

Appendix 1.1: Emergency Medical Care Committee Membership

California HSC 1797.273(b) requires that the membership of the Emergency Medical Care Committee includes all of the following members to advise the local EMS agency. **The following checklist can be used to make sure the committee is compliant.**

Committee Members	Yes/No
1. One emergency medicine physician who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.	
2. One registered nurse practicing within the jurisdiction of the local EMS agency.	
3. One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency	
4. One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.	
5. Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialty or other specialties described in §1815 and 1819.	

Appendix 1.2: Triage Paramedic Eligibility Requirements

Triage Paramedic Application Eligibility	
Adoption Dates:	Revision Date:
Applies to: Triage Paramedics	

The following are the Triage Paramedic application requirements as stated in **§ 100192 Paramedic Scope of Practice, Accreditation, and Discipline**

A. Initial Accreditation Requirements

1. The applicant shall submit to the triage paramedic program(s) LEMSA an application with the following eligibility criteria for review:
 - a. Proof of an active, unrestricted California issued paramedic license
 - b. Social Security Number or Individual Tax Identification Number
 - c. LEMSA approved triage paramedicine course completion certificate.
2. An initial triage paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database.
3. LEMSA has 30 days to respond to this application
 - a. Denial or approval
4. Certification expires on the last day of the month, two (2) years from the effective date

B. Renewal Eligibility

1. To be eligible for renewal, the applicant shall submit to the triage paramedicine program(s) LEMSA an application with the following eligibility criteria for review:
 - a. Proof of a current, unrestricted California issued paramedic license, and
 - b. Proof of completion of four (4) hours approved triage paramedicine related continuing education (CE)
- a. LEMSA has 30 days to respond to application
 - a. Denial or approval

C. Reinstatement Eligibility - Expiration Date within last 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for a period of twelve (12) months or less, the applicant shall submit to the triage paramedic program(s) LEMSA an application with the following eligibility criteria for review:
 - a. Proof of a current, unrestricted California issued paramedic license, and

- b. Proof of completion of four (4) hours of approved local triage paramedic related continuing education (CE).

D. Reinstatement Eligibility - Expiration Date Greater than 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for more than twelve (12) months or less, the applicant shall submit to the triage paramedicine program(s) LEMSA the following eligibility criteria for review:

- a. Proof of a current, unrestricted California issued paramedic license
- b. Proof of successful completion of a LEMSA approved triage to alternate destination training course within the last year from the submission date of the reinstatement application.

E. **Triage Paramedics are subject to the discipline proceedings and standards described in Sections 100135 through 100144.1 of this division.**

Appendix 1.3: Triage Paramedic Accreditation Signature - SAMPLE

Initial Triage Paramedic Application

I certify that I meet and comply with the requirements of the Triage Paramedic Accreditation requirements as outlined in Title 22 Chapter 5 Section 100192 Paramedic Scope of Practice, Accreditation and Discipline Requirements including:

- a. An active, unrestricted California issued paramedic license
- b. A LEMSA approved triage paramedicine course completion certificate.

Printed Name (Triage Paramedic)

Signature

Date

Please submit this document, along with all required application materials to the triage program(s) LEMSA.

Appendix 2.1: Sobering Center Designation Policy – SAMPLE

PURPOSE: To establish minimum standards for the designation of Sobering Centers (SC).

AUTHORITY: Health & Safety Code, Division 5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Under the Influence of a mental status altering substance: A patient who appears to be impaired from a range of possible substances (alcohol, THC, stimulants, CNS depressants, etc.), demonstrated by diminished physical and mental control and without other acute medical or traumatic cause.

Being “under the influence” is typically associated with one of more of the following:

- Speech disturbance – incoherent, rambling, slurring
- Decline in cognitive function – confusion, inappropriate behavior, impaired decision-making capacity
- Imbalance – unsteady on feet, staggering, swaying
- Poor coordination – impaired motor function, inability to walk a straight line, fumbling for objects
- Agitation (for stimulants), or CNS depression (alcohol, CNS depressants)

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, and oxygen saturation) are also indications of an emergency medical condition.

Authorized Sobering Center (SC): 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 of the Health and Safety Code, and that meets any of the following requirements:

SC EMS Liaison Officer: A qualified administrative personnel appointed by the SC to coordinate all activities related to receiving patients triaged by paramedics whose primary provider impression is being under the influence of a mental status altering substance

POLICY:

1. General Requirements

A designated SC shall:

- A. The facility is a federally qualified health center, including a clinic described in subsection (b) of Section 1206 of the Health and Safety Code.
- B. The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.
- C. 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.*

A designated SC may:

- D. Be designated by a city or county to provide a safe, supportive environment for intoxicated individuals to become sober
- E. Operate 24 hours a day, 7 days a week, 365 days a year
- F. Provide and maintain adequate parking for ambulance vehicles to ensure access of SC
- G. Appoint a SC EMS Liaison Officer to act as a liaison between the EMS Agency and the authorized EMS provider agency
- H. Accept all patients who have been triaged by paramedics regardless of the patient's ability to pay.
- I. Maintain General Liability Insurance as follows:
 - 1. General aggregate: \$2 million
 - 2. Products/completed operations aggregate: \$1 million
 - 3. Personal and advertising injury: \$1 million
 - 4. Each occurrence: \$1 million
 - 5. Sexual Misconduct: \$2 million per claim and \$2 million aggregate
 - 6. Worker's Compensation and Employers Liability: \$1 million per accident

