



County of Santa Clara
Emergency Medical Services System
ADMINISTRATIVE ORDER

Number:	AO 2018-002
Title:	Policy # 602B: COMMUNITY PARAMEDIC PILOT PROJECT ALTERNATE 911 EMS PATIENT DESTINATION
Effective:	April 23, 2018

I. Declaration

The Santa Clara County Emergency Medical Services Agency has determined that an unscheduled temporary revision to a *Santa Clara County Prehospital Care Policy* is required.

Consistent with *Santa Clara County Prehospital Care Policy 109: Policy Development and Implementation*, the EMS Director, or designee, may issue Administrative Orders when immediate changes are necessary. This Administrative Order immediately places into effect a temporary change to *Santa Clara County Prehospital Care Policy # 602: 911 EMS Patient Destination*.

II. Statement of Change

Schedule B: Community Paramedic Pilot Project – Alternate 911 EMS Patient Destination has been added to existing *Policy #602 911 EMS Patient Destination*. Schedule B will only apply to patients within the Gilroy Fire Department response zone with a primary impression of either behavioral health crisis or alcohol intoxication, that have been assessed by a Gilroy Fire Department paramedic trained to the County EMS Agency's community paramedic standard and approved by the County EMS Agency to participate in the Community Paramedic Pilot Program for Alternate Patient Destination.

III. Rationale for Change

The Santa Clara County EMS System has been authorized by the State EMS Authority to participate in a Community Paramedic Pilot Project focused on alternate destinations for 911 EMS patients suspected of only being intoxicated or patients suspected of suffering/experiencing a behavioral health crisis. The parameters of the project will allow patients normally transported to an emergency room to be transported to either a behavioral health facility or a sobering center.

IV. Revised Documents

- *Santa Clara County Prehospital Care Policy # 602 911 EMS Patient Destination*

V. New Documents

- *Added Schedule B: Community Paramedic Pilot Project – Alternate 911 EMS Patient Destination to existing Policy #602.*

VI. Rescinded Documents

- *None*

VII. Questions

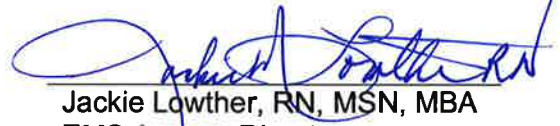
Please direct any questions to Ken Miller, EMS Medical Director, by phone at 408.794.0615, or via email at kenneth.miller@ems.sccgov.org

VIII. Execution

Administrative Order # 2018-002 is in effect as of April 23, 2018. This Administrative Order has resulted in a temporary change to Santa Clara County Prehospital Care Policy that will be revisited monthly throughout the duration of the pilot project, but not to exceed March 31, 2019.



Ken Miller, MD, PhD
EMS Medical Director



Jackie Lowther, RN, MSN, MBA
EMS Agency Director



**COMMUNITY PARAMEDIC PILOT PROJECT ONLY
ALTERNATE - 911 EMS PATIENT DESTINATION**

Effective: April 23, 2018
Replaces: New
Review: April 23, 2020

I. Purpose of the Schedule

The purpose of this schedule is to identify approved alternate patient destinations for 911 EMS patients that have been deemed eligible to participate in the Community Paramedic Pilot Project for Alternate 911 EMS Patient Destination.

II. Applicability

Patients within the Gilroy Fire Department response zone with a primary impression of either behavioral health crisis or alcohol intoxication, that have been assessed by a Gilroy Fire Department paramedic trained to the County EMS Agency's community paramedic standard and approved by the County EMS Agency to participate in the Community Paramedic Pilot Program for Alternate Patient Destination.

III. Community Paramedic Pilot Project Alternate Patient Destination

A. Pilot Program Patient Destination

1. Patient destinations will be determined by the on-scene Gilroy Fire Department paramedic authorized by the County EMS Agency to participate in the pilot program.
2. The Gilroy Fire Department paramedic will provide the transporting ambulance crew with the following information:
 - a. Transition of care report in accordance to Policy #606
 - b. Patient Destination
 - c. Authorization/Reservation Point of Contact at sobering center (if applicable)

B. Approved Alternate Destinations

1. Behavioral Health Crisis patients entered into the pilot program shall be transported to the facility identified in Table A of this schedule.

Table A		
Behavioral Health Facility	City	ID
Emergency Psychiatric Services	San Jose	EPS

2. Suspected Intoxication patients entered into the pilot program shall be transported to the facility identified in Table B of this schedule.

Table B		
Sobering Center	City	ID
Mission Street Sobering Center	151 West Mission Street, San Jose, 95112 408.648.4411	MSC

C. Patient Diversion From Designated Facility

1. The transporting ambulances may divert for the following circumstances:
 - a. Patient is in extremis as per Policy #602 standards
 - b. Patient requires Specialty Care Center treatment
2. If diversion occurs, the ambulance crew shall notify their EMS Field Supervisor (EFS) of the diversion and reason.
 - a. The EFS shall notify the EMS Duty Chief of diversions related to the Community Paramedic Pilot Project and complete a Command Event Record for each one.



Community Paramedic Pilot Project

Effective: April 23, 2018
Replaces: New
Review: April 23, 2020

I. Purpose

The purpose of this policy is to establish the role and responsibilities of the Community Paramedic behavioral health/sobriety center pilot project.

II. Policy

- A. The Santa Clara County Community Paramedic Pilot Project must adhere to guidelines established by the State EMS Authority and the Office of Statewide Health Planning and Development (OSHPD).
- B. The Santa Clara County EMS Agency's (EMS Agency) planned project was reviewed by the Institutional Review Board (IRB).
- C. The EMS Agency Medical Director will act as the principal investigator and has primary responsibility for medical control.
- D. The steering committee will be tasked to monitor as well as provide feedback and direction for any program issues that may arise. This increase in medical control and oversight will be necessary to ensure patient safety and quality improvement.
 - 1. The local steering committee shall work in collaboration with the State EMS Authority Project Manager and Independent Evaluator.
 - 2. The Steering Committee will include a representative from the following agencies:
 - a. Santa Clara County EMS Agency
 - b. Santa Clara County Behavioral Health Services
 - c. Gilroy Fire Department
 - d. Gilroy Police Department
 - e. County EOA Emergency Ambulance Service Provider
 - f. Saint Louise Hospital
- E. Paramedic Eligibility
 - 1. Candidates will have a minimum of 4 years of ALS experience.



2. Candidates will be endorsed by the EMS Agency Medical Director and by their Employer.
- C. Training
1. The Community Paramedic candidates must successfully complete the following additional training:
 - a. Core Curriculum provided by the EMS Agency
 - b. Crisis Intervention Training
 - c. Advanced clinical assessment
 - d. Local policy/procedure training and evaluation
- D. Quality Improvement and Data Collection
1. All patients evaluated by the Community Paramedic for referral will be documented on the Patient Care Record (PCR).
 2. Specific behavioral health fields will be added to the PCR. These fields include, but are not limited to:
 - a. Reasons for law enforcement placement of §5150.
 - (1) From §5150 form which probable cause category was assigned to the patient:
 - Danger to self
 - Danger to others
 - Gravely disabled
 - (2) Patient destination requested by law enforcement agency
 - (3) Circumstances leading to law enforcement encounter
 - (4) Circumstances leading to law enforcement §5150 hold placement
 - (5) Was the §5150 written before fire department/ambulance arrival on scene?
 - (6) Was the patient in restraints before fire department/ambulance arrived on scene?
 - (7) Did law enforcement accompany the patient with the ambulance?
 - (8) Has law enforcement encountered this patient before?



- (9) Did the fire department/ambulance encounter this patient at law enforcement facility/jail?
 - (10) Is the patient known to be:
 - Homeless
 - Chronic inebriate
 - Drug user
 - Regular caller to 911
 - Under treatment for behavioral disorder/mental illness
 3. All cases referred to Behavioral Health Services will be audited for appropriateness of referral.
 4. Any patient who is referred to Behavioral Health Services and later transferred to an emergency department within six (6) hours will be audited, tracked and trended.
 5. Evaluation components will include a process evaluation, qualitative evaluation, impact evaluation, utilization, and an estimate of healthcare cost savings.
 6. All data shall be collected and shared electronically.
 7. Monthly reports will be developed and maintained by the EMS Agency.
 8. Monthly reports shall be available for review by the local steering committee, independent evaluators, and the State Advisory Committee through the State EMS Authority's Project Manager.
- E. Patient Safety
1. The pilot project may be stopped or amended during the study period by the EMS Agency Medical Director if it is determined that included study patients may be at risk.



COMMUNITY PARAMEDICINE

BEHAVIORAL HEALTH CRISIS/SOBERING CENTER (PILOT)

Effective: April 23, 2018
Replaces: New
Review: April 23, 2020

1. Initial Patient Eligibility

- 1.1. Patients within the Gilroy Fire Department response zone with a primary impression of either a behavioral health crisis or alcohol intoxication are eligible for transport to an alternative destination if all of the following criteria are met:
 - 1.1.1. Adult (18 years of age) (sobering center only)
 - 1.1.2. No suspected pregnancy (sobering center only)
 - 1.1.3. Systolic blood pressure greater than 100 mmHg
 - 1.1.4. Sustained blood pressure does not exceed 180/100
 - 1.1.5. Blood Glucose Level (BGL) between 80 to 250 mg/dl
 - 1.1.6. Temperature between 93.2 to 100.4°F
 - 1.1.7. Heart rate between 60 to 120 beats per minute (BPM)
 - 1.1.8. Respiratory rate between 8 to 24 breaths per minute
 - 1.1.9. Pulse oximetry (SpO₂) of 94% or higher on room air
 - 1.1.10. GCS of 14 or higher

2. Comorbid Factors or Occult Trauma

- 2.1. Once the patient is deemed eligible from the criteria from section 1, the paramedic will screen the patient for any comorbid factors or occult trauma. If the patient meets any of the following factors, the patient is no longer considered a candidate for further screening:
 - 2.1.1. Toxic ingestion
 - 2.1.2. Exhibiting signs of withdrawal
 - 2.1.3. Recent seizure [within one (1) hour]
 - 2.1.4. Found down (third party 911 caller, no available history, patient non-ambulatory)
 - 2.1.5. Victim of traumatic event or injury
 - 2.1.6. Taking anticoagulants other than aspirin
 - 2.1.7. Hematoma and/or ecchymosis above clavicles
 - 2.1.8. Laceration requiring closure or sutures



3. Behavioral Health Crisis Factors

- 3.1. If the patient is experiencing a suspected behavioral health crisis and has remained eligible through the screenings from sections 1 and 2, the paramedic will screen the patient for behavioral health crisis factors. If the patient meets any of the following factors, they are no longer considered a candidate:
 - 3.1.1. Patient has not been placed on a §5150 involuntary psychiatric hold
 - 3.1.2. New onset of psychosis
- 3.2. If after all screenings have been completed and the patient is still deemed eligible, the patient may be directly transported to Emergency Psychiatric Services (EPS).
 - 3.2.1. Patients that are experiencing a suspected behavioral health crisis and that are intoxicated, but still meet the screening criteria of 3.1, may be directly transported to EPS.

4. Suspected Intoxication Factors

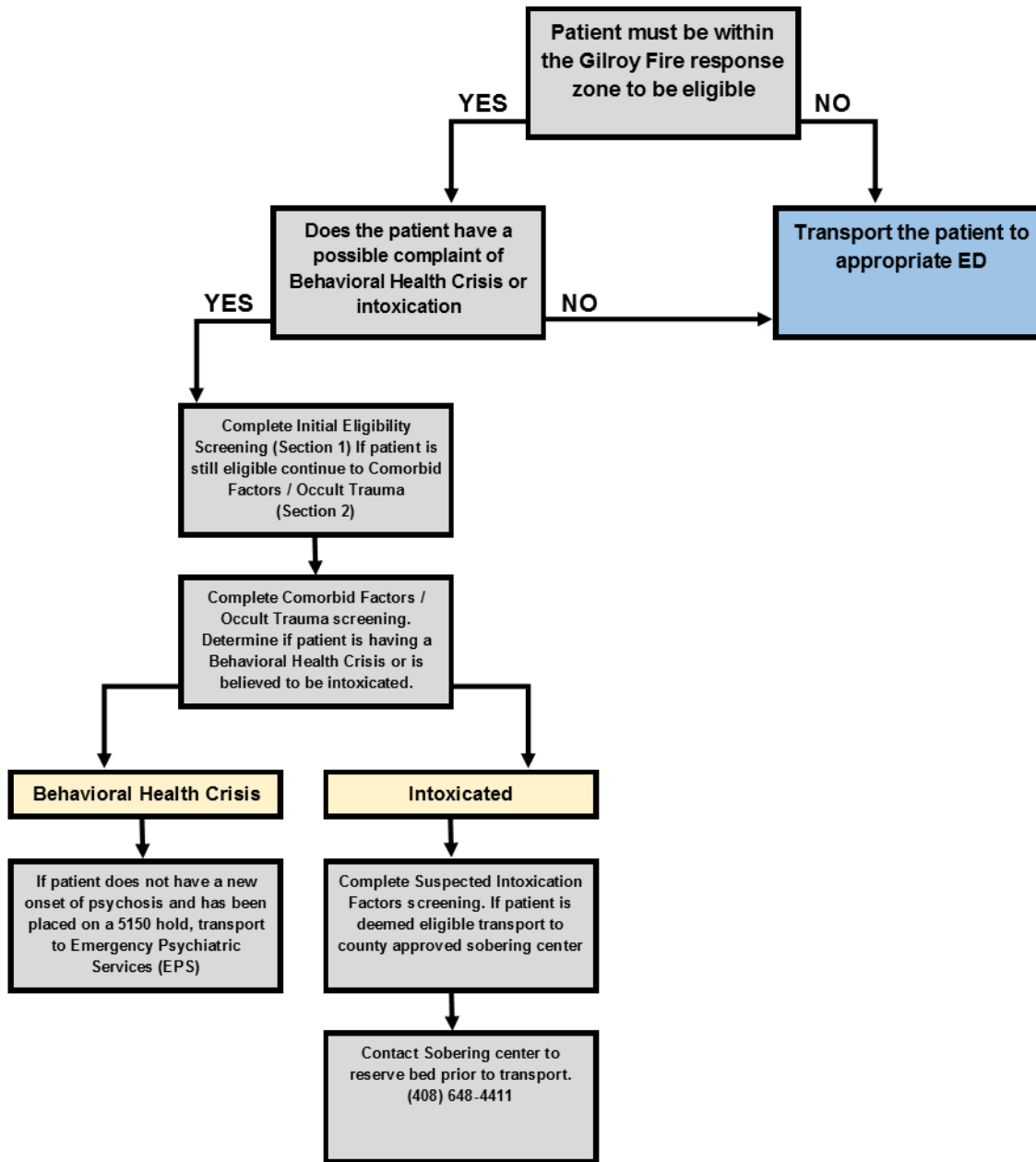
- 4.1. If the patient appears to be intoxicated and has remained eligible through the screenings in sections 1 and 2, the paramedic will screen the patient for eligibility for transport to a sobering center. If the patient meets any of the following factors, they are not eligible for transport directly to a county approved sobering center:
 - 4.1.1. Patient is unable to stand without assistance
 - 4.1.2. Patient cannot follow simple verbal commands
 - 4.1.3. Patient is unable or unwilling to cooperate with examination
 - 4.1.4. Patient becomes combative at any point during the encounter
 - 4.1.5. Patient is unwilling to go to the sobering center
- 4.2. If after all the screenings have been completed and the patient is still deemed eligible, the patient may be directly transported to a county approved sobering center. The notification phone number is (408) 648-4411.

5. Patient Diversion From Designated Facility

- 5.1. Ambulances will transport patients placed on a §5150 involuntary psychiatric hold to the designated hold facility written on the §5150 hold. The transporting ambulance may only divert from the designated hold facility under the following circumstances:
 - 5.1.1. Patient is in extremis (**Policy 602**)
 - 5.1.2. Patient requires Specialty Care Center treatment



6. Treatment Flow Chart



If at any point the patient does not meet criteria in the Initial Eligibility, Comorbid Factors, Behavioral Health Crisis or Suspected Intoxication screenings, transport the patient to the appropriate ED.

Protocol # 700-X05