



**County of Santa Clara**  
Emergency Medical Services System  
**ADMINISTRATIVE ORDER**

<b>Number:</b>	<b>AO 2025-002</b>
<b>Issued:</b>	<b>February 26, 2025</b>
<b>Title:</b>	<b>Immediate change to EMS Policy 602 – 911 EMS PATIENT DESTINATION regarding patients on Welfare and Institutions Code (WIC) 5150-5185.</b>
<b>Effective:</b>	<b>March 3, 2025 @ 0800</b>

**I. Declaration**

The Santa Clara County Emergency Medical Services (EMS) Agency has determined that an immediate change is necessary to EMS Policy 602 – 911 EMS PATIENT DESTINATION. Consistent with *Santa Clara County Prehospital Care Policy 109: Policy Development and Implementation*, the EMS Director, or designee, may issue Administrative Orders when immediate changes are necessary.

**II. Statement of Change and Rationale**

Changes are being made to Policy 602 section V. Psychiatric Patients, B. Patients on a Welfare and Institutions Code (WIC), Section 5150 hold. These changes are to ensure patients receive a prompt medical exam prior to transport to the final destination written on the WIC 5150-5185 hold.

**Execution**

Administrative Order # 2025-002 is in effect as of March 3, 2025 @ 0800. This Administrative Order will remain in effect until further notice. Policy 602 is under review and any proposed changes will be released for stakeholder review and comment in the future.

A blue ink signature of Ken Miller, MD, PhD.

Ken Miller, MD, PhD  
EMS Medical Director

A blue ink signature of Nicholas Clay.

Nicholas Clay,  
EMS Agency Director

Please direct any questions to Michael Cabano, EMS Assistant Director, by phone at 408.794.0625, or via email at [Michael.Cabano@ems.sccgov.org](mailto:Michael.Cabano@ems.sccgov.org)



911 EMS PATIENT DESTINATION

Effective: March 3, 2025  
Replaces: August 12, 2024

Deleted: , 2024  
Deleted: January 1, 2024

I. Purpose

The purpose of this policy is to ensure that all patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition.

II. Patient's Choice

- A. Patients shall be transported to their facility of choice if the requested facility meets the requirements of this policy and regardless of their ability to pay.
- B. During times of EMS System surge, patients may be assigned to hospital destinations and may not be able to select a specific destination. Examples of EMS System surge include, but are not limited to, multiple patient events (Multiple Casualty Incident Plan), activation of County Routing, states of local emergency, etc.

III. Routine Patient Destination

- A. The routine patient destination is a basic or comprehensive emergency department in an acute care hospital, or the emergency department of a federally owned and operated hospital as identified in *Table B: Approved In-County Services*.
- B. Patients are to be transported to a routine patient destination unless the patient meets the "In-Extremis", "Specialty Care", or "Special Circumstances" patient destination criteria identified in this policy.
- C. If no patient preference, routine patients shall be transported to:
  - 1. The closest hospital to the incident location as determined by the total emergency ambulance transport time; **and**
  - 2. That is accepting emergency ambulance patients as is identified in *Table B: Approved In-County Services*.

IV. In-Extremis Patient Destination

- A. A patient that is determined to be "In-Extremis" presents with a condition that benefits most from immediate emergency ambulance transportation to the closest hospital.

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- B. An In-Extremis patient is defined as a patient that presents with one or more of the following:
  - 1. A breech presentation or protruding limb during a delivery.
  - 2. A visible external bleed that cannot be controlled by EMS personnel where significant blood loss continues to occur despite the use of direct pressure and/or application of a tourniquet.
  - 3. The inability to be ventilated adequately following the use of appropriate basic and advanced airway adjuncts and procedures.
- C. In-Extremis patients shall be transported to the hospital that is:
  - 1. The closest to the incident location as determined by total emergency ambulance transport time; **and**
  - 2. That is **not** on internal disaster.

