

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5050.15
	PROGRAM DOCUMENT:	Initial Date:	08/11/93
	Destination	Last Approved Date:	05/01/16
		Effective Date:	07/01/20
		Review:	03/01/22

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To guide prehospital care personnel in arriving at a destination decision.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- A. **Most Accessible Facility:** The nearest receiving hospital, taking into consideration traffic and weather conditions, or other factors, which clearly affect transport time.
- B. **Most Appropriate Facility:** The nearest receiving facility having specialized services likely to be required by a patient.
- C. **Receiving Hospital:** An acute care hospital licensed under Chapter 2 (commencing with § 1250) of Division 2, with a permit for basic emergency service, as determined by the Local EMS Agency (LEMSA) which is utilizing the hospital in the emergency medical services system ¹.
- D. **Special Care Facilities:** ~~Facilities that are not receiving hospitals but have been approved by the LEMSAs.~~
- E. **Decisive factors to the contrary:** Factors that influence the destination decision. These factors include, but are not limited to, the following:
 - 1. Prepaid Health Plans²
 - 2. Patient's request
 - 3. Family/Guardian's request
 - 4. Private Physician's request
 - 5. Law Enforcement's request
 - 6. Special Triage Policies
 - a. Trauma
 - b. Pediatric Trauma
 - c. Ventricular Assist Device
 - d. Burns
 - e. Obstetrics
 - f. Cardiac
 - g. Stroke

¹Modified from HSC §1797.88

²HSC § 1797.106(b)

Policy:

- A. The patient meeting special triage criteria shall be transported to the designated Special Triage receiving facility approved by the LEMSA.
- B. Patients likely to require specialized services as identified in treatment protocol ~~may~~ **will** be transported to the most appropriate receiving facility.
- C. If there exists no medical condition that the prehospital personnel believes is unstable and no Special Triage Policy applies, then the patient shall be taken to the facility chosen based on the following (in rank order) decisive factors:
 - 1. Patient's/Guardian's request (if patient is a minor)
 - 2. Family/Guardian's request
 - 3. Private Physician's request
 - 4. EMS System Resource availability, as determined by SCEMSA in coordination with the EMS Chiefs.
 - 5. Law Enforcement Request
- D. ~~Law Enforcement shall be responsible for patient in custody.~~ **Law enforcement agencies retain primary responsibility for safe transport of patients under arrest.**
 - 1. **Patients under arrest or on a psychiatric detention shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.**
 - 2. **Patients under arrest, if handcuffed must always be accompanied in the ambulance by law enforcement personnel.**
 - 3. **Prehospital personnel and law enforcement officers should mutually agree on the need for law enforcement assistance during transport of patients on a psychiatric detention.**
- E. Direct medical oversight shall be utilized to aid in arriving at a destination decision in the following situations:
 - 1. Patient's condition is believed to be unstable by the Prehospital personnel's assessment and the destination is not the most accessible facility.
 - 2. Special Triage Policy dictates a different destination from the destination based on patients, family/guardian, private physician's, or law enforcement's request.
 - 3. Control facility makes all destination decisions for a Mass Casualty Incident (MCI) or during a countywide level II, III or IV expanded emergency.
- F. Direct medical oversight, when utilized, shall be the overriding decisive factor in determining destination.
- G. Non-trauma patients under Cardiopulmonary Resuscitation (CPR) shall be taken to the most accessible receiving hospital.
 - 1. **Any patient with an initial shockable rhythm (Ventricular Tachycardia or Ventricular Fibrillation or shocked by an AED) who has a Return of Spontaneous Circulation (ROSC) during any part of the resuscitation, and who is transported, shall be transported to a STEMI (PCI) center**
- H. Trauma patients with unstable or obstructed airways or tension pneumothorax(s), that cannot be stabilized, cleared or relieved in the field, shall be taken to the most accessible receiving hospital.
- I. Any ambulance presenting at an emergency department carrying more than one patient will off-load all patients at that emergency department, except as directed by the control facility during a declared MCI or area wide emergency.

* For the purposes of determining destination, Kaiser Hospital South Sacramento and Methodist Hospital shall be considered equidistant.

Cross Reference: Multi-Casualty Critique PD# 7501