

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547
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References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision 03/01/2024
EMS Medical Director	Miranda Lewis, M.D. (Signature on File at EMS Agency)	

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B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.
2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.
3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.
4. Closest Appropriate Hospital
 - a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).
 - b. Closest is defined as the shortest travel time not necessarily the closest by distance.
 - c. The Base Hospital Physician will have the ultimate authority for patient destination.
 - d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":
 - 1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:
 - a) Adventist Health Hanford (AH-H)
 - b) Adventist Health Tulare (AH-T)
 - c) Clovis Community Medical Center (CCMC)
 - d) Kaiser Permanente Hospital (KPH)
 - e) Kaweah Health Medical Center (KHMC)
 - f) Regional Medical Center (RMC)
 - g) Saint Agnes Medical Center (SAMC)
 - h) Sierra View District Hospital (SVDH)
 - i) Valley Children's Hospital (VCH)
 - 2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:
 - a) Adventist Health Reedley (AH-R)
 - b) Adventist Health Selma (AH-S)
 - c) Coalinga Regional Medical Center (CRMC)

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5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
- b. Base Hospital consultation if required.

6. Acute Stroke Emergency

In the event of an acute stroke emergency, transport should be to a designated stroke center, which can provide stroke diagnosis and treatment capacity twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.

Destination is determined by:

- a. G-FAST Stroke Assessment Score and time since onset of symptoms; or
 - G-FAST ≤ 3 → transport to closest stroke center
 - G-FAST = 4 → transport to Comprehensive Stroke Center if within 45 minutes and last known normal <24 hours, otherwise transport to closest stroke center
 - NOTE: Blood glucose must be ≥ 80 before initiating G-FAST Stroke Assessment. If blood glucose is less than 80 with a normal mental status, administer glucose and reassess.
- b. EMT or Paramedic assessment that indicates a possible stroke; or
- c. Pediatric Patients ≤ 14 years of age – transport to Valley Children’s Hospital; or
- d. Base Hospital consultation if required.

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G-FAST STROKE ASSESSMENT				
Sign / Symptom	How Tested	Normal	Abnormal	Score
Gaze Abnormality	Have the patient look to the left and right without moving their head.	Patient can gaze fully to both sides.	Patient only looks in one direction.	Normal = 0 Abnormal = 1
Facial Droop	Have the patient show their teeth or smile.	Both sides of the face move equally.	One side of the face does not move as well as the other.	Normal = 0 Abnormal = 1
Arm Drift	The patient closes their eyes and extends arms straight out for 10 seconds.	Both arms move about the same, or do not move at all.	One arm either does not move, or one arm drifts downward compared to the other.	Normal = 0 Abnormal = 1
Speech (unless under the influence of alcohol or drugs)	The patient repeats "You can't teach an old dog new tricks."	The patient says the correct words with no slurring of the words.	The patient slurs words, says the wrong words, or is unable to speak.	Normal = 0 Abnormal = 1
Time last seen normal				No points

If any portion of the G-FAST Stroke Assessment is documented abnormal (excluding slurred speech in someone who is under the influence of alcohol or drugs) and is a new finding, the stroke scale is positive and may indicate an acute stroke.

A score of 4 is suggestive of a large vessel occlusion (LVO) and transport to a Comprehensive Stroke Center may be indicated (see algorithm).

Primary Stroke Centers have neurologists available and can give a clot dissolving medication for an ischemic stroke. The Primary Stroke Centers in the CCEMSA Region are:

- Adventist Health-Hanford
- Kaiser Permanente Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center
- Sierra View Medical Center

Comprehensive Stroke Centers have the same capabilities as a Primary Stroke Center, but can also perform mechanical thrombectomy, which is a procedure to retrieve a clot in a large vessel occlusion stroke. The Comprehensive Stroke Center in the CCEMSA region is:

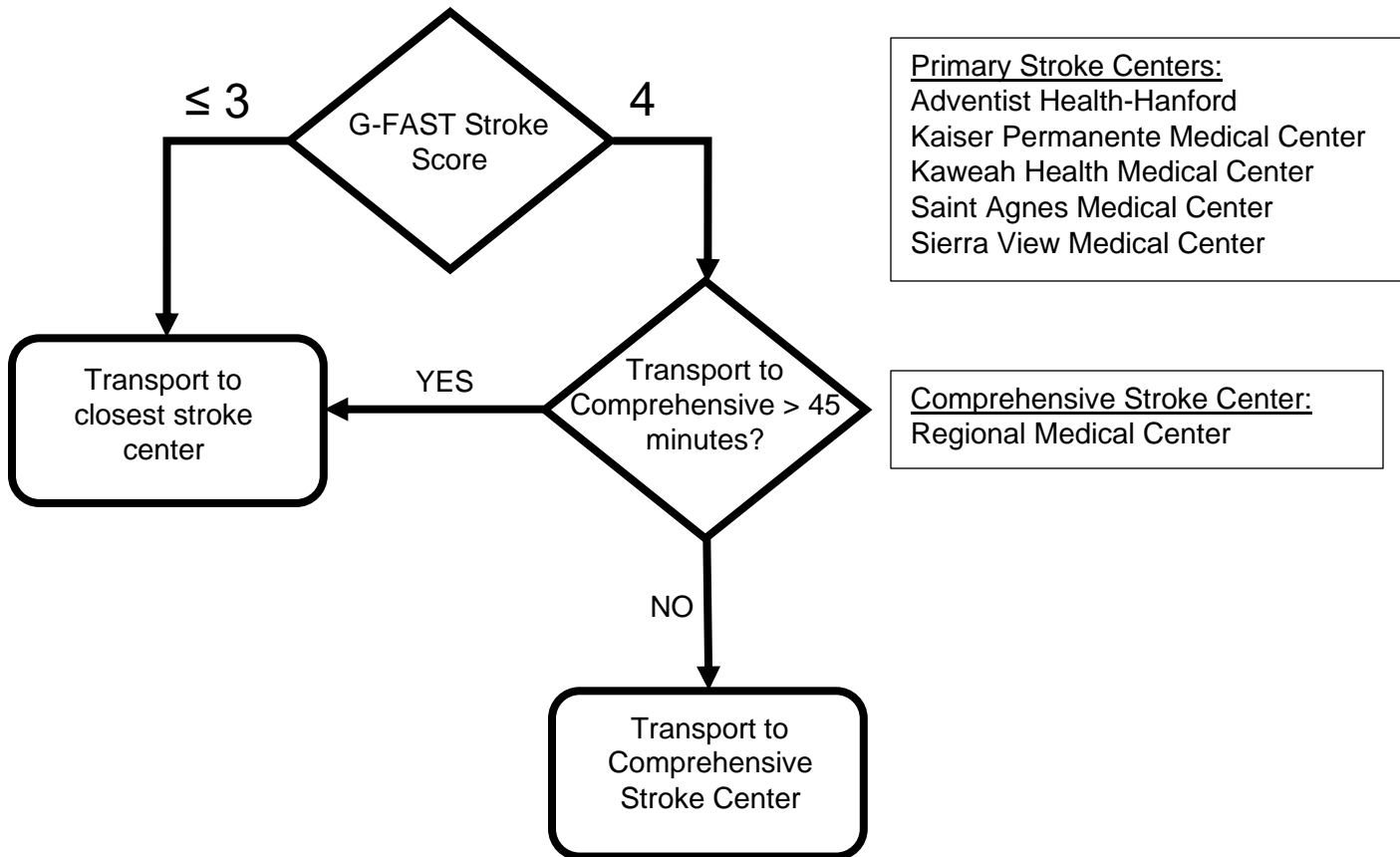
- Regional Medical Center

If the EMT or Paramedic assessment indicates a possible stroke, but the G-FAST Stroke Assessment is normal, transport of the patient should be to either a Comprehensive or Primary Stroke Center.

NOTE: Air Ambulance should be considered in situations with extended transport times.

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Suspected Stroke Destination Algorithm:



7. Patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress.
 - c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).
8. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.
9. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient.

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C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

- a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:
- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
 - No alteration in mental status due to dementia or delirium.
 - Glasgow Coma Score 14 or 15.
 - Complete vital signs within limits (HR, RR, BP and GCS).
 - Not febrile to palpation/measurement.
 - Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

- a) Pulse: 50-120 bpm
- b) Systolic Blood Pressure: 100-180 mm Hg
- c) Diastolic Blood Pressure: less than 120 mm Hg
- d) Respiratory Rate: 12-30

2) Pediatrics:

- a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing.

