

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



June 3, 2025

Dan Lynch, EMS Director
Central California County Emergency Medical Services Agency
PO Box 11867
Fresno, CA 93775

Dear Dan Lynch,

This letter is in response to Central California Emergency Medical Service (EMS) Agency's 2023 EMS Plan Amendment submission to the Emergency Medical Services Authority (EMSA) on May 16, 2025.

EMSA has reviewed the 2023 EMS Plan Amendment based on compliance with statutes, regulations, and case law. It has been determined that the plan amendment meets all EMS system components identified in the Health and Safety Code (HSC) § 1840 and California Code of Regulations, Title 22, Division 9, Chapter 5, and is approved for implementation.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads 'Angela Wise'.

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director

Enclosure:
AW: rd



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

May 16, 2025

Angela Wise, Branch Chief
California Emergency Medical Services Authority
EMS Quality and Planning Division
11120 International Drive, 2nd Floor
Rancho Cordova, CA 95670

Subject: CCEMSA EMS Plan Amendment – Alternate Destination – Authorized Facility

Chief Wise,

Included with this letter is a EMS Plan Amendment to add River Vista Behavioral Health as an authorized receiving facility to the Central California EMS Agency Alternate Destination (TAD) program.

As you know, the CCEMSA has an EMSA approved Triage to Alternate Destination program, which has been in place for several years. The program has been very successful to the Fresno and Madera Counties, and we are seeking to add an additional authorized facility to the system.

River Vista Behavioral Health is a relatively new psychiatric hospital in Madera County and is located on the border of Fresno County near Valley Children's Hospital. We have reviewed the facility in person and met with administration. We were very impressed with the facility and staff and look forward to working with them.

We request approval of the enclosed EMS Plan amendment. If you have any questions, please contact me at (559) 600-3387.

Sincerely,

Daniel J. Lynch
EMS Director

cc: Miranda Lewis, M.D., EMS Medical Director
Mato-Kuwapi Parker, EMS Coordinator

**Central California
Emergency Medical Services Agency**

**EMS PLAN AMENDMENT
Transport to Alternate Destination
Additional Facility Authorization**



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SERVICES AGENCY
DIRECTOR**

Donna Ortiz

May 15, 2025

Central California Emergency Medical Services Agency
A Division of Fresno County Department of Public Health

Director of Emergency Medical Services.....Daniel Lynch
Emergency Medical Services Medical DirectorMiranda Lewis, M.D.

Purpose

The purpose of this amendment to the EMS Plan is to add River Vista Behavioral Health as an authorized receiving facility to the Central California EMS Agency Alternate Destination (TAD) program.

TAD Program

The Central California EMS Agency has a well-established TAD program that has been operational for many years. The EMS Authority approved the TAD program on September 7, 2023. The program has been very successful for Fresno County, and we are excited to add an additional receiving facility to the program

Authorized Facility

Currently, the Fresno County Crisis Stabilization Center (CSC) is located in the City of Fresno and is the only authorized TAD receiving facility for behavioral health patients meeting the TAD criteria. The CSC receives an average of 260 behavioral health patients each month. On occasion, CSC goes on temporary diversion/closed status due to being full and having no more capacity to receive patients.

River Vista Behavioral Health is a California licensed Acute Psychiatric Hospital located in Madera County and resides immediately adjacent to Valley Children's Hospital (VCH). While having no relationship to VCH (it is a separate entity), River Vista is a 128 inpatient bed facility with outpatient and urgent care services. The facility has been operational for 2 years and maintains registered nurse staffing on a full-time basis 24/7. A copy of the facilities license is included with this update.

River Vista serves adults and youth and meets all requirements as an authorized TAD mental health facility. This facility is approved by the California Department of Public Health for the involuntary detention, evaluation, and treatment of adults and youth in accordance with the Welfare and Institutions Code and the California Code of Regulations. In addition, this facility is staffed by a registered nurse at all times that will perform a brief medical evaluation upon receipt of the patient.

The facility will provide services to all patients regardless of payor. They will accommodate private, commercial, Medi-Cal, MediCare or uninsured patients. Due to the nature of the facility and its patients, there is no "wallet biopsy" or "screening" of patient insurance or non-insurance.

Prehospital patient acceptance criteria are identical to the criteria used by the Fresno CSC, which provided consistency and avoids confusion for prehospital personnel. The criteria are included in EMS Policy 245, which is included with this update.