**V. Psychiatric Patients**

- A. Patients not on a Welfare and Institutions Code, Section 5150 hold:
  - 1. Psychiatric patients in need of medical evaluation shall be provided a medical care assessment in accordance with Policy #700-S04 or Policy #700-S05 and should be transported to an emergency department identified in Table B: Approved In-County Services.
  - 2. If a psychiatric patient's medical complaint requires immediate attention, the psychiatric patient should be transported to the closest emergency department/specialty care center identified in Table B: Approved In-County Services.
- B. Patients on a Welfare and Institutions Code (WIC), Section 5150 hold:

- 1. Psychiatric patients who have an associated medical presentation or injury shall be provided a medical care assessment in accordance with Policy #700-S04 or Policy #700-S05, shall be transported to the closest appropriate emergency department, not on bypass, as identified in Table B: Approved In-County Services.
  - a. If the patient meets Specialty Care criteria, they shall be transported to the closest, appropriate, open Specialty Care Center, as identified in Table B: Approved In-County Services.
- 2. Psychiatric patients who do not have an associated medical presentation or injury shall be transported to the destination written on the WIC 5150 Form.
  - a. If the patient meets the criteria in 700-X05, and Santa Clara Valley Medical Center is written as the destination, the patient shall be transported to Emergency Psychiatric Services (EPS).

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b. If no destination is identified prior ambulance arrival, and the patient presents with isolated psychiatric complaints (necessitating the WIC 5150-5185), it should be encouraged for the destination to be EPS.

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- C. Psychiatric patients with no medical complaint that are being transported by a BLS ambulance, may be transported to the destination established by the authorized writer responsible for executing the 5150 hold.

**Deleted:** <#>The destination for the patient written on the WIC 5150 Form should be discussed between the writer of the 5150 hold and the 911 ambulance transport crew.¶

¶ If the WIC 5150 Form was completed prior to the arrival of the 911 ambulance and the written destination is not in the best interest of the patient or conflicts with EMS Agency policy, the 911 ambulance transport crew should consult the with the writer of the WIC 5150 Form to determine an appropriate destination.¶

The WIC 5150 Form will be rewritten in its entirety if the destination is changed from the original.¶

## VI. Specialty Care Destination

- A. In some circumstances, the most appropriate facility is one that offers specialized services based on the EMS providers primary impression of the patient's condition and based on the criteria of this policy.
- B. The "most appropriate hospital" for specialty care patients is the hospital that is:
1. The closest to the incident location as determined by total emergency ambulance transport time; **and**
  2. Is designated to provide the specialty service desired; **and**
  3. Is accepting emergency ambulance patients.
- C. **Trauma Patients** – A patient that is categorized as a trauma alert according to *Santa Clara County Prehospital Care Policy 605: Prehospital Trauma Triage*.
1. Trauma patients that do not meet trauma alert criteria shall be transported to a destination prescribed by Section III: Routine Patient Destination.
  2. Trauma alerts meeting *High Risk Injury Pattern, Mental Status, and/or Vital Sign (Red Criteria)*, shall be transported to the Trauma Center identified in *Table B: Approved Services* that is closest to the incident location as determined by total emergency ambulance transport time.
  3. Trauma alerts meeting *Moderate Risk Mechanism of Injury or EMS Judgement (Yellow Criteria)*, shall be transported to a Trauma Center identified in *Table B: Approved Services* and shall adhere to the catchment areas that have been established in *Santa Clara County Prehospital Care Policy #602: Schedule A; Trauma Center Service Areas*.
  4. In addition to the provisions of *Santa Clara County Prehospital Care Policy #603: Hospital Bypass*, if **all** Trauma Centers are not accepting emergency ambulance patients, the patient shall be transported to the:
    - a. Closest emergency department to the incident location as determined by total emergency ambulance transport time; **and**
    - b. That is accepting emergency ambulance patients.
- D. **Burn Patients** – Patients meeting major burn criteria as per *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage* shall be transported to

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the Burn Center at Santa Clara Valley Medical Center (VMC) via the Trauma Center.

1. If Santa Clara Valley Medical Center (VMC) is on trauma bypass, the patient meeting major burn criteria shall be transported to VMC as the closest burn center, regardless of trauma bypass.
2. Patients meeting major burn criteria and having additional concurrent trauma, and if the traumatic injuries pose the greater risk of morbidity or mortality, shall be transported to:
  - a. The closest trauma center identified in *Table B: Approved In-County Services* to the incident location by the total emergency ambulance transport time; **and**
  - b. That is accepting emergency ambulance patients.