- b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.
- c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.
- d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.
- e. In the event that a secondary transfer of a patient received by EMS to a hospital emergency department occurs, the Crisis Stabilization Center shall provide copies of the patient's medical records are included with the patient.
- f. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.
- g. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

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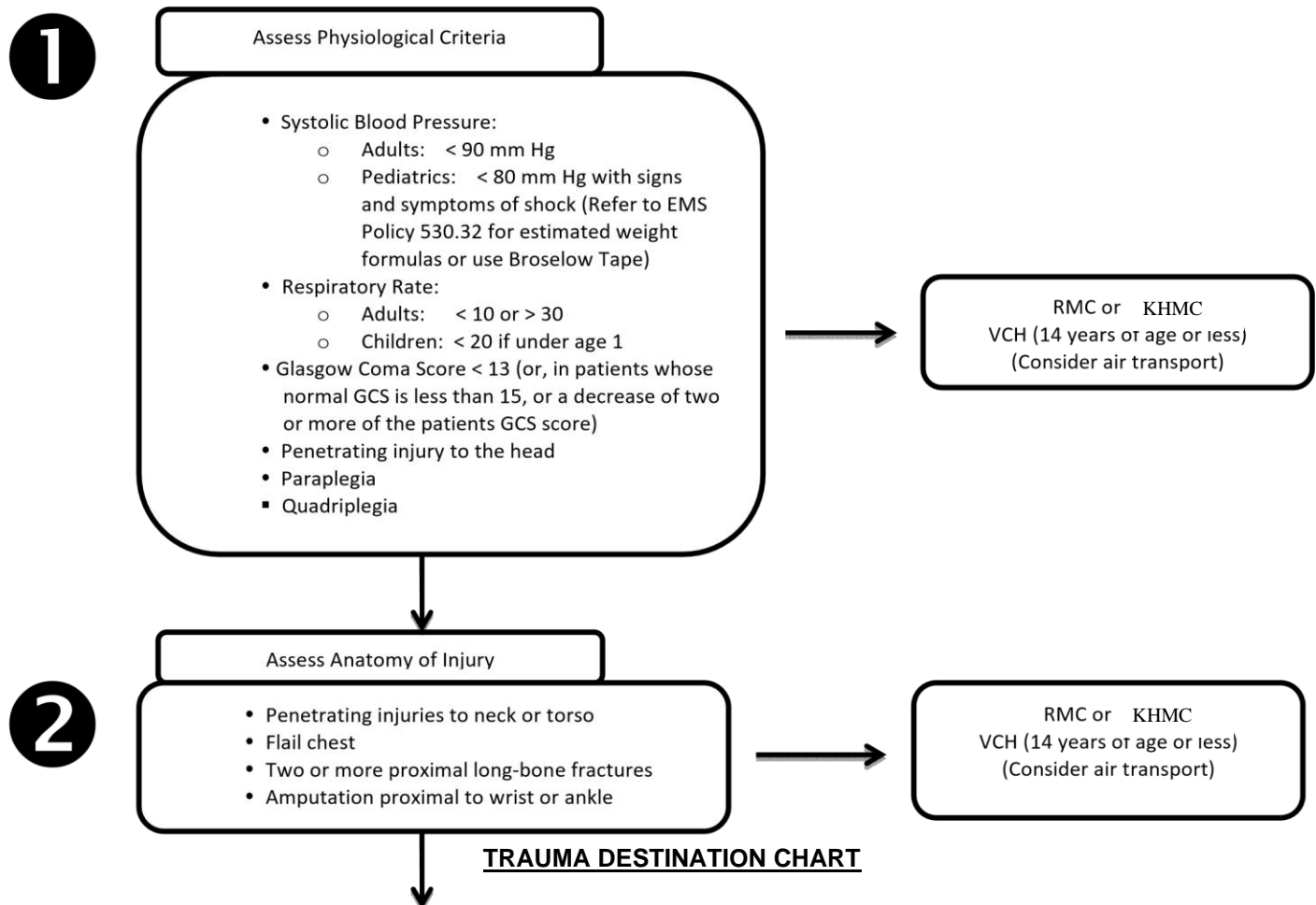
D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.
2. Patients that cannot be transported directly to the Veteran's Administration are:
 - Cardiac arrest due to trauma
 - Pediatric cardiac arrest
 - Trauma Center Triage Criteria
 - OB patient in active labor
 - Gynecological complaints and known obvious pregnancy with vaginal bleeding
 - ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

