



## EMERGENCY PSYCHIATRIC SERVICES (EPS) TRIAGE

**Effective:** January 1, 2025  
**Replaces:** New

### 1. Initial Patient Eligibility

- 1.1. Patients with a primary impression of behavioral crisis and on a Welfare and Institutions Code 5150 hold may be eligible for transport directly to Emergency Psychiatric Services if the criteria of Transition of ALS to BLS Care ([700-S02](#)) are met, and there is no ongoing BLS care
- 1.2. If the patient is experiencing a new onset of psychosis, they are no longer a candidate for EPS Triage
- 1.3. Welfare and Institutions Code 5150 hold destination is written for Emergency Psychiatric Services

### 2. Comorbid or Occult Trauma Factors in Behavioral Crisis Patients

- 2.1. Once the patient is deemed eligible from the criteria from Section 1, the paramedic will screen the patient for any comorbid factors or occult trauma. If the patient meets any of the following factors, the patient is no longer a candidate for EPS Triage:
  - 2.1.1. Toxic ingestion
  - 2.1.2. Exhibiting signs of drug or alcohol withdrawal
  - 2.1.3. Found down (third party 911 caller, no available history, patient non-ambulatory)
  - 2.1.4. Victim of traumatic mechanism or injury requiring BLS care
  - 2.1.5. Taking anticoagulants other than aspirin with hematoma, contusions and/or ecchymosis above clavicles
  - 2.1.6. Laceration requiring wound care, closure, or tetanus vaccination
  - 2.1.7. Non-ambulatory or unable to perform self-transfer

### 3. Patient Diversion From Designated Facility

- 3.1. The 911 transport unit shall divert from Emergency Psychiatric Services under the following circumstances:
  - 3.1.1. Patient condition changes to *in extremis* (**Policy 602**)
  - 3.1.2. Patient status changes requiring Specialty Care Center treatment
  - 3.1.3. Patient condition changes enroute requiring diversion to the closest appropriate receiving center
  - 3.1.4. Emergency Psychiatric Services is on bypass or internal disaster status