2. SC Leadership and Staffing Requirements

- A. SC EMS Liaison Officer
 - 1. Responsibilities:
 - a. Implement and ensure compliance with the SC Standards
 - b. Maintain direct involvement in the development, implementation and review of SC policies and procedures related to receiving patients triaged by paramedics to the SC

- c. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics to the SC
 - d. Liaison with EMS Provider Agencies and law enforcement agencies
 - e. Serve as the contact person for the EMS Agency and be available upon request to respond to County business
- B. A registered nurse licensed in the State of California shall be on-site at all times.
- C. Staffing may be augmented by licensed nurse practitioners, licensed vocational nurses, social workers, and other mental health professionals.
- D. All medical and nursing staff shall have current certification on Cardiopulmonary Resuscitation (CPR) through the American Heart Association or Red Cross.

3. Policies and Procedures

Develop, maintain, and implement policies and procedures that address the following:

- A. Receipt, immediate evaluation, short term management and monitoring of patients who meet SC triage inclusion criteria
- B. Timely transfer of patients who require a higher level of care to an acute care hospital utilizing non-911 ambulance provider(s)
- C. Immediate transfer of patients with emergency medical condition to the most accessible 9-1-1 receiving facility/emergency department
- D. Record keeping of EMS Report Forms
- E. Alternate destination facilities shall submit to the LEMSA at minimum a quarterly summary of patient outcomes with an EMSA provided template, including but not limited to the following data:
 - 1. Total number of patients evaluated who were transported by EMS.
 - 2. Total number of these patients who were treated and released
 - 3. Total number of these patients who were transferred to an acute care emergency department.
 - 4. Total number of these patients admitted to another care facility.
 - 5. Total number of these patients who experienced an adverse event resulting from services provided under this program.
- F. Procedure for notifying the EMS Agency of patient transfers from SC requiring 9-1-1 transport for an emergency medical condition.

4. Equipment and Supplies
 - A. Dedicated telephone line to facilitate direct communication with EMS personnel
 - B. Public Access Device/Layperson Automated External Defibrillator on site with staff trained on its proper use
 - C. An up-to-date community referral list of services and facilities available to patients
5. Procedure for Approval to be a designated SC
 - A. Submit a written request to the Director of the Triage to Alternate Destination Program to include:
 1. The rationale for the request to be a designated SC
 2. A document verifying that the facility has been designated by a city or county to provide a safe, supportive environment for intoxicated individuals to become sober
 3. The proposed date the SC will open to accept patients triaged by paramedics to the SC
 4. Copies of the policies and procedures required in Section III
 5. Proposed Staffing
 6. Hours of operation
 - B. Site Visit
 1. Once all General Requirements are met, the Triage to Alternate Destination program leadership will coordinate a site visit to verify compliance with all the requirements.
 2. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information and become familiar with the physical layout of the facility.
6. Other Requirements
 - A. The Triage to Alternate Destination program staff reserves the right to perform scheduled site visits or request additional data from the SC at any time.

Appendix 2.2: Transport Guidelines for Sobering Center – SAMPLE

PURPOSE: To provide guidelines for the transport of patients with a primary provider impression of Intoxication to the most appropriate facility that is staffed, equipped, and prepare to administer medical care appropriate to the needs of the patient.

AUTHORITY: Health & Safety Code, Division 2.5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Under the Influence of a mental status altering substance: A patient who appears to be impaired from a range of possible substances (alcohol, THC, stimulants, CNS depressants, etc.), demonstrated by diminished physical and mental control and without other acute medical or traumatic cause.

Being “under the influence” is typically associated with one of more of the following:

- Speech disturbance – incoherent, rambling, slurring
- Decline in cognitive function – confusion, inappropriate behavior, impaired decision-making capacity
- Imbalance – unsteady on feet, staggering, swaying
- Poor coordination – impaired motor function, inability to walk a straight line, fumbling for objects
- Agitation (for stimulants), or CNS depression (alcohol, CNS depressants)

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, and oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (Ref. No. 1200.2) are also considered to have an emergency medical condition.

Authorized Sobering Center (SC): 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 of the Health and Safety Code, and that meets any of the following requirements:

PRINCIPLES:

1. EMS provider agencies must be approved by the Emergency Medical Services (EMS) Agency to triage patients with under the influence of a mental status altering substance to a designated SC.

2. Paramedics licensed in the State of California, who have completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subsection (d) of Section 1830 of the Health and Safety Code and who have been accredited by a LEMSA in one or more of the triage paramedic specialties (including the triage of patients to a SC) described in Section 1819 of the Health and Safety Code as part of an approved triage to alternate destination program are the only EMS personnel authorized to utilize this policy.
3. Patients who appear to be impaired from a range of possible substances (alcohol, THC, stimulants, CNS depressants, etc.), who meet SC inclusion criteria may also be released at scene to local law enforcement agency. Law enforcement officers are highly encouraged to transport these patients to a designated SC. Paramedics shall document on the EMS Report Form to whom the patient was released.
4. In instances where there is potential for the patient to harm self or others, EMS personnel shall consider seeking assistance from law enforcement.
5. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; status of the receiving facility; anticipated transport time; requests by the patient, family, guardian, or physician; and EMS personnel and Base Hospital judgment.
6. In instance where 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, EMS personnel shall transport the patient to the emergency department of a general acute care hospital.
7. In instances where a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, EMS personnel shall transport the patient immediately to the emergency department of a general acute care hospital.

POLICY:

7. Responsibilities of the Paramedic
 - A. Retain and provide proof of an active, unrestricted California issued paramedic license
 - B. Completion of a LEMSA approved triage paramedicine course completion certificate.
 - C. Comply with all patient destination policies established by the EMS Authority
8. EMS Provider Agency Requirements and Responsibilities

- A. Submit a written request to the Director of the EMS Agency for approval to triage patients who meet SC Inclusion Criteria. The written request shall include the following:
 - 1. Date of proposed implementation date
 - 2. Scope of deployment (identify response units)
 - 3. Course/Training Curriculum addressing all items in Section IV.
 - 4. Identify a representative to act as the liaison between the EMS Agency, designated SC(s), and the EMS Provider Agency.
 - 5. Policies and procedures listed in Section B.
 - B. Develop, maintain, and implement policies and procedures that address the following:
 - 1. Completion of one Medical Clearance Criteria Screening Tool for each patient
 - 2. Pre-arrival notification of the SC
 - 3. Patient report to a licensed health care provider or physician at the SC
 - 4. Confirmation that SC has the capacity to accept the patient prior to transport
 - C. Develop a Quality Improvement Plan or Process to review variances and adverse events
 - D. Comply with data reporting requirements established by the EMS Agency.
9. Sobering Center (SC) Patient Triage Criteria
- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to a designated SC provided the SC can be accessed within a fifteen (15) minute transport time:
 - 1. Provider impression of Under the Influence of a mental status altering substance (found on the street, a shelter or in police custody); and
 - a. Voluntarily consented or have implied consent (when oriented to give verbal consent) to go to the SC; and
 - b. Cooperative and do not require restraints; and
 - c. Ambulatory, does not require the use of a wheelchair; and
 - d. NO emergent medical condition or trauma (with exception of ground level fall with injuries limited to minor abrasions below the clavicle)
 - 2. Age: ≥ 18 years old and < 65 years old
 - 3. Vital Signs
 - a. Heart rate ≥ 60 bpm and < 120 bpm
 - b. Respiratory rate ≥ 12 rpm and < 24 rpm
 - c. Pulse oximetry $\geq 94\%$ on room air
 - d. SBP ≥ 100 and < 180 mmHg

Note: Isolated mild to moderate hypertension (i.e., SBP \leq 180mmHg with no associated symptoms such as headache, neurological changes, chest pain or shortness of breath) in a patient with a history of hypertension is not a reason to exclude referral to a SC

4. Glasgow Coma Scale (GCS) Score of \geq 14
 5. If history of Diabetes Mellitus, no evidence of ketoacidosis and a blood glucose \geq 60 mg/dL and $<$ 250 mg/dL
- B. Exclusion Criteria – patients who meet the following conditions shall not be triaged to a SC, patient destination shall be in accordance with Ref. No. 502, Patient Destination or appropriate Specialty Care Center Patient Destination policy (i.e., Trauma Center, STEMI, Stroke):
1. Any emergent medical condition
 2. Any injury that meets trauma center criteria or guideline
 3. Complaint of chest pain, shortness of breath, abdominal/pelvic pain, or syncope
 4. Bleeding including any hemoptysis or GI bleed
 5. On anticoagulants
 6. Suspected pregnancy
 7. Bruising or hematoma above the clavicles
 8. EMS personnel feels the patient is not stable enough for SC

Appendix 2.3: Medical Clearance Protocol - Sobering Center – SAMPLE

PROCEDURE:

1. Paramedic shall assess and evaluate the patient using all the criteria listed below.
2. If ALL criteria are **Yes (Gray)** – triage patient to Authorized Sobering Center, only if transport time is within 15 minutes.
3. If ANY criterion is **No (Orange)** – triage patient to the most accessible 9-1-1 receiving hospital.

MEDICAL CLEARANCE CRITERIA FOR SOBERING CENTER

Provider Impression of patient Under the Influence of a mental status altering substance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verbalizes consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cooperative and do not require restraints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulatory, does not require wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age ≥ 18 years old and < 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate ≥60 and <120 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate ≥12 and <24 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry ≥94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP ≥100 and <180 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glasgow Coma Score ≥14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetes, glucose ≥60 and <250mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of: chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bleeding including any hemoptysis or GI bleed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not on anticoagulants*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bruising or hematoma above the clavicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMS Personnel feel patient is stable for Sobering Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>

* Common Anticoagulants: Warfarin/Coumadin, Clopidogrel/Plavix, Enoxaprin/Lovenox, Rivaroxaban/Xarelto, Dabigatran/Pradaxa, Apixaban/Eliquis, Edoxaban/Savaysa, Fondaparinux/Arix

Appendix 2.4: Authorized Mental Health Facility Designation Policy – SAMPLE

PURPOSE: To establish minimum standards for the designation of Authorized Mental Health Facilities

AUTHORITY: Health & Safety Code, Division 2.5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Behavioral/Psychiatric Crisis: A provider impression for patients who are having a mental health crisis or a mental health emergency. This is not for anxiety or agitation secondary to medical etiology.