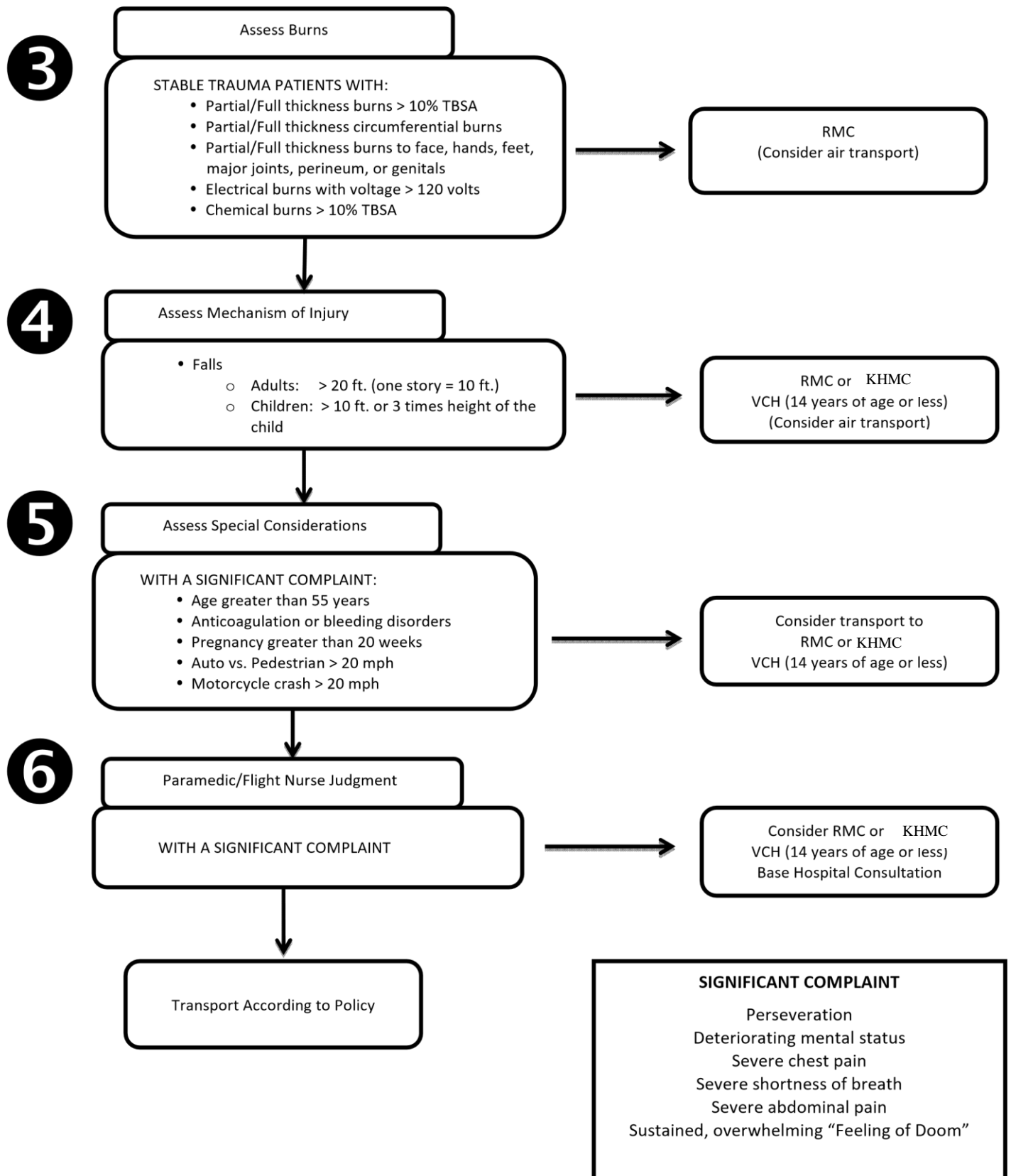
III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closest facility in accordance with the following chart:



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NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).
2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.
3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:
 - a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
 - b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: *Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.*

4. Transport of Trauma Patients by Helicopter

A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). **EXCEPTION:** When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

- a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
- b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
- c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
- d. Electrical burns with voltage greater than 120 volts
- e. Patients with chemical burns greater than 10% total body surface area.

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6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).
7. Trauma patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress (refer to EMS Policy #550).
 - c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.

☐ True – transport Patient/Family Choice ☐ False

Patient has alteration in mental status due to dementia or delirium.

☐ True – transport Patient/Family Choice ☐ False

Patient has a Glasgow Coma Score 13 or less.

☐ True – transport Patient/Family Choice ☐ False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).

☐ True – transport Patient/Family Choice ☐ False

There are lacerations or wounds inflicted by others.

☐ True – transport Patient/Family Choice ☐ False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.

☐ True – transport Patient/Family Choice ☐ False

Systolic Blood Pressure outside range of 100-180.

☐ True – transport Patient/Family Choice ☐ False

Diastolic Blood Pressure greater than 120.

☐ True – transport Patient/Family Choice ☐ False

Respiratory Rate outside range of 12-30.

☐ True – transport Patient/Family Choice ☐ False

Pediatrics:

Vital signs inappropriate for children

(Policy 530.32)

☐ True – transport Patient/Family Choice ☐ False

Patient is febrile to palpation/measurement.

☐ True – transport Patient/Family Choice ☐ False

Is patient under the influence of alcohol or drugs?

☐ Yes ☐ No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?

☐ True – transport Patient/Family Choice ☐ False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing