TRIAGE TO ALTERNATE DESTINATION

TAD-1006

TRIAGE TO ALTERNATE DESTINATION

Date: TBD

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I. PURPOSE

To define the process of triage and transport to an authorized alternate destination.

II. AUTHORITY: Health and Safety Code (HSC), Division 2.5, Sections 1206, 1250, 1797.172, 1798, 1811, 1812, 1813, 1819, 1830, and 1846. California Code of Regulations, Title 22, Division 9, Chapter 5, Sections 100181 and 100192.

III. DEFINITION(S)

Triage Paramedic: A paramedic licensed under this division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subdivision (d) of HSC Section 1830 and has been accredited by a local EMS agency in one or more of the triage paramedic specialties described in HSC Section 1819 as part of an approved triage to alternate destination program.

Triage to Alternate Destination Provider: An advanced life support provider authorized by a local EMS agency to provide advanced life support triage paramedic assessments as part of an approved triage to alternate destination program specialty as described in Section 1819 of the HSC.

Triage to Alternate Destination Program: A program developed by a local EMS agency (LEMSA) and approved by the Emergency Medical Services Authority (EMSA) to provide triage paramedic assessments under triage and assessment protocols developed by the local EMS agency that are consistent with the minimum triage and assessment protocols established by the Emergency Medical Services Authority in one or more specialties including:

- 1. Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient.
- Providing patient with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in HSC 1811.

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3. Providing transport services for patients who identify as veterans and desire to transport to a local veteran's administration emergency department for treatment, when appropriate.

Alternate Destination Facility: A treatment location that is an authorized mental health facility, as defined in Section 1812 or an authorized sobering center as defined in Section 1813.

Authorized Mental Health Facility: A facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services. The facility shall be staffed at all times with at least one registered nurse (RN).

Authorized Sobering Center: A non-correctional facility that is staffed at all times with at least one registered nurse, that provides a safe, supportive environment for intoxicated individuals to become sober, that is identified as an alternate destination in a plan developed pursuant to Section 1843, and that meets any of the following requirements:

- 1. The facility is a federally qualified health center, including a clinic described in subdivision (b) of Section 1206.
- 2. The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.
- 3. The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative. Facilities granted approval for operation by Office of Statewide Health Planning and Development (OSHPD) before November 28, 2017, under the Health Workforce Pilot Project No. 173, may continue operation until one year after the National Sobering Collaborative accreditation becomes available.

IV. POLICY

A. Patient care needs should be matched with the appropriate resource. Not all patients accessing the 911 system require emergency transport to an emergency department. If after triage and clinical assessment, the triage paramedic determines that the patient can receive care in a non-emergency setting, the patient may be transported to an authorized alternate destination.

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- **B.** Patients eligible for transport to an alternate destination must meet all of the following criteria:
 - 1. The nature of the patient complaint and clinical assessment findings make the individual eligible for a triage paramedic alternate destination transport.
 - 2. The patient meets criteria for the authorized receiving facility.
- **C.** At no time will the triage paramedic leave the patient in an unsafe situation, using a reasonable standard of care.
- D. A triage paramedic shall use the standard paramedic scope of practice as described in policy P-401: Paramedic Scope of Practice, approved CoSD EMS local optional scope, and trial study scope, if participating in an approved pilot program. Paramedics who have only completed a triage to alternate destination course may not utilize the expanded community paramedic scope of practice.
- **E.** The triage paramedic may not make the decision to transport a patient to an alternate destination based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.
- **F.** Any patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.
 - For any patient requiring secondary transfer from an alternate destination facility to an
 emergency department, the alternate destination facility shall send with each patient at
 the time of transfer or, in the case of an emergency, as promptly as possible, copies of
 all medical records related to the patient's transfer.
 - 2. To the extent practicable and applicable to the patient's transfer, the medical records shall include:
 - a. current medical findings,
 - b. diagnosis,
 - c. laboratory results,
 - d. medications provided prior to transfer,
 - e. a brief summary of the course of treatment provided prior to transfer,
 - f. ambulation status,
 - g. nursing and dietary information,

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- h. name and contact information for the treating provider at the alternate destination facility; and, as appropriate,
- i. pertinent administrative and demographic information related to the patient, including name and date of birth.
- 3. The requirements in this paragraph do not apply if the alternate destination facility has entered into a written transfer agreement with a local hospital that provides for the transfer of medical records.