





Alternative Destination for EMS

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APPROVED:			Joe Hoffman, Medical Program Director		
APPROVED:			John Oliver, Chair		

I. Purpose:

This document establishes the foundation and procedure for alternate destinations for EMS patients other than hospital emergency departments.

Authority: SHB 1721

II. Policy:

EMS personnel may transport patients in crisis to alternate destinations instead of hospital emergency departments. These alternate centers must be capable and willing to accept pre-hospital transports. A center's willingness to receive such patients will need to be communicated to the medical program director.

Potential alternate facilities may include but not limited to:

- Crisis center
- Domestic violence shelter
- Homeless shelter
- Detoxification center
- Behavioral health triage

A patient in crisis may include:

- Mental health issue
- Victim of domestic violence
- Substance use
- Homeless



Alternative Destination for EMS

Experience grief/loss

Sex trafficking

III. Procedure:

- A. Once a person in crisis has been identified and there is intent to transport that patient to an alternate destination, a detailed history and physical exam will be performed. The elements of that history and physical will be documented on the patient care report (PCR).
- B. The patient will need to meet the inclusion and exclusion criteria for an alternate destination.
 1. **Inclusion**
 - a. Age less than or at 55 years old
 - b. No serious chronic medical conditions
 - c. Not taking medications that require laboratory monitoring
 - d. Blood pressure less than 210/120
 2. **Exclusion**
 - a. Overdose in last 12 hours
 - b. Current withdrawal from drugs or alcohol
 - c. First time delirium or psychosis
- C. Contact intended center early to determine if the facility can accept the patient.
 1. If the intended facility cannot accept the patient, transport to nearest appropriate emergency department.
- D. Complete PCR for the patient and provide it to the center within 24 hours.