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (Ref. No. 1200.2) are also considered to have an emergency medical condition.

Authorized Mental Health Facility: A facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, 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.

POLICY:

1. General Requirements

An Authorized mental health facility shall be:

- A. A licensed or certified as a mental health treatment facility or a hospital, as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, by the State and may include, but is not limited to:
 1. A licensed psychiatric hospital
 2. A licensed health facility
 3. A certified crisis stabilization unit
 4. A psychiatric health facility licensed by the State Department of Health Care Services

The Authorized mental health facility should:

- B. Provide and maintain adequate parking for ambulance vehicles to ensure access of PUC
- C. Appoint an EMS Liaison Officer to act as a liaison between the EMS Agency and the authorized EMS provider agency
- D. Accept all patients who have been triaged by paramedics regardless of the patient's ability to pay
- E. Maintain General Liability Insurance as follows:
 1. General aggregate: \$2 million

2. Products/completed operations aggregate: \$1 million
3. Personal and advertising injury: \$1 million
4. Each occurrence: \$1 million
5. Sexual Misconduct: \$2 million per claim and \$2 million aggregate
6. Worker's Compensation and Employers Liability: \$1 million per accident

2. Authorized mental health facility Leadership and Staffing

- A. EMS Liaison Officer
 1. Responsibilities:
 - a. Implement and ensure compliance with the Facility Standards
 - b. Maintain direct involvement in the development, implementation and review of facility policies and procedures related to receiving patients triaged by paramedics through the Triage to Alternate Destination program.
 - c. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics to the facility.
 - d. Liaison with EMS Provider Agencies and law enforcement agencies
 - e. Serve as the contact person for the EMS Agency and be available upon request to respond to County business
- B. A registered nurse licensed in the State of California shall be always on-site.
- C. Staffing may be augmented by licensed psychiatric nurse practitioners, licensed vocational nurses, social workers, and other mental health professionals.
- D. All medical and nursing staff shall have current certification on Cardiopulmonary Resuscitation (CPR) through the American Heart Association or Red Cross.

3. Policies and Procedures

Develop, maintain, and implement policies and procedures that address the following:

- A. Receipt, immediate evaluation, short term management and monitoring of patients who meet PUCG triage inclusion criteria
- B. Timely transfer of patients who require a higher level of care to an acute care hospital utilizing non-911 ambulance provider(s)
- C. Immediate transfer of patients with emergency medical condition to the most accessible 9-1-1 receiving facility/emergency department
- D. Record keeping of EMS Report Forms
- E. Data reporting requirements established by the EMS Agency, including but not limited to the following data:
 1. Total number of patients evaluated who were transported by EMS.
 2. Total number of these patients who were treated and released
 3. Total number of these patients who were transferred to an acute care emergency department.
 4. Total number of these patients admitted to another care facility.

5. Total number of these patients who experienced an adverse event resulting from services provided under this program.
 - F. Procedure for notifying the EMS Agency of patient transfers from facility requiring 9-1-1 transport for an emergency medical condition.
4. Equipment and Supplies
 - A. Dedicated telephone line to facilitate direct communication with EMS personnel
 - B. ReddiNet® capability to communicate facility's real-time capacity status
 - C. Public Access Device/Layperson Automated External Defibrillator on site with staff trained on its proper use
 - D. An up-to-date community referral list of services and facilities available to patients
 5. Procedure for approval to be a designated alternate destination facility for a triage to alternate destination program.
 - A. Submit a written request to the Director of the Triage to Alternate Destination Program to include:
 1. The rationale for the request to be an alternate destination facility.
 2. A document verifying that the facility has been approved as an Authorized mental health facility as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health
 3. The proposed date the facility will open to accept patients triaged by paramedics.
 4. Copies of the policies and procedures required in Section III
 5. Proposed Staffing
 6. Hours of operation
 - B. Site Visit
 1. Once all General Requirements are met, the Alternate Destination Program will coordinate a site visit to verify compliance with all the requirements.
 2. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information and become familiar with the physical layout of the facility.

Appendix 2.5: Transport Guidelines – Authorized Mental Health Facility – SAMPLE

PURPOSE: To provide guidelines for the transport of patients with a primary provider impression of Behavioral/Psychiatric Crisis to the most appropriate facility that is staffed, equipped, and prepared to administer medical care appropriate to the needs of the patient.

AUTHORITY: Health & Safety Code, Division 2.5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Behavioral/Psychiatric Crisis: A provider impression for patients who are having a mental health crisis or a mental health emergency. This is not for anxiety or agitation secondary to medical etiology.

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (Ref. No. 1200.2) are also considered to have an emergency medical condition.