**E. Stroke Alert Patients**

1. Patients that are identified as meeting Comprehensive Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A13: Stroke* shall be transported to:
  - a. The closest Comprehensive Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  - b. That is accepting emergency ambulance patients that meet stroke alert criteria.
  - c. If the transport time to the closest Comprehensive Stroke Center is greater than forty-five (45) minutes, transport to the closest Primary Stroke Center in accordance with Section (F)(2) of this policy.
2. Patients that are identified as meeting Primary Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A13: Stroke* shall be transported to:
  - a. The closest Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  - b. That is accepting emergency ambulance patients that meet stroke alert criteria.

- F. STEMI Alert Patients** – Patients that are identified as meeting STEMI Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A08: Chest Pain - Suspected Cardiac Ischemia* shall be transported to:

1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  2. That is accepting emergency ambulance patients that meet STEMI Alert.
- G. **ROSC (Return of Spontaneous Circulation)** – Adult Patients achieving ROSC of cardiac etiology according to *Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest* shall be transported to:
1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  2. That is accepting emergency ambulance patients that meet ROSC criteria.
- H. **Pediatric Patients** – Patients that are less than 15 years of age
1. A pediatric patient who meets the critically ill criteria listed below:
    - a. Cardiac dysrhythmia
    - b. Evidence of poor perfusion (pallor, cyanosis, etc.)
    - c. Severe respiratory distress (retractions, stridor, etc.)
    - d. Persistent altered mental status
    - e. Stroke like symptoms
    - f. Status epilepticus
    - g. Brief Resolved Unexplained Event (BRUE)
    - h. Return of Spontaneous Circulation (ROSC)
    - i. Suspicion of child abuse
    - j. Paramedic discretion

Shall be transported to:

    - a. The closest Advanced Pediatric Receiving Center, identified in *Table B: Approved In-County Services*, to the incident location as determined by total emergency ambulance transport time; **and**
    - b. That is accepting emergency ambulance patients.
  2. A pediatric patient who does **not** meet trauma, in-extremis, or critically ill criteria as listed above shall be transported to (paramedic discretion also applies):

a. Any Pediatric Receiving Center of choice as identified in *Table B: Approved In-County Services*; **and**

b. That is accepting emergency ambulance patients.

**VII. Special Circumstances**

A. In some situations, special circumstances may have a direct relation to the selection of the most appropriate transport destination. Within this section, "County" shall mean the EMS Duty Chief, EMS Agency, County Medical-Health Branch or any other position or function designated by the EMS Agency.

**B. EMS System Surge / Multiple Patients Events**

1. When Central Patient Routing is in effect, all patient destination assignments will be directed by the County through County Communications.
2. Patients may be transported to acute care hospitals not listed in this policy only when directed by the County.
3. If out of county mutual aid ambulance are being used in the Santa Clara County Operational Area, unless directed by the County, all transports will occur in accordance with the destinations prescribed in this policy.
4. When authorized and as directed by the County, patients may be transported to Alternate Care Sites (ACS), Field Treatment Sites (FTS), or Mobile Field Hospitals (MFH).

C. **Base Hospital Directed Destination** – Patients may be transported to any in-county destination authorized within this policy when directed by the Base Hospital.

D. **Stanford Health Care** - Stanford Hospital has two Emergency Department entrances (Table E). All adult patients should be transported to 500P. All patients > 20 weeks pregnant in active labor (regardless of maternal age) and all pediatric patients (less than 15 years of age) should be transported to 300P.

E. **EMS Air Resource Destination** – Patient destination shall be determined by the ground crew and provided to the air crew.

1. If the pilot believes that flight to the selected destination is unsafe, the flight crew will advise the ground crew and a destination will be determined collaboratively and according to the direction provided in this policy.
2. When a ground crew is not present or if the ground crew is not designated EMS providers, the flight crew shall determine destination based on this policy.

**F. Transport to out of county Hospitals from Santa Clara County**

1. Patients may be transported to out of county hospitals only when permitted by this policy.
2. Santa Clara County prehospital care personnel shall determine and honor out of county 911 ambulance diversion statuses prior to beginning transport.
3. Santa Clara County prehospital care personnel shall notify the out of county hospital prior to beginning transport of the patient to ensure that the hospital is open and receiving patients.

