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.

Policy:

A. The patient meeting special triage criteria shall be transported to the designated receiving facility approved by the LEMSA.
B. Patients likely to require specialized services as identified in treatment protocol 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 Criteria 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, including consideration for the patient's existing in-plan hospital system affiliation².
   2. Prepaid Health Plans³
   3. Family/Guardian’s request
   4. Private Physician’s request
   5. Law Enforcement Request
   1. EMS System Resource availability as determined by SCEMSA in coordination with the EMS Chiefs.

¹Modified from HSC §1797.88
²If it is determined, by hospital identification arm band or from patient verbalization, they were transported, treated, released, refused care or departed against medical advice from the identified Hospital with in the past twelve (12) hours and there exist no medical condition that the prehospital personnel believe is unstable and no Special Triage Policy applies, the patient will be transported back to the identified hospital.
³HSC § 1797.106(b)
D. 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:
   a. Patient’s condition is believed to be unstable by the Prehospital personnel’s assessment and the destination is not the most accessible facility.
   b. Special Triage Criteria dictates a different destination from the destination based on patients, family/guardian, private physician’s, or law enforcement's request.
   c. Control facility makes all destination decisions for a Mass Casualty Incident (MCI) or during a countywide level II, III or IV expanded emergency.
   d. Direct medical oversight, when utilized, shall be the overriding decisive factor in determining destination.

F. Non-trauma patients under Cardiopulmonary Resuscitation (CPR) shall be taken to the most accessible receiving hospital.
   a. 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

G. 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.

H. 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.

Cross Reference: Multi-Casualty Critique PD# 7501