Mental Health Crisis: Is a non-life-threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed. Examples of mental health crisis includes:

- Talking about suicide threats
- Talking about threatening behavior
- Self-injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behavior
- Eating disorders
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry, or anxious

Mental Health Emergency: Is a life-threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

Examples of a mental health emergency includes:

- Acting on a suicide threat
- homicidal or threatening behavior
- Self-injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behavior that indicates very unpredictable behavior and/or inability to care for themselves

Most Accessible Receiving Facility (MAR): Is the geographically closest (by distance) 9-1-1 Receiving Hospital approved by the EMS Agency to receive patients with emergency medical conditions from the 9-1-1 system.

Authorized Mental Health Facility : A facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision subsection (a) or (b) of Section 1250 of the Health and Safety Code, 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.

PRINCIPLES:

1. EMS provider agencies must be approved by the Emergency Medical Services (EMS) Agency to triage patients with behavioral/psychiatric crisis to an authorized mental health facility.
2. Paramedics who have completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subsection (d) of Section 1830 of the Health and Safety Code and has been accredited by a LEMSA in one or more of the triage paramedic specialties described in Section 1819 of the Health and Safety Code as part of an approved triage to alternate destination program, are the only EMS personnel authorized to utilize this policy.
3. Patients exhibiting mental health crisis who meet Mental Health inclusion criteria may also be released at the scene to the local law enforcement agency.
4. Paramedics shall document on the EMS Report Form to whom the patient was released.
5. In instances where there is a potential for the patient to harm self or others, EMS Personnel shall consider seeking assistance from law enforcement.
6. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; status of the receiving facility; anticipated transport time; requests by the patient, family, guardian, or physician; and EMS personnel and Base Hospital judgment.
7. In instance where 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, EMS personnel shall transport the patient to the emergency department of a general acute care hospital.
8. In instances where a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, EMS personnel shall transport the patient immediately to the emergency department of a general acute care hospital.

POLICY:

1. Responsibilities of the Paramedic
 - A. Retain and provide proof of an active, unrestricted California issued paramedic license

- B. Completion of a LEMSA approved triage paramedicine course completion certificate.
 - C. Comply with all patient destination policies established by the EMS Authority
2. EMS Provider Agency Requirements and Responsibilities
- A. Develop, maintain, and implement policies and procedures that address the specific facility needs and requirements.
 - B. Develop a Quality Improvement Plan or Process to review variances and adverse events
 - C. Comply with data reporting requirements established by the EMS Agency.
3. Authorized Mental Health Facility Patient Triage Criteria
- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to an authorized mental health facility provided the facility can be accessed within a fifteen (15) minute transport time:
 - 1. Provider impression of behavior/psychiatric crisis; and
 - a. Voluntarily consented or 5150 hold; and
 - b. Ambulatory, does not require the use of a wheelchair; and
 - c. NO emergent medical condition or trauma (with exception of ground level fall with injuries limited to minor abrasions below the clavicle)
 - 2. Age: ≥ 18 years and <65 years old
 - 3. Vital Signs
 - a. Heart rate ≥ 60 bpm and <120 bpm
 - b. Respiratory rate ≥ 12 rpm and <24 rpm
 - c. Pulse oximetry $\geq 94\%$ on room air
 - d. SBP ≥ 100 and <180 mmHg

Note: Isolated mild to moderate hypertension (i.e., SBP ≤ 180 mmHg with no associated symptoms such as headache, neurological changes, chest pain or shortness of breath) in a patient with a history of hypertension is not a reason to exclude referral to a PUC
 - 4. Glasgow Coma Scale (GCS) Score of ≥ 14
 - 5. If history of Diabetes Mellitus, no evidence of ketoacidosis and a blood glucose ≥ 60 mg/dL and <250 mg/dL
 - B. Exclusion Criteria – patients who meet the following conditions shall not be triaged to an authorized mental health facility, patient destination shall be in accordance with Ref. No. 502, Patient Destination or appropriate Specialty Care Center Patient Destination policy (i.e., Trauma Center, STEMI, Stroke):
 - 1. Any emergent medical condition
 - 2. Any injury that meets trauma center criteria or guideline
 - 3. Complaint of chest pain, shortness of breath, abdominal/pelvic pain, or syncope
 - 4. Open wounds or bleeding
 - 5. Suspected pregnancy
 - 6. Requires special medical equipment

7. Intellectual or developmental disability
8. Exhibits dangerous behavior
9. Signs and symptoms of agitated delirium (Reference No. 1208, Agitated Delirium)
10. EMS personnel feels the patient is not stable enough for authorized mental health facility

Appendix 2.6: Medical Clearance Protocol – Mental Health Facility - SAMPLE

PROCEDURE:

1. Paramedic shall assess and evaluate the patient using all the criteria listed below.
2. If ALL criteria are **Yes (Gray)** – triage patient to designated authorized mental health facility only if transport time is within 15 minutes.
3. If ANY criterion is **No (Orange)** – triage patient to the most accessible 9-1-1 receiving hospital.

MEDICAL CLEARANCE CRITERIA FOR MENTAL HEALTH

Provider Impression of Behavioral/Psychiatric Crisis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily consented or 5150 hold	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulatory, does not require wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age ≥ 18 years old and < 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate ≥60 and <120 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate ≥12 and <24 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry ≥94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP ≥100 and <180 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glasgow Coma Score ≥14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetes, glucose ≥60 and <250mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of: chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No open wounds or bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not requiring special medical equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No dangerous behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No signs and symptoms of Agitated Delirium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMS Personnel feel patient is stable for Authorized Mental Health Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Appendix 3.1 Checklist of Quarterly Data Reports

Documentation and Data Submission are important and necessary components of triage to alternate destination programs. The table below can be used to track compliance with the requirements put forth in Chapter 5.

Quarterly Documentation and Data Requirement	Responsible Person(s)	Q1	Q2	Q3	Q4
<p>Summary of Patient Outcomes, including the following metrics:</p> <ul style="list-style-type: none"> • Total number of patients evaluated who were transported by EMS. • Total number of these patients who were treated and released • Total number of these patients who were transferred to an acute care emergency department. • Total number of these patients admitted to another care facility. • Total number of these patients who experienced an adverse event resulting from services provided under this program. 	<p>Alternate Destination Facilities submit to LEMSA</p>				
<p>Data Reports, including the following metrics:</p> <ul style="list-style-type: none"> • Ambulance patient offload times (APOT) for every alternate destination facility. • Total EMS transports to every alternate destination facility. • Total number of patients turned away or diverted from every alternate destination facility. • Total number of patients who require subsequent transfer to an emergency department from an alternate care facility. • Summary of the primary reasons for turning away, diverting, or transferring patients to emergency departments from alternate care facilities. • Summary of feedback about the program from the Emergency Medical Care Committee. • Alternate destination facility summary of patient outcomes (noted in section above). § 100185(f) 	<p>LEMSA submit to EMS Authority</p>				

Summary data report of authorized personnel (no later than the thirtieth (30 th) calendar day of January, April, July, and October.) §100192.k	LEMSA submit to EMS Authority				
Annual Documentation and Data Requirement	Responsible Person(s)	Complete?			
Summary and Certification of Alternate Destinations, due to EMSA January 30 each year. § 100185(g)	LEMSA and Alternate Destination Facilities				

Appendix 3.2: Alternate Destination – Quarterly Summary and Annual Summary - Sample

Alternate Destination: Quarterly Summary

LEMSA Name: _____

LEMSA Telephone Number: _____

LEMSA Summary of Outcomes					
	Q1	Q2	Q3	Q4	Annual Total
Total # of 911 scene call patients who were treated & transported to an E.D.					
Total # of 911 scene call patients who were treated & transported to a Sobering Center					
Total # of 911 scene call patients who were treated and transported to a mental health facility					
Total # of 911 scene call patients who were treated and transported to a Veteran's Admin. E.D.					
Total # of patients transported to an alternate destination that required secondary transfer to an acute care E.D. within 24 hours.					

Facility Data Reports (repeat for each Alternate Destination Facility)

Facility Name: _____					
Facility Type					
<input type="checkbox"/> Authorized Sobering Center ¹					
<input type="checkbox"/> Authorized Mental Health Facility ²					
	Q1	Q2	Q3	Q4	Annual Total
Median Ambulance Patient Offload Times					
Total # of EMS Transports to Facility					
Total # of patients turned away, diverted, or who required secondary transfer to an acute care E.D within 24 hours from facility					
Summary of primary reasons for turning away, diverting, or transferring patients to Emergency Departments from facility:					
Summary of feedback about the program from the Emergency Medical Care Committee (attach supplementary documentation if applicable)					

Appendix 3.3 - Alternate Destination: Annual Summary and Certification - Sample

¹Federally Qualified health center, including a clinic described in subdivision (b) of Section 1206, OR, certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services, OR, accredited as a sobering center under the standards developed by the National Sobering Collaborative

²Licensed 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, may include, but not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. May also be a psychiatric health facility licensed by the State Department of Health Care Services. Staffed at all times with at least one registered nurse.

This should be repeated for each alternate facility in the TAD program

Facility Name: _____

Facility Address: _____

Telephone Number: _____

<u>Contract with LEMSA</u>	<u>Facility Type</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized Sobering Center ¹ <input type="checkbox"/> Authorized Mental Health Facility ²

Facility has standardized medical and nursing procedures for nursing staff <input type="checkbox"/> Yes <input type="checkbox"/> No		Facility maintains all necessary equipment and services <i>(including but not limited to 1 automatic external defibrillator, and at least 1 bed or mat per individual patient)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Type and Quantity:	Staff Type and Quantity:	Staff Type and Quantity:	Staff Type and Quantity:

I certify that the above facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of Title 22 Chapter 5.

Printed Name (LEMSA Representative)

Signature

Date

¹Federally Qualified health center, including a clinic described in subdivision (b) of Section 1206, OR, certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services, OR, accredited as a sobering center under the standards developed by the National Sobering Collaborative

²Licensed 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, may include, but not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. May also be a psychiatric health facility licensed by the State Department of Health Care Services. Staffed at all times with at least one registered nurse.