**G. Destination Changes While Transporting**

1. A patient may change their requested destination at any time if the ambulance has not arrived on hospital property and the requested destination meets the requirements of this policy.
2. If the ambulance has arrived on the property of an acute care hospital, patient care shall be transferred to the staff of such hospital.
3. If enroute to a hospital, the patient wishes to leave the ambulance, EMS personnel shall:
  - a. Attempt to convince the patient to continue to the selected destination or to the closest emergency department able to receive emergency ambulance patients.
  - b. If the patient continues to wish to leave the ambulance, stop the ambulance as soon as it is safe to do so and permit the patient to leave once in a safe location and then immediately notify their communications center.
  - c. EMS providers will make efforts to keep patient safe and out of harm's way, consistent with *Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures*.

**H. Custodial Patients from the County Jails**

1. The preferred destination for patients that are in custody and are from incidents occurring in the County Jail (San Jose), Elmwood (Milpitas), and Juvenile Hall (San Jose), is Santa Clara Valley Medical Center, if the transport is consistent with the directives contained in this policy. For example, the hospital must be accepting emergency ambulance patients. The destination is determined by jail staff, not the patient.
2. From time to time the EMS Agency will issue specific transport policies related to ambulance transport of high risk/high profile inmates. These policies will augment the direction provided within this policy.



- I. **Incidents Occurring at Acute Care Hospitals** – If an acute care hospital is the incident location, patients shall be transported to the emergency department of the incident location hospital, except:
  - 1. When the acute care hospital is not accepting emergency ambulance patients.
  - 2. When multiple patients require transport and must be distributed to multiple acute care hospitals.
  - 3. When the acute care hospital requests a 911 emergency ambulance response to transport patient in accordance with *Santa Clara County Prehospital Care Policy #620: Interfacility Transfer-Ground Ambulance*.
  
- J. **Veterans** – Patients that are veterans may be transported to the Palo Alto Veterans Administration Hospital (PAV) if:
  - 1. Requested by the patient; **and**
  - 2. If transport is consistent with the directives contained within this policy.
  
- K. **Ventricular Assist Devices (VAD)** - VAD centers in Santa Clara County are located at Kaiser Santa Clara Hospital and Stanford Health Care.
  - 1. If a VAD patient presents with stroke symptoms, these two stroke/VAD centers would be the preferred destinations.
  - 2. A VAD patient visiting from outside of the Santa Clara County area should be transported to either one of these two VAD centers for device-related problems.
  - 3. In traumatic injury of a VAD patient consider a trauma center as a destination since the patient will be anticoagulated.
  
- L. **Sexual Assault Forensic Examiners (SAFE)** – SAFE centers in Santa Clara County are located at Stanford Health Care (SUH), Santa Clara Valley Medical Center (VMC), and Saint Louise Regional Medical Center (SLH).
  - 1. The preferred destination for patients seeking medical care after sexual assault and intimate partner violence are SLH, SUH or VMC. Patients may be transported to one of these facilities if transport is consistent with the directives contained within this policy.

**Table A: Approved Santa Clara County Facilities**

Facility	City	ID
El Camino Hospital of Los Gatos	Los Gatos	LGH
El Camino Hospital of Mountain View	Mountain View	ECH
Good Samaritan Hospital	San Jose	GSH
Kaiser Foundation San Jose	San Jose	STH
Kaiser Foundation Santa Clara	Santa Clara	KSC
O'Connor Hospital	San Jose	OCH
Palo Alto Veterans Administration Hospital	Palo Alto	PAV
Regional Medical Center of San Jose	San Jose	RSJ
Saint Louise Regional Medical Center	Gilroy	SLH
Santa Clara Valley Medical Center	San Jose	VMC
Stanford Health Care	Palo Alto	SUH

**Table B: Approved In-County Services**

	Approved In-County Services											
	EPS	ECH	GSH	KSC	LGH	OCH	PAV	RSJ	SLH	STH	SUH	VMC
Emergency Department (Adult)		☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Burn Center												☑
Primary Stroke Center		☑	☑	☑	☑	☑		☑	☑	☑	☑	☑
Comprehensive Stroke Center		☑	☑	☑				☑			☑	
STEMI Center		☑	☑	☑		☑				☑	☑	☑
Adult Trauma Center											☑	☑
Pediatric Trauma Center											☑	☑
Advanced Pediatric Center				☑							☑	☑
General Pediatric Center		☑	☑	☑		☑		☑	☑	☑	☑	☑
*Psychiatric Facility	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
*VAD Center				☑							☑	
*Labor & Delivery		☑	☑	☑	☑	☑			☑	☑	☑	☑
*SAFE Center									☑		☑	☑
*Helipads			☑	☑				☑	☑		☑	☑

*\*Note: Santa Clara County EMS Agency does not designate/regulate helipads, L&D, SAFE, VAD, or Psychiatric Centers, this is intended for supplemental information use only.*

**Table C: Approved Out-of-County Facilities**

Facility	City / County	ID
Dominican Hospital	Santa Cruz / Santa Cruz	DOM
Kaiser Foundation Fremont	Fremont / Alameda	KFF
Kaiser Foundation Redwood City	Redwood City / San Mateo	KRC
Sequoia Hospital	Redwood City / San Mateo	SEQ
Washington Township Hospital	Fremont / Alameda	WTH
Watsonville Community Hospital	Watsonville / Santa Cruz	WCH

**Table D: Approved Out-of-County Services**

Approved Out of County Services						
	DOM	KFF	KRC	SEQ	WCH	WTH
Emergency Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*Helipads	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>

*\*Note: Santa Clara County EMS Agency does not designate/regulate helipads, this is intended for supplemental information use only.*

**Table E: Stanford Health Care Ambulance Entrances**

Facility	Ambulance Entrance Address
Adult Entrance (500P)	1199 Welch Road
Pediatric Entrance (300P)	900 Quarry Road Extension



## 911 EMS PATIENT DESTINATION

**Effective:** March 3, 2025  
**Replaces:** August 12, 2024

### I. Purpose

The purpose of this policy is to ensure that all patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition.

### II. Patient's Choice

- A. Patients shall be transported to their facility of choice if the requested facility meets the requirements of this policy and regardless of their ability to pay.
- B. During times of EMS System surge, patients may be assigned to hospital destinations and may not be able to select a specific destination. Examples of EMS System surge include, but are not limited to, multiple patient events (Multiple Casualty Incident Plan), activation of County Routing, states of local emergency, etc.

### III. Routine Patient Destination

- A. The routine patient destination is a basic or comprehensive emergency department in an acute care hospital, or the emergency department of a federally owned and operated hospital as identified in *Table B: Approved In-County Services*.
- B. Patients are to be transported to a routine patient destination unless the patient meets the "In-Extremis", "Specialty Care", or "Special Circumstances" patient destination criteria identified in this policy.
- C. If no patient preference, routine patients shall be transported to:
  - 1. The closest hospital to the incident location as determined by the total emergency ambulance transport time; **and**
  - 2. That is accepting emergency ambulance patients as is identified in *Table B: Approved In-County Services*.

### IV. In-Extremis Patient Destination

- A. A patient that is determined to be "In-Extremis" presents with a condition that benefits most from immediate emergency ambulance transportation to the closest hospital.

- B. An In-Extremis patient is defined as a patient that presents with one or more of the following:
  - 1. A breech presentation or protruding limb during a delivery.
  - 2. A visible external bleed that cannot be controlled by EMS personnel where significant blood loss continues to occur despite the use of direct pressure and/or application of a tourniquet.
  - 3. The inability to be ventilated adequately following the use of appropriate basic and advanced airway adjuncts and procedures.
- C. In-Extremis patients shall be transported to the hospital that is:
  - 1. The closest to the incident location as determined by total emergency ambulance transport time; **and**
  - 2. That is **not** on internal disaster.

**V. Psychiatric Patients**

- A. Patients not on a Welfare and Institutions Code, Section 5150 hold:
  - 1. Psychiatric patients in need of medical evaluation shall be provided a medical care assessment in accordance with Policy #700-S04 or Policy #700-S05 and should be transported to an emergency department identified in Table B: Approved In-County Services.
  - 2. If a psychiatric patient's medical complaint requires immediate attention, the psychiatric patient should be transported to the closest emergency department/specialty care center identified in Table B: Approved In-County Services.
- B. Patients on a Welfare and Institutions Code (WIC), Section 5150 hold:
  - 1. Psychiatric patients who have an associated medical presentation or injury shall be provided a medical care assessment in accordance with Policy #700-S04 or Policy #700-S05, shall be transported to the closest appropriate emergency department, not on bypass, as identified in Table B: Approved In-County Services.
    - a. If the patient meets Specialty Care criteria, they shall be transported to the closest, appropriate, open Specialty Care Center, as identified in Table B: Approved In-County Services.
  - 2. Psychiatric patients who do not have an associated medical presentation or injury shall be transported to the destination written on the WIC 5150 Form.
    - a. If the patient meets the criteria in 700-X05, and Santa Clara Valley Medical Center is written as the destination, the patient shall be transported to Emergency Psychiatric Services (EPS).