Facility Affirmation

River Vista has submitted a written affirmation letter as requested by the EMS agency. The letter provides more detailed description of responsibility than the affirmation form provided in the toolkit and the affirmation letter is preferred by the EMS agency. The affirmation letter is included with this update.

Ambulance Provider Agency Training

Fortunately, due to the closure of Madera Community Hospital in December 2023, the Madera County ambulance providers, Pistoresi Ambulance Services and Sierra Ambulance Service, have been trained in TAD. At the time of the hospital closure, the Madera County ambulance providers were allowed to utilize the Fresno CSC in order to reduce additional overcrowding of Fresno hospitals. The ambulance providers and the EMS agency have worked to maintain that level of training for existing and new employees hired by those agencies.

The TAD training program, as described in our original applications continues to be used for ambulance providers in both Fresno and Madera Counties. All trained paramedics are entered into the State registry.

Policy Updates

EMS Policy 245 – Paramedic Triage to Alternate Destination Program, and EMS Policy 547 – Patient Destination, have been updated to include River Vista Behavioral Health. Both policies are included with this update.

Data Submission

River Vista will provide all required data to the EMS agency, which will be included in the EMS agency quarterly reports. The EMS agency will submit appropriate documentation to EMSA to add River Vista as a receiving hospital in the CEMSIS data system and the facility will be added to ambulance provider agency's ePCR platforms.

Facility Contact Information

The location and contact information are the following:

River Vista Behavioral Health
40886 Goodwin Way
Madera, CA 93636
(559) 603-6000

EMS Liaison:	Arveen Sandu, RN
Medical Director:	Dhanvendran Ramar, M.D.
Administrator:	Qiana Hines-Taylor, MSN, RN, ACM-RN

**River Vista Behavioral Health
Letter of Affirmation and Licensure**



May 14, 2025

Daniel Lynch
Division Manager – Emergency Services
Fresno County Department of Public Health
1221 Fulton St. 5th – Brix
Fresno, CA 93721

River Vista Behavioral Health provides both inpatient and outpatient treatment to adults and adolescents experiencing an acute behavioral health crisis. Our facility accepts both voluntary and involuntary individuals, as approved by the California Department of Health Care Services for the involuntary detainment, evaluation, and treatment of adults and minors pursuant to Welfare and Institutions Code (WIC) Sections 5150 et seq., 5585.50 through 5585.59 and 5751.17. In addition, this facility is compliant with CCR S100115.02.

The purpose of this letter is to request that River Vista Behavioral Health be added as a location to the EMS Systems Triage to Alternative Destination Program (TAD). This would allow individuals experiencing a mental health crisis in the prehospital setting to be transported by ambulance directly to our facility once medically cleared by EMS. Individuals would receive immediate evaluation and treatment thus relieving some of the burden on our already overcrowded Emergency Rooms. We are requesting that our location serve as an alternate destination for Madera County residents exclusively at this time and will open to surrounding counties at a later date.

River Vista Behavioral Health and the TAD program will be overseen by the following licensed medical professionals:

Medical Director: Dr. Dhanvendran Ramar
Administrator: Qiana Hines-Taylor, MSN, RN, ACM-RN
EMS Liaison: Arveen Sandhu, RN

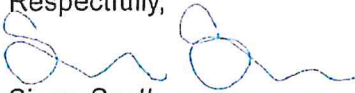
River Vista Behavioral Health has reviewed the existing policies and will ensure our facility adheres to the following requirements including, but not limited to the following:

1. River Vista Behavioral Health shall maintain and adhere to all regulations to ensure continued approval as an authorized alternative destination for EMS transports

2. River Vista Behavioral Health shall accept all appropriate individuals who meet destination criteria regardless of the individuals' ability to pay
3. A registered Nurse licensed by the State of California shall always be on-site
4. Nursing staff on-site shall have current certification in cardiopulmonary resuscitation (CPR)
5. River Vista Behavioral Health shall provide monthly data requested by the EMS agency
6. River Vista Behavioral Health shall participate in the EMS Agency's Continuous Quality Improvement Program as it relates to the Triage to Alternate Destination Program. This includes providing feedback and recommendations for improvement of the Triage to Alternate Destination Program.

We greatly appreciate our collaborative partnership with the Department of Public Health and the EMS Agency. We look forward to the possibility of being a part of the Triage to Alternative Destination Program.