Appendix 4.1: List of Documentation Needed for Training Program Approval - Sample

Written Request for Approval: Triage Paramedicine Training

Eligible training programs interested in approval as a triage to alternate destination training programs should submit a written request to the LEMSA for program approval. **§100187.d.1** states that the LEMSA shall receive and review the following documentation prior to program approval:

Required Documentation	Yes/No
1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards	
2. An outline of course objectives and Performance objectives for each skill.	
3. The names and qualifications of the training program director, program medical director, and instructors.	
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating triage paramedic students; and monitoring of preceptors by the training program shall be included.	
5. If applicable, provisions for supervised field internship including triage paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program	
6. The proposed location(s) and date(s) for courses.	
7. If applicable. written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.	
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.	
9. Samples of written and skills examinations administered by the training program.	
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	

Appendix 4.2: Complete List of Staff Skill/ Experience Requirements and Statements of Compliance - Sample

Staff Qualifications for Triage Paramedicine Training

TAD Training Programs should meet Administration and Faculty Requirements, as put forth in §100189 - Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements. Please use the checklist below to ensure that the minimum staff skill/experience requirements have been met.

Staff	Yes/No
<p>Program Medical Director</p> <ul style="list-style-type: none"> • Board Certified or Board eligible emergency medical physician currently licensed in the State of California • Experience in emergency medicine • Education or experience in methods of instruction 	
<p>Program Director</p> <ul style="list-style-type: none"> • Knowledge or experience in local EMS protocol and policy • Board Certified or Board Eligible California licensed emergency medicine physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education • Education and experience in methods, materials, and evaluation of instruction including: <ul style="list-style-type: none"> ○ A minimum of one (1) year experience in an administrative or management level position ○ A minimum of three (3) years academic or clinical experience in prehospital care education. 	
<p>Instructor</p> <ul style="list-style-type: none"> • Physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of CA • Six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards • Expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual • Qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. 	

XXX I attest that I have provided the names and qualifications of the training Program Director, Program Medical Director, and Instructors in the application for accreditation as a TAD Training Program.

Signed: _____ Dated _____

Name and Title: _____

Appendix 4.3: Minimum Training And Curriculum Requirements and Statement of Compliance - Sample

Statement of Education Standards Compliance Triage Paramedicine Training

XXX utilizes United States Department of Transportation National Education Standards (U.S. DOT) which includes learning and performance objectives.

XXXX utilizes approved curriculum that meets the minimum training and curriculum standards set forth in Chapter 5, section 100189:

Minimum Training and Curriculum Requirements for **Triage Paramedic Training**:

1. *Triage Paramedic training curriculum shall include at a minimum the following (HSC 1831 c-d): Chapter 5*
 - a. Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital.
 - b. Mental health conditions.
 - c. Assessment and treatment of intoxicated patients.
 - d. The prevalence and causes of substance use disorders and associated public health impacts.
 - e. Suicide risk factors.
 - f. Alcohol and substance use disorders.
 - g. Triage and transport parameters.
 - h. Health risks and interventions in stabilizing acutely intoxicated patients.
 - i. Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.
 - j. Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.
 - k. Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.
 - l. EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies.

2. *Local EMS Agencies shall verify that the participating triage paramedic has completed training in all the following topics:*

- a. Psychiatric disorders.
- b. Neuropharmacology.
- c. Alcohol and substance abuse.
- d. Patient consent.
- e. Patient documentation
- f. Medical quality improvement.

In addition, XXX verifies utilization of:

- A minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.
- LEMSA approved Triage Paramedicine course completion certificate.
- Documentation of successful student clinical and field internship performance, if applicable.

XXX attests to utilizing an appropriate training program facility and equipment.

XXX attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

Signed: _____ Dated _____

Name and Title: _____

Appendix 4.4: Coversheet for Application as an Approved Training Program – SAMPLE

Training Entity/Program Name

*An application submitted for approval as an
Approved Triage to Alternate Destination
Training Program*

MAIN COURSE LOCATION/OFFICE:

CONTACT PERSON:

EMAIL:

PHONE NUMBER:

Submitted On: _____

Appendix 4.5: Application For Authorization as an Approved Training Provider - Sample**Submit Application and All Documentation to the LEMSA for your Geographic Area.****1. TAD Training Program Provider Agency Name and Location:**

Agency Name: _____ Phone No: _____

Street: _____ Fax No: _____

City: _____ State: _____ ZIP Code: _____

2. Provider Mailing Address: (if different than above)

Street/PO Box: _____

City: _____ State: _____ ZIP Code: _____

3. TAD Program Medical Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

4. TAD Program Director (Full Name & Title)

Name: _____ Email: _____

Title: _____

5. TAD Primary Instructor (Full Name & Title)

Name: _____ Email: _____

Title: _____

6. Provider is A/AN: (check ONE) Hospital Base Hospital Pre-Hospital Services Provider EMT-P/EMT-I Training Program College /University Other School Other Governmental Agency Individual Other CE Provider

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

7. Attach:

1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards
2. An outline of course objectives and Performance objectives for each skill.
3. The names and qualifications of the training program director, program medical director, and instructors.
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Triage Paramedic students; and monitoring of preceptors by the training program shall be included.
5. If applicable, provisions for supervised field internship including Triage Paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program
6. The proposed location(s) and date(s) for courses.
7. If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.
9. Samples of written and skills examinations administered by the training program.
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