- b. If no destination is identified prior ambulance arrival, and the patient presents with isolated psychiatric complaints (necessitating the WIC 5150-5185), it should be encouraged for the destination to be EPS.
- C. Psychiatric patients with no medical complaint that are being transported by a BLS ambulance, may be transported to the destination established by the authorized writer responsible for executing the 5150 hold.

**VI. Specialty Care Destination**

- A. In some circumstances, the most appropriate facility is one that offers specialized services based on the EMS providers primary impression of the patient's condition and based on the criteria of this policy.
- B. The "most appropriate hospital" for specialty care patients is the hospital that is:
  - 1. The closest to the incident location as determined by total emergency ambulance transport time; **and**
  - 2. Is designated to provide the specialty service desired; **and**
  - 3. Is accepting emergency ambulance patients.
- C. **Trauma Patients** – A patient that is categorized as a trauma alert according to *Santa Clara County Prehospital Care Policy 605: Prehospital Trauma Triage*.
  - 1. Trauma patients that do not meet trauma alert criteria shall be transported to a destination prescribed by Section III: Routine Patient Destination.
  - 2. Trauma alerts meeting *High Risk Injury Pattern, Mental Status, and/or Vital Sign (Red Criteria)*, shall be transported to the Trauma Center identified in *Table B: Approved Services* that is closest to the incident location as determined by total emergency ambulance transport time.
  - 3. Trauma alerts meeting *Moderate Risk Mechanism of Injury or EMS Judgement (Yellow Criteria)*, shall be transported to a Trauma Center identified in *Table B: Approved Services* and shall adhere to the catchment areas that have been established in *Santa Clara County Prehospital Care Policy #602: Schedule A; Trauma Center Service Areas*.
  - 4. In addition to the provisions of *Santa Clara County Prehospital Care Policy #603: Hospital Bypass*, if **all** Trauma Centers are not accepting emergency ambulance patients, the patient shall be transported to the:
    - a. Closest emergency department to the incident location as determined by total emergency ambulance transport time; **and**
    - b. That is accepting emergency ambulance patients.
- D. **Burn Patients** – Patients meeting major burn criteria as per *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage* shall be transported to

the Burn Center at Santa Clara Valley Medical Center (VMC) via the Trauma Center.

1. If Santa Clara Valley Medical Center (VMC) is on trauma bypass, the patient meeting major burn criteria shall be transported to VMC as the closest burn center, regardless of trauma bypass.
2. Patients meeting major burn criteria and having additional concurrent trauma, and if the traumatic injuries pose the greater risk of morbidity or mortality, shall be transported to:
  - a. The closest trauma center identified in *Table B: Approved In-County Services* to the incident location by the total emergency ambulance transport time; **and**
  - b. That is accepting emergency ambulance patients.

**E. Stroke Alert Patients**

1. Patients that are identified as meeting Comprehensive Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A13: Stroke* shall be transported to:
  - a. The closest Comprehensive Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  - b. That is accepting emergency ambulance patients that meet stroke alert criteria.
  - c. If the transport time to the closest Comprehensive Stroke Center is greater than forty-five (45) minutes, transport to the closest Primary Stroke Center in accordance with Section (F)(2) of this policy.
2. Patients that are identified as meeting Primary Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A13: Stroke* shall be transported to:
  - a. The closest Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
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- F. STEMI Alert Patients** – Patients that are identified as meeting STEMI Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A08: Chest Pain - Suspected Cardiac Ischemia* shall be transported to:

1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  2. That is accepting emergency ambulance patients that meet STEMI Alert.
- G. **ROSC (Return of Spontaneous Circulation)** – Adult Patients achieving ROSC of cardiac etiology according to *Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest* shall be transported to:
1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**
  2. That is accepting emergency ambulance patients that meet ROSC criteria.
- H. **Pediatric Patients** – Patients that are less than 15 years of age
1. A pediatric patient who meets the critically ill criteria listed below:
    - a. Cardiac dysrhythmia
    - b. Evidence of poor perfusion (pallor, cyanosis, etc.)
    - c. Severe respiratory distress (retractions, stridor, etc.)
    - d. Persistent altered mental status
    - e. Stroke like symptoms
    - f. Status epilepticus
    - g. Brief Resolved Unexplained Event (BRUE)
    - h. Return of Spontaneous Circulation (ROSC)
    - i. Suspicion of child abuse
    - j. Paramedic discretion

Shall be transported to:

    - a. The closest Advanced Pediatric Receiving Center, identified in *Table B: Approved In-County Services*, to the incident location as determined by total emergency ambulance transport time; **and**
    - b. That is accepting emergency ambulance patients.
  2. A pediatric patient who does **not** meet trauma, in-extremis, or critically ill criteria as listed above shall be transported to (paramedic discretion also applies):



- a. Any Pediatric Receiving Center of choice as identified in *Table B: Approved In-County Services*; **and**
- b. That is accepting emergency ambulance patients.

**VII. Special Circumstances**

A. In some situations, special circumstances may have a direct relation to the selection of the most appropriate transport destination. Within this section, “County” shall mean the EMS Duty Chief, EMS Agency, County Medical-Health Branch or any other position or function designated by the EMS Agency.

**B. EMS System Surge / Multiple Patients Events**

- 1. When Central Patient Routing is in effect, all patient destination assignments will be directed by the County through County Communications.
- 2. Patients may be transported to acute care hospitals not listed in this policy only when directed by the County.
- 3. If out of county mutual aid ambulance are being used in the Santa Clara County Operational Area, unless directed by the County, all transports will occur in accordance with the destinations prescribed in this policy.
- 4. When authorized and as directed by the County, patients may be transported to Alternate Care Sites (ACS), Field Treatment Sites (FTS), or Mobile Field Hospitals (MFH).

C. **Base Hospital Directed Destination** – Patients may be transported to any in-county destination authorized within this policy when directed by the Base Hospital.

D. **Stanford Health Care** - Stanford Hospital has two Emergency Department entrances (Table E). All adult patients should be transported to 500P. All patients > 20 weeks pregnant in active labor (regardless of maternal age) and all pediatric patients (less than 15 years of age) should be transported to 300P.

E. **EMS Air Resource Destination** – Patient destination shall be determined by the ground crew and provided to the air crew.

- 1. If the pilot believes that flight to the selected destination is unsafe, the flight crew will advise the ground crew and a destination will be determined collaboratively and according to the direction provided in this policy.
- 2. When a ground crew is not present or if the ground crew is not designated EMS providers, the flight crew shall determine destination based on this policy.

**F. Transport to out of county Hospitals from Santa Clara County**

1. Patients may be transported to out of county hospitals only when permitted by this policy.
2. Santa Clara County prehospital care personnel shall determine and honor out of county 911 ambulance diversion statuses prior to beginning transport.
3. Santa Clara County prehospital care personnel shall notify the out of county hospital prior to beginning transport of the patient to ensure that the hospital is open and receiving patients.

**G. Destination Changes While Transporting**

1. A patient may change their requested destination at any time if the ambulance has not arrived on hospital property and the requested destination meets the requirements of this policy.
2. If the ambulance has arrived on the property of an acute care hospital, patient care shall be transferred to the staff of such hospital.
3. If enroute to a hospital, the patient wishes to leave the ambulance, EMS personnel shall:
  - a. Attempt to convince the patient to continue to the selected destination or to the closest emergency department able to receive emergency ambulance patients.
  - b. If the patient continues to wish to leave the ambulance, stop the ambulance as soon as it is safe to do so and permit the patient to leave once in a safe location and then immediately notify their communications center.
  - c. EMS providers will make efforts to keep patient safe and out of harm's way, consistent with *Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures*.

**H. Custodial Patients from the County Jails**

1. The preferred destination for patients that are in custody and are from incidents occurring in the County Jail (San Jose), Elmwood (Milpitas), and Juvenile Hall (San Jose), is Santa Clara Valley Medical Center, if the transport is consistent with the directives contained in this policy. For example, the hospital must be accepting emergency ambulance patients. The destination is determined by jail staff, not the patient.
2. From time to time the EMS Agency will issue specific transport policies related to ambulance transport of high risk/high profile inmates. These policies will augment the direction provided within this policy.

- I. **Incidents Occurring at Acute Care Hospitals** – If an acute care hospital is the incident location, patients shall be transported to the emergency department of the incident location hospital, except:
  - 1. When the acute care hospital is not accepting emergency ambulance patients.
  - 2. When multiple patients require transport and must be distributed to multiple acute care hospitals.
  - 3. When the acute care hospital requests a 911 emergency ambulance response to transport patient in accordance with *Santa Clara County Prehospital Care Policy #620: Interfacility Transfer-Ground Ambulance*.
  
- J. **Veterans** – Patients that are veterans may be transported to the Palo Alto Veterans Administration Hospital (PAV) if:
  - 1. Requested by the patient; **and**
  - 2. If transport is consistent with the directives contained within this policy.
  
- K. **Ventricular Assist Devices (VAD)** - VAD centers in Santa Clara County are located at Kaiser Santa Clara Hospital and Stanford Health Care.
  - 1. If a VAD patient presents with stroke symptoms, these two stroke/VAD centers would be the preferred destinations.
  - 2. A VAD patient visiting from outside of the Santa Clara County area should be transported to either one of these two VAD centers for device-related problems.
  - 3. In traumatic injury of a VAD patient consider a trauma center as a destination since the patient will be anticoagulated.
  
- L. **Sexual Assault Forensic Examiners (SAFE)** – SAFE centers in Santa Clara County are located at Stanford Health Care (SUH), Santa Clara Valley Medical Center (VMC), and Saint Louise Regional Medical Center (SLH).
  - 1. The preferred destination for patients seeking medical care after sexual assault and intimate partner violence are SLH, SUH or VMC. Patients may be transported to one of these facilities if transport is consistent with the directives contained within this policy.

**Table A: Approved Santa Clara County Facilities**

Facility	City	ID
El Camino Hospital of Los Gatos	Los Gatos	LGH
El Camino Hospital of Mountain View	Mountain View	ECH
Good Samaritan Hospital	San Jose	GSH
Kaiser Foundation San Jose	San Jose	STH
Kaiser Foundation Santa Clara	Santa Clara	KSC
O'Connor Hospital	San Jose	OCH
Palo Alto Veterans Administration Hospital	Palo Alto	PAV
Regional Medical Center of San Jose	San Jose	RSJ
Saint Louise Regional Medical Center	Gilroy	SLH
Santa Clara Valley Medical Center	San Jose	VMC
Stanford Health Care	Palo Alto	SUH

**Table B: Approved In-County Services**

Approved In-County Services												
	EPS	ECH	GSH	KSC	LGH	OCH	PAV	RSJ	SLH	STH	SUH	VMC
Emergency Department (Adult)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burn Center												✓
Primary Stroke Center		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Comprehensive Stroke Center		✓	✓	✓				✓			✓	
STEMI Center		✓	✓	✓		✓				✓	✓	✓
Adult Trauma Center											✓	✓
Pediatric Trauma Center											✓	✓
Advanced Pediatric Center				✓							✓	✓
General Pediatric Center		✓	✓	✓		✓		✓	✓	✓	✓	✓
*Psychiatric Facility	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
*VAD Center				✓							✓	
*Labor & Delivery		✓	✓	✓	✓	✓			✓	✓	✓	✓
*SAFE Center									✓		✓	✓
*Helipads			✓	✓				✓	✓		✓	✓

**\*Note:** Santa Clara County EMS Agency does not designate/regulate helipads, L&D, SAFE, VAD, or Psychiatric Centers, this is intended for supplemental information use only.

**Table C: Approved Out-of-County Facilities**

Facility	City / County	ID
Dominican Hospital	Santa Cruz / Santa Cruz	DOM
Kaiser Foundation Fremont	Fremont / Alameda	KFF
Kaiser Foundation Redwood City	Redwood City / San Mateo	KRC
Sequoia Hospital	Redwood City / San Mateo	SEQ
Washington Township Hospital	Fremont / Alameda	WTH
Watsonville Community Hospital	Watsonville / Santa Cruz	WCH

**Table D: Approved Out-of-County Services**

	Approved Out of County Services					
	DOM	KFF	KRC	SEQ	WCH	WTH
Emergency Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
*Helipads	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>

*\*Note: Santa Clara County EMS Agency does not designate/regulate helipads, this is intended for supplemental information use only.*

**Table E: Stanford Health Care Ambulance Entrances**

Facility	Ambulance Entrance Address
Adult Entrance (500P)	1199 Welch Road
Pediatric Entrance (300P)	900 Quarry Road Extension