



Clinical Operating Policy (COP) 2010 – Alternative Destination for EMS

I. Purpose

This policy establishes the framework and operational procedure for transporting eligible EMS patients to alternate destinations other than hospital emergency departments when appropriate.

II. Scope

This COP applies to EMS personnel operating within Kitsap County who assess, manage, and transport patients who may be appropriate for alternate destination programs under Washington law (SHB 1721).

III. Policy

EMS personnel may transport patients in crisis to alternate destinations instead of hospital emergency departments when those facilities are capable and willing to accept pre-hospital transports and have communicated that capability to the Medical Program Director.

Potential alternate destinations may include, but are not limited to:

- Crisis centers
- Domestic violence shelters
- Homeless shelters
- Detoxification centers
- Behavioral health triage centers
- Urgent care facilities

Patients appropriate for alternate destination transport may include individuals experiencing:

- Mental health crises
- Victims of domestic violence
- Substance use issues
- Homelessness-related needs
- Acute grief or loss
- Human trafficking or exploitation



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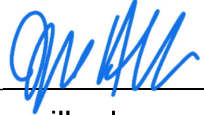
IV. Procedure / Operating Guidelines

1. Once a person in crisis has been identified and there is intent to transport to an alternate destination, a detailed history and physical examination will be performed and documented in the Patient Care Report (PCR).
2. Patients must meet inclusion criteria and must not meet exclusion criteria for alternate destination transport.
3. Inclusion Criteria:
 - Age 55 years or younger
 - No serious chronic medical conditions
 - Not taking medications requiring laboratory monitoring (e.g., warfarin/coumadin, phenytoin/dilantin, valproic acid/depokote, carbamazepine/tegretol)
 - Blood pressure less than 210/120
4. Exclusion Criteria:
 - Overdose within the previous 12 hours
 - Current withdrawal from drugs or alcohol
 - First-time delirium or psychosis
5. Contact the intended alternate destination early to confirm the facility can accept the patient.
6. If the intended facility cannot accept the patient, transport the patient to the nearest appropriate emergency department.
7. Complete the Patient Care Report (PCR) and provide it to the receiving center within 24 hours.

V. References

Washington State Substitute House Bill (SHB) 1721 – Alternative EMS Destinations

VI. Review and Approval

Medical Program Director:  Date: 03/09/2026

Fire Chief / Council Chair: jim gillard Date: Jun 11, 2026

Effective Date: 06/09/2026

Next Review Date: 06/09/2029

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