I certify that I have read and understand the California Title 22 regulations and the County of _____ policies on education, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Triage to Alternate Destination Program Director

Date

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.6: Notification of Training Program Approval Program – SAMPLE

Thank you for your application and request for approval as a triage paramedic training program. Upon review of your application materials, I/this agency have determined that:

1. Training Program application satisfactorily meets and documents compliance with all program requirements. Yes No
(If yes, please sign below) Yes No
2. There are deficiencies with the application (If yes, please attach a separate document detailing deficiencies)

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

Date: _____

LEMSA

Effective Date of Training Program: _____

Expiration Date of Training Program: _____

Last day of the month Four (4) years from the date on which approval was issued

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.7: Notification of Training Program Approval - EMS Authority – SAMPLE

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

Date: _____

LEMSA

Please provide the name and contact information of the program director and medical director:

1. TAD Program Medical Director (Full Name & Title)

Name: _____

Email: _____

Title: _____

2. TAD Program Director (Full Name & Title)

Name: _____

Email: _____

Title: _____

Effective Date of Training Program: _____

Expiration Date of Training Program: _____

Last day of the month Four (4) years from the date on which approval was issued

Appendix 5.1: Checklist for Program Approval - Sample

Written Request for Approval: Triage to Alternate Destination Program

The LEMSA is responsible for submitting a written request to the EMS Authority for approval of a TAD program. **§100190.a** states that **the written request shall include the following:**

Required Documentation	Yes/No
1. Identification of the community need and recommended solutions.	
2. All program medical protocols and policies to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process.	
3. All program service provider approval documentation, including written agreements, if any.	
4. All relevant alternate destination facility approval documentation, including agreements, if any.	
5. Curriculum for program focused training.	



Appendix 5.2: Community Paramedicine/Triage to Alternate Destination EMS Plan Annex - Sample EMS Agency Certification

	Community Paramedic	Triage Paramedic
Total certified and accredited		
Number newly certified this year		
Number recertified this year		
Total accredited on July 1 of reporting year		
Number of certification reviews resulting in:		
• Formal investigations		
• Probation		
• Suspensions		
• Revocations		
• Denials		
• No action taken		

Facility Resource

County: _____
Alt. Destination: _____
Facility Address: _____

Phone Number: _____
Authorized Facility: Mental Health Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and California Code of Regulations, Title 22, Division 9, Chapter 5.



Provider Resource

<p>County: _____</p> <p>ALS Provider: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Fed. <input type="checkbox"/> County <input type="checkbox"/> Fire Dist.</p> <p>Community Paramedicine Provider <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Triage to Alternate Destination Provider <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Response Area: _____</p> <p>Written Agreement with LEMSA to Participate in EMS System (attach): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual review of provider agreements by LEMSA in accordance with §100183: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

Responses and Transports	
Community Paramedicine	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Triage to Alternate Destination Provider	
Total number of responses:	
Total number of transports to general acute care hospitals:	
Total number of transports to alternate destination facilities:	
Number of transports to authorized mental health facility:	
Number of transports to authorized sobering center:	



County: _____

Reporting Year: _____

EMS Agency Community Paramedicine Program

In accordance with Chapter 5. Community Paramedicine and Triage to Alternate Destination §100182(a) A LEMSA that elects to implement Community Paramedicine (CP) or Triage to Alternate Destination (TAD) program pursuant to Section 1840 of the Health and Safety Code shall develop and, prior to implementation, submit a plan for that program to the Authority for review and approval that includes attesting the following:

- 1) Identification of the community need and recommended solutions.

- 2) List program medical protocols and policies. (attach)

- 3) Outline policies for collaboration with public health or community resource



4) Outline the policies and process for Approval of and Oversight of CP and TAD Training Programs. (attach)

5) Outline the policies and process for dealing with Paramedic Scope of Practice, Accreditation, and Discipline. (attach)

County: _____

Reporting Year: _____

EMS Agency Training Program

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute? Yes No

Does the training for community paramedics include the following program specialties:

- Providing directly observed therapy to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease? Yes No
- Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources? Yes No

Does the training for triage paramedics include the following program specialties:

- 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. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient’s current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program? Yes No
- Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code? Yes No
- Providing transport services for patients who identify as veterans and desire transport to a local veteran’s administration emergency department for treatment, when appropriate? Yes No

Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics:

- a) Mental health crisis intervention by a qualified instructor? Yes No
- b) Assessment and treatment of intoxicated patients? Yes No
- c) Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility? Yes No



Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics:

- a) Psychiatric orders? Yes No
- b) Neuropharmacology? Yes No
- c) Alcohol and substance abuse? Yes No
- d) Patient consent? Yes No
- e) Patient documentation? Yes No
- f) Medical quality improvement? Yes No

Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:

- a) The impact of alcohol intoxication on the local public health and emergency medical services system? Yes No
 - b) Alcohol and substance use disorders? Yes No
 - c) Triage and transport parameters? Yes No
 - d) Health risks and interventions in stabilizing acutely intoxicated patients? Yes No
 - e) Common conditions with presentations similar to intoxication? Yes No
 - f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders? Yes No
-