Respectfully,



Sierra Scott
Director of Business Development

License: 550008678

Effective: 08/03/2024

Expires: 08/02/2025

Licensed Capacity: 128

State of California
Department of Public Health

In accordance with applicable provisions of the Health and Safety Code of California
and its rules and regulations, the Department of Public Health hereby issues

this License to

UHS of Madera, Inc.

to operate and maintain the following **Acute Psychiatric Hospital**

River Vista Behavioral Health

40886 Goodwin Way
Madera, CA 93636

Bed Classifications/Services/Stations

128 Acute Psychiatric

128 Acute Psychiatric Care

Other Approved Services

Outpatient Services - Behavioral Health

This **LICENSE** is not transferable and is granted solely upon the following conditions, limitations and comments:

None

TOMÁS J. ARAGÓN, MD, DrPH

Director and State Public Health Officer

Joshua Williams

Joshua Williams, Staff Services Manager I

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification,
Fresno District Office, 285 West Bullard Avenue, Suite 101, Fresno, CA 93704, (559) 437-1500

POST IN A PROMINENT PLACE

Facility Detail

RIVER VISTA BEHAVIORAL HEALTH
40886 GOODWIN WAY, MADERA, CA 93636
Madera County

[CURRENT FACILITY INFORMATION >](#)
[VIEW UTILIZATION REPORTS >](#)

License Category:
Acute Psychiatric Hospital

Facility Status:
Open

Status Effective:
08/03/2023

Total Licensed Beds:
128

Facility Level:
Parent Facility

HCAI ID:
106200030

PERM ID:
10030

License Number:
550008678

License Effective Dates:
08/03/2024 - 08/02/2025

Originally Licensed:
08/03/2023

[VIEW FACILITY HISTORY >](#)

[VIEW LICENSE HISTORY >](#)

Beds:			
Units	Type	Suspended	From To
128	Acute Psychiatric		
128 Total Beds			

[VIEW BED HISTORY >](#)

Services:

Service	Units	Alternate Address
Outpatient Services		Behavioral Health

CCEMSA Policy 245
Paramedic Triage to Alternate Destination Program

*The only change is on Page 2, Section VI – added River Vista

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 245 Page 1 of 3
Subject	Paramedic Triage to Alternate Destination Program	
References	California Code of Regulations, Title 22, Division 9, Chapter 5	Effective 11/1/2023

I. POLICY

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5. A paramedic currently licensed in California may be accredited by the local EMS agency to practice as a Triage to Alternate Destination (TAD) Paramedic in Fresno and Madera Counties upon successfully completing the qualifications and requirements of the accreditation process. Failure of TAD or TAD facilities to comply with the H&S 1317, CCR and EMS policy may result in denial, probation, suspension, or revocation of approval. Procedure for non-compliance shall be in accordance with CCR 100184.

II. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – AUTHORIZED FACILITY

The local EMS Agency has designated the Fresno County Department of Behavioral Health's Crisis Stabilization Center as the authorized facility to receive prehospital behavioral health patients. This facility is located at 4411 E. Kings Canyon Road, Fresno, CA 93702.

A behavioral health facility may apply to the local EMS Agency to become an authorized receiving facility for participation in the paramedic TAD program. An authorized receiving facility shall be a facility that meets the requirements of CCR 100115.01. The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Verification that the facility meets CCR 100115.02.
- C. Names of facility Medical Director, Administrator, and EMS Liaison.
- D. Signed Triage to Alternate Destination Authorized Facility Affirmation Form (provided by EMS Agency)

NOTE: The EMS Agency will prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being 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 subsection (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.

III. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SERVICE PROVIDER

All ambulance providers in Fresno and Madera Counties are authorized paramedic TAD service providers. An approved advanced life support provider may apply to the local EMS agency to become an authorized provider for participation in the paramedic TAD program. The required documentation to be submitted to the EMS Agency includes:

Approved By		Revision
EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245
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- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Signed Paramedic Triage to Alternate Destination Affirmation Form (provided by EMS Agency)

IV. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PARAMEDIC ACCREDITATION

- A. In order to be eligible for initial TAD accreditation, a paramedic shall meet the requirements of CCR 100112.01(f). In addition to these requirements, the EMS Agency requires that the applicant have current paramedic accreditation from the Central California EMS Agency and successful completion of an EMS Agency approved TAD training program.
 - 1. For paramedics already authorized to perform TAD through the original 2018 Workforce Pilot Project, a letter of verification from an approved TAD provider agency that all training requirements have been met shall be provided to the EMS Agency. Otherwise, a TAD approved course completion certificate is required.
- B. The EMS Agency shall enter the TAD paramedic into the EMS Authority Central Registry within 5 days from approval, which will be TAD paramedic's effective date.
- C. Accreditation expires on the last day of the month, two (2) years from the effective date.
- D. TAD Re-Accreditation will be in accordance with CCR 100112.01(h), which requires four (4) hours of continued education every two years in Triage to Alternate Destination and will extend accreditation an additional two (2) years.
- E. Reinstatement for TAD accreditation is outlined in CCR 100112.01(i).

V. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – TRAINING PROGRAM

American Ambulance is the authorized training program for TAD paramedics in Fresno and Madera Counties. Through the original pilot project with the State EMS Authority (Community Paramedicine (CP) 022 - Healthcare Workforce Pilot (HWPP) #173), American Ambulance developed a training program that meets the requirements of CCR 100123.01(f).

Authorized service providers or other entities may apply to the local EMS Agency to become an authorized paramedic TAD training program. The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. The application letter will include a detailed outline of the requirements listed in CCR 100187 and 100-189, program staff. The applicant will specifically acknowledge the duties of the program medical director, which is listed in CCR 100123.01(a), the Program Director duties listed in CCR 100123.01(b), and the instructor requirements listed in CCR 100123.01(d).

The EMS Agency is responsible for approval of training programs within the CCEMSA region. As the approver, the EMS Agency has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this California Code of Regulations and EMS policy or for failure to fulfill any additional requirements established by the EMS Agency through denial, probation, suspension, or revocation of the approval.

VI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PROTOCOLS AND CRITERIA

The criteria for destination to the Crisis Stabilization Center and River Vista is found in EMS Policy #547. The paramedic will treat the patient in accordance with the appropriate treatment protocol.

VII. DATA COLLECTION

CCR 100119.01 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245
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facility and also each of the authorized service providers. All data outlined in CCR 100119.01 shall be submitted to the State EMS Authority on a quarterly basis. Monthly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

VIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by the EMS Agency's Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Center, local hospitals, the Regional CQI Committee and the EMS Medical Director.

The EMS Agency shall notify the State EMS Authority of any reported complaints or unusual occurrences related to the Triage to Alternate Destination program within 72 hours, which shall include any supporting or explanatory documentation.

IX. FEES

The EMS Agency has not established any fees related to the Triage of Alternate Destination Program

CCEMSA Policy 547

Patient Destination

*River Vista has been added to page 1 – Section II, Page 6 – Section C, and to the last page regarding criteria.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547
Subject	Patient Destination	Page 1 of 11
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 6)	Patient's Choice within Kings County	River Vista or MCH (See criteria on page 6)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 6)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	3/18/2025

Subject: Patient Destination	Policy Number: 547
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B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.
2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.
3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.
4. Closest Appropriate Hospital
 - a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).
 - b. Closest is defined as the shortest travel time not necessarily the closest by distance.
 - c. The Base Hospital Physician will have the ultimate authority for patient destination.
 - d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":
 - 1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:
 - a) Adventist Health Hanford (AH-H)
 - b) Adventist Health Tulare (AH-T)
 - c) Clovis Community Medical Center (CCMC)
 - d) Kaiser Permanente Hospital (KPH)
 - e) Kaweah Health Medical Center (KHMC)
 - f) Madera Community Hospital (MCH)
 - g) Regional Medical Center (RMC)
 - h) Saint Agnes Medical Center (SAMC)
 - i) Sierra View District Hospital (SVDH)
 - j) Valley Children's Hospital (VCH)
 - 2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:
 - a) Adventist Health Reedley (AH-R)
 - b) Adventist Health Selma (AH-S)
 - c) Coalinga Regional Medical Center (CRMC)

Subject:	Patient Destination	Policy Number: 547
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5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
- b. Base Hospital consultation if required.

6. Acute Stroke Emergency

In the event of an acute stroke emergency, transport should be to a designated stroke center, which can provide stroke diagnosis and treatment capacity twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.

Destination is determined by:

- a. G-FAST Stroke Assessment Score and time since onset of symptoms; or
 - G-FAST $\leq 3 \rightarrow$ transport to closest stroke center
 - G-FAST = 4 \rightarrow transport to Comprehensive Stroke Center if within 45 minutes and last known normal <24 hours, otherwise transport to closest stroke center
 - NOTE: Blood glucose must be ≥ 80 before initiating G-FAST Stroke Assessment. If blood glucose is less than 80 with a normal mental status, administer glucose and reassess.
- b. EMT or Paramedic assessment that indicates a possible stroke; or
- c. Pediatric Patients ≤ 14 years of age – transport to Valley Children's Hospital; or
- d. Base Hospital consultation if required.

