Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

ATTACHMENT F:

EMS Professional Survey

EMS Professional Survey

We would appreciate your feedback to help us evaluate the "Field Triage Decision Scheme: The National Trauma Triage Protocol." This brief survey should take no more than 15 minutes to complete. Your responses will be kept private to the extent allowed by law and will be combined with other responses for reporting results. Thank you for taking the time to complete this survey.

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Background

l. I	w would you describe your current job (select all that apply)?		
а.	EMS Management		
	Select level:		
	1. State□		
	2. Regional□		
	3. County□		
	4. Local□		
b.	Medical director		
	Select level:		
	1. State□		
	2. Regional□		
	3. County□		
	4. Local		
С.	EMS educator		
	Select level:		
	1. State□		
	2. Regional□		
	3. County□		
	4. Local□		
d.	Trauma system leadership		
	Specify:		

	1.	Trauma surgeon	
	2.	Trauma nurse	
	3.	Trauma coordinator	
	4.	Trauma administration	
	5.	Other	
e.		ovider	
f.		n	
g.	Other		
2.]	How many	y years have you worked in this field?	
а.		n 5 years	
b.		ırs	
С.		ears	
d.	20 + yea	ırs	🔲
	How woul	d you best describe the region in which you work (se	lect all that
а.	Urban		
b.	Suburba	n	
с.	Rural		
d.			
u.	Trontici		_
] (1 1 1 a.	called the Protocol" distributed copy of an resource g presentation Patients, F	rs for Disease Control and Prevention (CDC) mailed "Field Triage Decision Scheme: The National Tranto members of several professional organizations. Clathese resources at professional conferences. Have your of the materials that are blue and silver in color and suide, posters, pocket card, badge, binder insert, Power, and MMWR article "Guidelines for Field Triage of Recommendations of the National Expert Panel on Figure 1.	uma Triage DC also ou received a d include a erPoint of the Injured
l a.	oriefly? Yes	reviewed any of these Decision Scheme materials, ev	
6. I	How did y	ou receive the Decision Scheme materials?	
а.		d the Decision Scheme materials online and received	

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b.	order for them
С.	I received the Decision Scheme materials at a conference
d.	Other:
7. I	How long have you had the Decision Scheme materials?
	1 month or less
	2-5 months
С.	6-9 months
А	10 months or more

Feedback on Materials

This section will focus on specific Decision Scheme materials. If you have a hard copy of the materials available, you may want to refer to them at this time.

8. Select from the following list of materials the ones you have reviewed and then rate their usefulness.

then i	T = T	1		T		
	Extremel	Very	Somewha	Not	Not	Did Not
	y Useful	Useful	t Useful	Very	Useful	Use/Revie
				Useful		W
Resource Guide						
for EMS						
administrators						
and medical						
directors						
Large Decision						
Scheme poster						
(not laminated)						
Decision Scheme						
ambulance poster						
(laminated)						
Decision Scheme						
binder insert	П					
(one-page	_	_	_	_	_	_
laminated)						
Pocket card for				П	П	П
EMS providers	_		_	_		
Badge with					П	П
Decision Scheme	_	_		_	_	
PowerPoint						
presentation (on						
CD-ROM or						

online)						
MMWR article "Guidelines for Field Triage of the Injured Patients, Recommendation s of the National						
Expert Panel on						
Field Triage"						
	you used De protocols?	cision Scl	neme materia	als to educa	ate others a	bout field
a. Yes		•	ck all that a _l			
			rectors			
	Select leve		te			D
			gional			
			inty			
	2 DL1:-		cal			
	2. Public Select leve	_	ofessionals			U
	Sciect ieve		te			
		_	gional			
			ınty cal			
	3. EMS p		.a1			
	-					
<i>b</i> . No -						
you pl a. Reso	lan to use in ource guide	the future for EMS a	? administrator	rs and medi	ical directo	
			oster (not lar			
			nce poster (la nsert			
e. Bad	ge with Dec	ision Sche	eme			
f. Pocl	ket card for l	EMS prov	iders			
			on for Field 5			
h. MM	w K article	Guidelin	es for Field T	rriage or th	ie injured I	rauents,

Recommendations of the National Expert Panel on Field Triage"□

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	i. None	J
	<i>j</i> . Do not know/ Unsure)
Knov	wledge	
	11. Did you learn something new about field triage procedures from the Decision Scheme materials?	e
	<i>a</i> . Yes)
	→What did you learn from the materials?	
	<i>b</i> . No)
	12. Have the Decision Scheme materials changed your field triage practices of your EMS agency?	ctices or
	a. Yes)
	→ How have your practices or those of your EMS agency change	ed?
	<i>b</i> . No	
lmpl	lementation	
•	13. Is use of the "Field Triage Decision Scheme: The National Trauma Protocol" currently being mandated in your state/region/county/loc	_
	a. Yes)
	<i>b</i> . No)
	14. Do you play a role in determining your state/region/county/local ar triage policy?	ea's field
	a. Yes	_
	b. No)
	→Skip to question 17	
	15. Have you implemented the Decision Scheme as your state/region/county/local area's field triage policy?	
	a. Yes	_
	→Skip to question 17	
	b. No	_
	16. Do you plan to implement the Decision Scheme as your state/region/county/local area's field triage policy in the future?	
	37	_

<i>b</i> .	No
	→Why not?
f	Since you have had the Decision Scheme materials, have you had to conduct field triage on a patient or patients?
	Yes
0.	
18. I	Have you utilized the Decision Scheme for triage with patients in the field?
a.	Yes→How did the Decision Scheme materials affect your triage practices?
b.	No→Why not?
	Are you aware of any changes or modifications been made to the Decision Scheme in your state/region/county/local area?
	a. Yes
	→What changes or modifications have been made?
	b. No
	c. Don't know
20. \	Which of the following were barriers you have encountered in using,
	mplementing, or planning to implement the Decision Scheme?
a.	Lack of support among other staff for Decision Scheme□
b.	Lack of resources (e.g., time, money)□
с.	Decision Scheme is difficult to understand/use□
d.	Decision Scheme is not practical for our situation□
	→Please explain
e.	No barriers encountered
f.	Not applicable (did not use or implement Decision Scheme)□
g.	Other
C = 110 = 110 = 11	
Commen	ITS
	f you have any additional feedback on the "Field Triage Decision Scheme: The National Trauma Triage Protocol" materials, please provide it here:

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Follo	ow-Up
	22. CDC would like to conduct group interviews with people that complete the survey to gain additional input and feedback on the "Field Triage Decision Scheme: The National Trauma Triage Protocol" and accompanying materials. You will receive compensation for your time if you participate in a group interview. Can we contact you for this purpose? a. Yes
	Business E-mail Address:
	Business Phone Number:
	<i>b</i> . No□