Protocol: TRAUMA. The Louisiana Emergency Response Network (LERN) Board is authorized to adopt protocols for the transport of trauma and time sensitive ill patients.

Since 2009, the LERN Board has previously adopted protocols for trauma patients that were published in the Potpourri Section (announcements and various information that will never become part of the LAC) of the State Register. On December 10, 2015, the LERN Board revised and adopted "Destination Protocol: TRAUMA", to be effective January 1, 2016, that replaced the previous trauma destination protocol adopted and promulgated November 20, 2014. The revised destination protocol aligns closely with the federal CDC Guidelines for Field Triage of Injured Patients and continues to recognize Regional Trauma Programs as part of the destination for trauma patients. The revised trauma destination protocol will be published in the Potpourri Section of the State Register for January 20, 2016. This proposed rule codifies the revised trauma destination protocol in Section 19119; which is the latest trauma protocol adopted by the Louisiana Emergency Response Network Board.

Other than the cost to publish in the *State Register*, which is estimated to be \$693 in FY 16, it is not anticipated that the proposed rule will result in any material costs or savings to LERN or any state or local governmental unit.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on revenue collections of state or local governmental units as a result of this proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no estimated costs and/or economic benefits to directly affected persons or non-governmental groups. The

proposed rule is simply a codification of protocols as authorized by La. R.S. 9:2798.5A.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule establishes a destination protocol for patients with specific injuries. The trauma system is a voluntary system. This rule does not prevent or restrict any hospital from pursuing a trauma center designation or restrict any hospital from developing a trauma program. There is no effect on employment.

Paige Hargrove Executive Director 1603#015 Evan Brasseaux Staff Director Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections Board of Private Investigator Examiners

Continuing Education (LAC 46:LVII.518 and 519)

Notice is hereby given that the Board of Private Investigator Examiners, in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and relative to the authority granted to it to adopt, amend or repeal rules provided by R.S. 37:3505, and to prescribe and adopt regulations governing the manner and conditions under which credit shall be given by the board for participation in professional education, proposes to amend Chapter 5 of LAC 46:LVII.

The Board of Private Investigator Examiners proposes to amend LAC 46:LVII.518, Continuing Education, and LAC 46:LVII.519, Continuing Education Credits, to provide that the board will make available to licensees a mandatory continuing education course, which will be offered by the board free of charge. The purpose of the amendment is to regulate the continuing education received by the licensees, to ensure that licensees have formal opportunities to upgrade and update professional knowledge and skills, and for licensees to have an opportunity to learn of changes in the law that may affect them or the practice act for private investigators in Louisiana.

Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LVII. Private Investigator Examiners
Chapter 5. Application, Licensing, Training,
Registration and Fees

§518. Continuing Education

A. Each licensed private investigator shall be required to complete and pass an on-line investigative educational instruction course designed and approved by the LSBPIE every two years in order to qualify for a license renewal. The approved on-line investigative educational instruction course will be available free of charge at the LSBPIE website.

1. A licensed private investigator that completed and passed the approved on-line investigative educational instruction course in connection with a license renewal in the year 2016 shall complete and pass the approved on-line investigative educational instruction course prior to the

license renewal date in the year 2018. Thereafter, the approved on-line investigative educational instruction course must be completed and passed biennially prior to the license renewal date in even numbered years.

- 2. A licensed private investigator that is in good standing but that did not complete and pass the approved online investigative educational instruction course in connection with a license renewal in the year 2016 (because the license is not subject to renewal until 2017) shall complete and pass the approved on-line investigative educational instruction course prior to the license renewal date in the year 2017. Thereafter, the approved on-line investigative educational instruction course must be completed and passed biennially prior to the license renewal date in odd numbered years.
- 3. A newly licensed private investigator that successfully completed a 40-hour training class shall complete and pass the approved on-line investigative educational instruction course prior to the licensee's second license renewal date. Thereafter, the approved on-line investigative educational instruction course must be completed and passed biennially prior to the license renewal date.
- B. Each licensed private investigator is required to complete and return the LSBPIE continuing education course form that can be printed after the completion and passing of the approved on-line investigative educational instruction course with the request for license renewal each year. The test can be taken as many times as needed for a passing grade of 75 percent.
- C. Any licensee who wishes to apply for an extension of time to complete the approved on-line investigative educational instruction course must submit a signed written request setting forth the reasons for the extension request to the executive director of the LSBPIE 30 days prior to the license renewal date. The training committee shall rule on each request. If an extension is granted, the investigator shall be granted 30 days, or additional time as the training committee determines is needed, to complete and pass the approved on-line investigative educational instruction.
- D. The LSBPIE may suspend or waive the approved online investigative educational instruction course requirement for good cause shown.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3505(B)(1)(2).

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Private Investigator Examiners, LR 22:371 (May 1996), amended LR 27:564 (April 2001), LR 27:1016 (July 2001), LR 28:855 (April 2002), LR 38:1596 (July 2012), LR 42:

§519. Continuing Education Credits

- A. The standards set forth in §518 will govern continuing education for private investigators in Louisiana.
- B. Nothing in this Section will prohibit a licensed private investigator from attending or taking a continuing education course provided by another party. The private investigator may forward that compliance form to the LSBPIE office and it will be placed in the private investigators file. However, the course(s) will not be a substitute for the required and approved on-line investigative educational instruction course.