Subject:	Patient Destination	Policy Number: 547
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G-FAST STROKE ASSESSMENT				
Sign / Symptom	How Tested	Normal	Abnormal	Score
Gaze Abnormality	Have the patient look to the left and right without moving their head.	Patient can gaze fully to both sides.	Patient only looks in one direction.	Normal = 0 Abnormal = 1
Facial Droop	Have the patient show their teeth or smile.	Both sides of the face move equally.	One side of the face does not move as well as the other.	Normal = 0 Abnormal = 1
Arm Drift	The patient closes their eyes and extends arms straight out for 10 seconds.	Both arms move about the same, or do not move at all.	One arm either does not move, or one arm drifts downward compared to the other.	Normal = 0 Abnormal = 1
Speech (unless under the influence of alcohol or drugs)	The patient repeats "You can't teach an old dog new tricks."	The patient says the correct words with no slurring of the words.	The patient slurs words, says the wrong words, or is unable to speak.	Normal = 0 Abnormal = 1
Time last seen normal				No points

If any portion of the G-FAST Stroke Assessment is documented abnormal (excluding slurred speech in someone who is under the influence of alcohol or drugs) and is a new finding, the stroke scale is positive and may indicate an acute stroke.

A score of 4 is suggestive of a large vessel occlusion (LVO) and transport to a Comprehensive Stroke Center may be indicated (see algorithm).

Primary Stroke Centers have neurologists available and can give a clot dissolving medication for an ischemic stroke. The Primary Stroke Centers in the CCEMSA Region are:

- Adventist Health-Hanford
- Adventist Health-Tulare
- Clovis Community Medical Center
- Kaiser Permanente Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center
- Sierra View Medical Center

Comprehensive Stroke Centers have the same capabilities as a Primary Stroke Center, but can also perform mechanical thrombectomy, which is a procedure to retrieve a clot in a large vessel occlusion stroke. The Comprehensive Stroke Center in the CCEMSA region is:

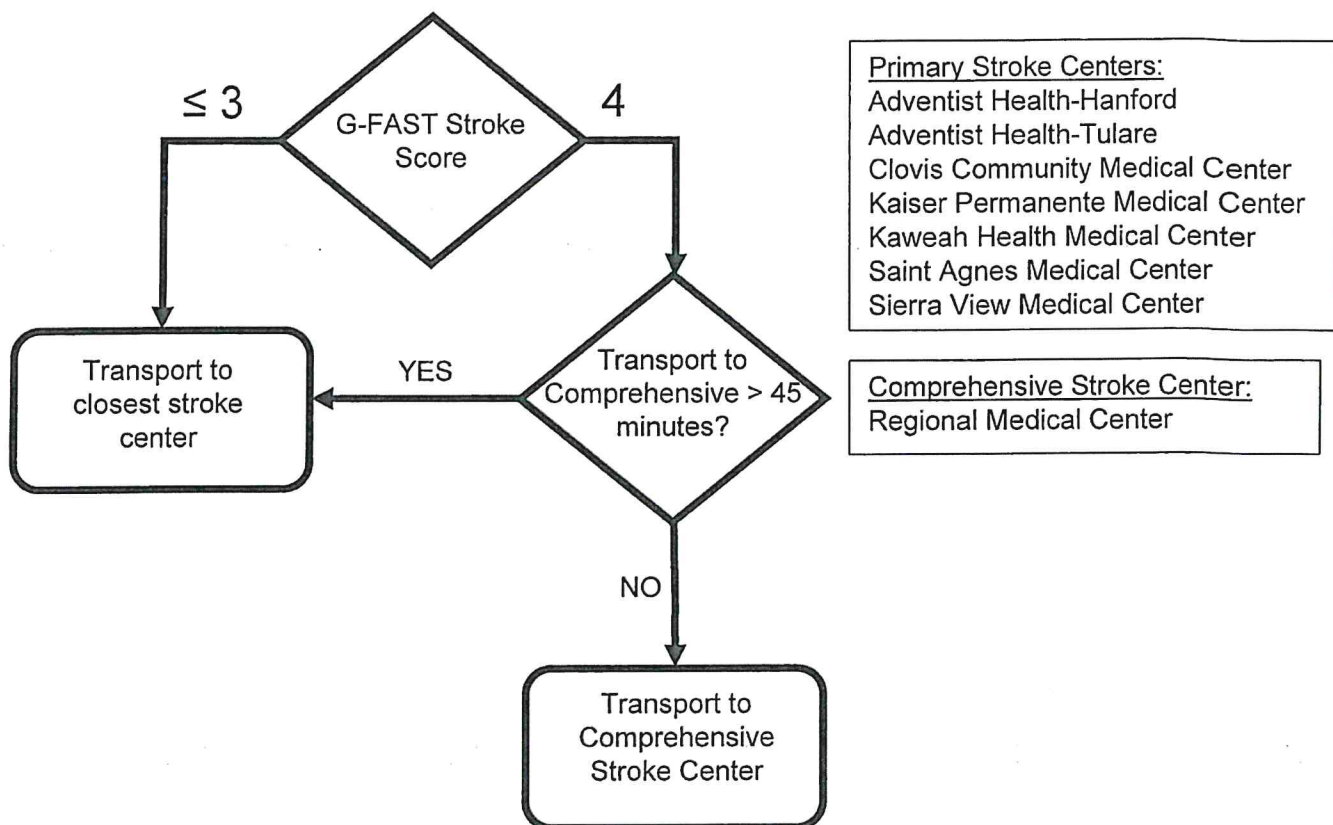
- Regional Medical Center

If the EMT or Paramedic assessment indicates a possible stroke, but the G-FAST Stroke Assessment is normal, transport of the patient should be to either a Comprehensive or Primary Stroke Center.

NOTE: Air Ambulance should be considered in situations with extended transport times.

Subject:	Patient Destination	Policy Number: 547
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Suspected Stroke Destination Algorithm:



7. Patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress.
 - c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).
8. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.
9. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient.

Subject: <div style="text-align: center;">Patient Destination</div>	Policy Number: 547
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C. Fresno and Madera County 5150 Holds – Considerations

1. Fresno and Madera County 5150 patient criteria for transport to Crisis Stabilization Center (CSC), Youth Crisis Stabilization Unit (YCSU) or River Vista (RV):

- a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) or River Vista (Madera County patients only) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:
- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
 - No alteration in mental status due to dementia or delirium.
 - Glasgow Coma Score 14 or 15.
 - Complete vital signs within limits (HR, RR, BP and GCS).
 - Not febrile to palpation/measurement.
 - Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

- a) Pulse: 50-120 bpm
- b) Systolic Blood Pressure: 100-180 mm Hg
- c) Diastolic Blood Pressure: less than 120 mm Hg
- d) Respiratory Rate: 12-30

2) Pediatrics:

- a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC), Youth Crisis Stabilization Unit (YCSU), or River Vista (RV) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC), Youth Crisis Stabilization Unit (YCSU), or River Vista (RV) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing.

- b. All other patients on a 5150 hold in Fresno or Madera Counties not meeting the above criteria will be transported to Patient/Family Choice within Fresno County or MCH (Madera County patients only).
- c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.
- d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County) or RV (Madera County) if patient meets criteria within this policy.
- e. In the event that a secondary transfer of a patient received by EMS to a hospital emergency department occurs, the Crisis Stabilization Center or River Vista shall provide copies of the patient's medical records are included with the patient.
- f. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.
- g. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

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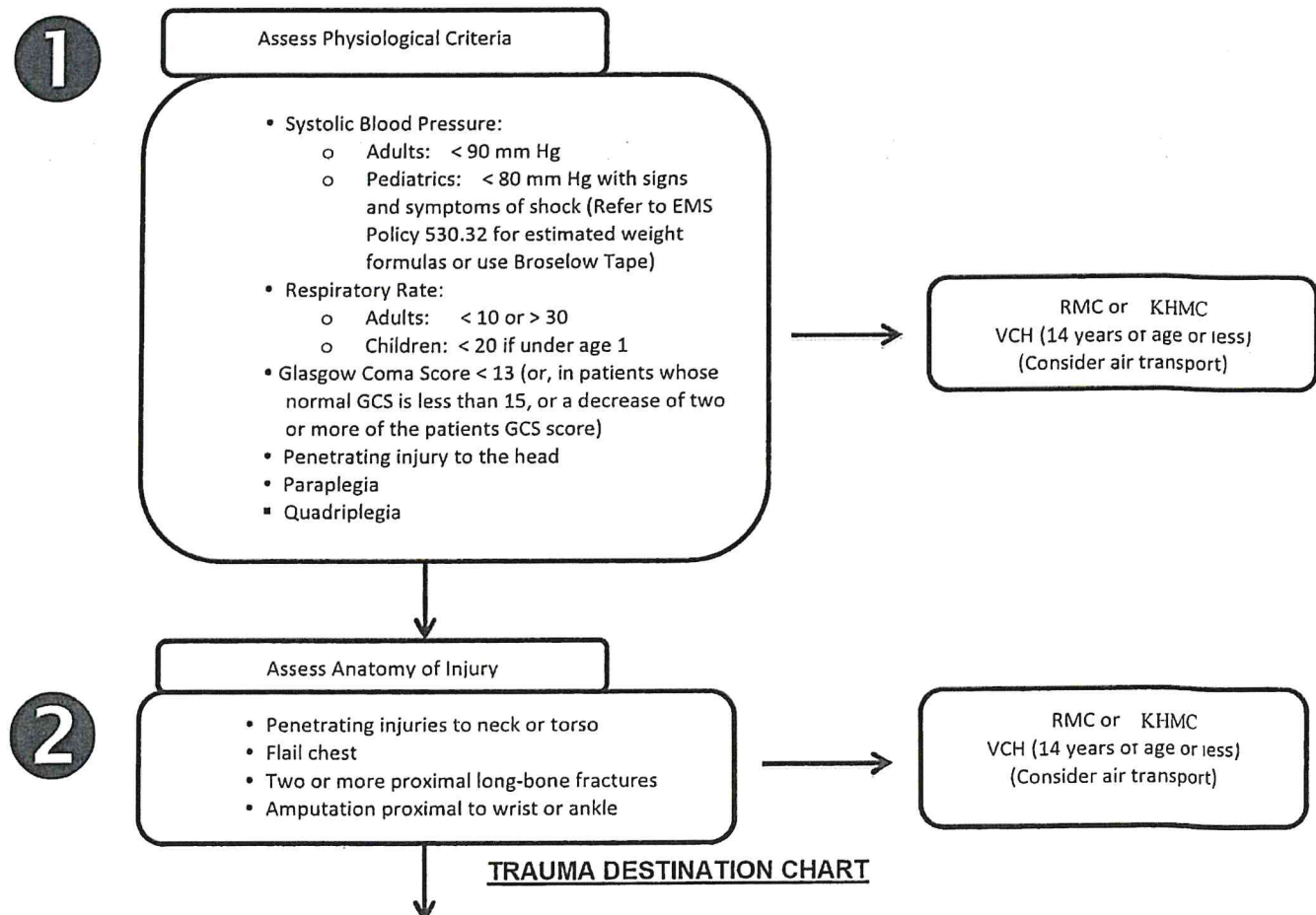
D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.
2. Patients that cannot be transported directly to the Veteran's Administration are:
 - Cardiac arrest due to trauma
 - Pediatric cardiac arrest
 - Trauma Center Triage Criteria
 - OB patient in active labor
 - Gynecological complaints and known obvious pregnancy with vaginal bleeding
 - ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closest facility in accordance with the following chart:

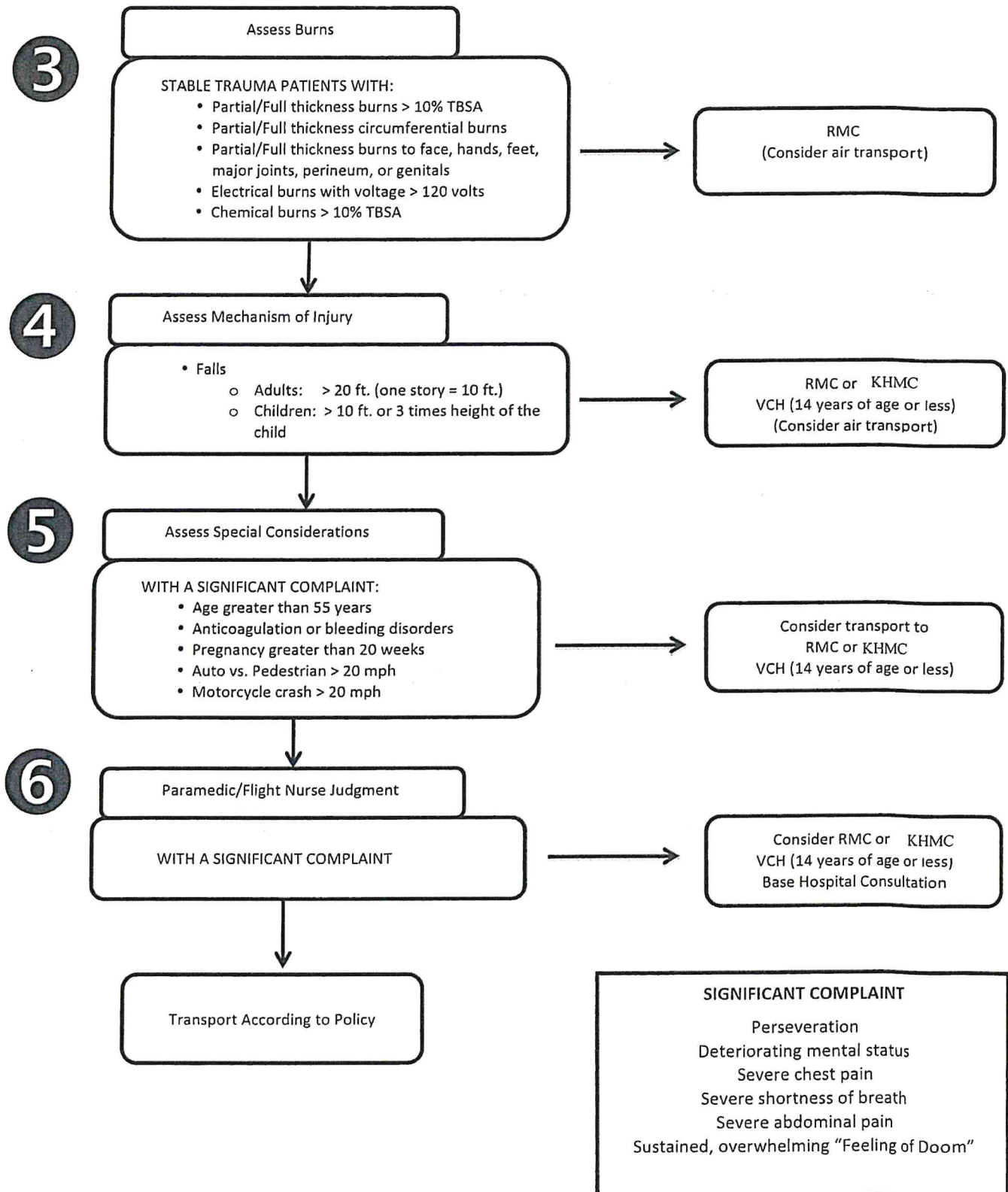


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NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).
2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.
3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:
 - a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
 - b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

- a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
- b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
- c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
- d. Electrical burns with voltage greater than 120 volts
- e. Patients with chemical burns greater than 10% total body surface area.

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6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).
7. Trauma patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress (refer to EMS Policy #550).
 - c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC, YCSU or Madera County 5150/Psychiatric Patient to
RV Screening Form

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.

☐ True – Patient/Family Choice (Fresno) or MCH (Madera) ☐ False

Patient has alteration in mental status due to dementia or delirium.

☐ True – Patient/Family Choice (Fresno) or MCH (Madera) ☐ False

Patient has a Glasgow Coma Score 13 or less.

☐ True – Patient/Family Choice (Fresno) or MCH (Madera) ☐ False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).

☐ True – Patient/Family Choice (Fresno) or MCH (Madera) ☐ False

There are lacerations or wounds inflicted by others.

☐ True – Patient/Family Choice (Fresno) or MCH (Madera) ☐ False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Systolic Blood Pressure outside range of 100-180.

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Diastolic Blood Pressure greater than 120.

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Respiratory Rate outside range of 12-30.

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Pediatrics:

Vital signs inappropriate for children

(Policy 530.32)

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Patient is febrile to palpation/measurement.

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

Is patient under the influence of alcohol or drugs?

☐ Yes

☐ No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?

☐ True – Patient/Family Choice or MCH (Madera) ☐ False

If all the above answers are **False**, patient may be transported to CSC/YCSU or RV (Madera County only); otherwise, transport is Patient/Family Choice (Fresno County patients) or MCH (Madera County patients).

Patients that Crisis Stabilization Center (CSC), Youth Crisis Stabilization Unit (YCSU) or River Vista (RV) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing