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Executive Director

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Medical Director

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PAGE: 1 of 3

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## **STANISLAUS COUNTY COMMUNITY PARAMEDIC**

- I. **AUTHORITY:** Division 2.5, California Health and Safety Code, §1797.206; 1791.214; 1797.218; 1791.220 and 1791.221. Title 22, California Code of Regulations, §100144 and 100145.
- II. **DEFINITIONS:**
- A. "Agency" means the Stanislaus County Emergency Medical Services Agency.
- B. "ALS" means Advanced Life Support, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code
- C. "Base Hospital" means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of EMT-I, EMT-II, and EMT-P personnel in accordance with policies and procedures established by the Agency.
- D. "Community Paramedic" means a paramedic trained and certified to provide a medical clearance exam and the issuance of a 5150 assessment hold

### III. **PURPOSE**

To establish criteria to provide a medical clearance exam and referral to approved alternative destinations (i.e. transport to a location other than the emergency department) in order to facilitate the most appropriate triage and care for persons with acute mental health or substance abuse concerns.

### IV. **POLICY**

#### A. Steering Committee

The steering committee will be tasked to monitor as well as provide feedback and direction for any program issues that may arise. This increase in medical control and oversight will be necessary to ensure patient safety and quality improvement.

1. The Agency Medical Director will act as the principal investigator and has primary responsibility for medical control.
2. The local steering committee shall work in collaboration with the State EMS Authority Project Manager and Independent Evaluator.

3. The Steering Committee will include a representative from the following agencies:
  - a. Stanislaus County EMS Agency (Medical Director and Program Coordinator)
  - b. Health Services Agency
  - c. Memorial Medical Center
  - d. American Medical Response
  - e. Behavioral Health
  - f. Law Enforcement

B. QI/Patient Safety Committee

1. Members will be represented from the following agencies:
  - a. Agency Medical Director
  - b. Behavioral Health
  - c. American Medical Response
  - d. Participating Hospitals

C. Paramedic Eligibility

1. Candidates will have a minimum of 4 years of ALS experience. The possession of an AA/AS degree is preferred but not required.
2. Candidates will be endorsed by the LEMSA Medical Director.

D. Training

1. The Community Paramedic must complete 120-180 additional training hours:
  - a. 80 hours of Core Curriculum will be provided by the State EMS Authority.
  - b. 80 hours of local training will be provided by the Agency based on local program requirements. This will include:
    - (1) Crisis Intervention Training (40 hours)
    - (2) Advanced clinical assessment (4 hours)
    - (3) Local policy/procedure training and evaluation (4 hours)
    - (4) Preceptorship with ED Physician/Clinical Nurse (16 hours)
    - (5) Preceptorship with Behavioral Health Clinician (16 hours)

E. Quality Improvement and Data Collection

1. All patients evaluated by the Community Paramedic for referral will be documented on the Patient Care Record (PCR).
2. Supporting documents attached to PCR.
3. All cases referred to behavioral health facilities will be audited for appropriateness of referral.
4. Any patient who is referred to Behavioral Health and later transferred back within 6 hours to the emergency department will be audited by Agency Medical Director and reported to Community Paramedic Project Director for EMSA.
5. Evaluation components will include a process evaluation, qualitative evaluation, impact evaluation, utilization, and an estimate of healthcare cost savings.
6. Agency shall have access to electronic PCR information.
7. All data shall be collected and submitted to the designated UCSF data registrar per the Implementation Data Submission Schedule.
8. Monthly reports will developed and maintained by the Agency

9. Monthly reports shall be available for review by the local steering committee, independent evaluators, and the State Advisory Committee through the State EMS Authority's Project Manager.

## V. PROCEDURE

- A. The Authorized EMS Dispatch Center in Stanislaus County will dispatch an ambulance staffed with a Paramedic and EMT to all 9-1-1 emergency and non-emergency calls.
- B. The first arriving Paramedic will initiate patient assessment on all patients and determine if the Community Paramedic needs to respond to the incident.
- C. The Community Paramedic will be dispatched via the Authorized EMS Dispatch center in Stanislaus County.
- D. Inclusion Criteria: Patients with a primary mental health or substance abuse complaint are eligible for consideration for an alternate destination if ALL of the following criteria are met:
  1. Age is 18 to 59 years of age
  2. Patient is ambulatory without assistance
  3. Patient has no medical complaint or traumatic conditions, other than superficial abrasions that do not require repair (ie: scratches to the wrist).
  4. Patient does not require physical restraint.
  5. GCS greater than 13.
  6. Heart rate greater than 50 and less than 120.
  7. Systolic Blood Pressure (SBP) Less than 180 or greater than 85 and Diastolic Blood Pressure (DBP) Less than 100. Note: Isolated hypertension (i.e. Hypertension with no associated symptoms such as headache, neurologic changes, chest pain, or shortness of breath) in a patient with a history of hypertension will not be a reason to decline the referral to Behavioral Health.
  8. Pulse Oximetry greater than 92% on room air
  9. Diabetic patients with no evidence of ketoacidosis AND a blood glucose greater than 60 mg/dl and less than 300 mg/dl.
  10. Clinical Institute Withdrawal Assessment scale for Alcohol (CIWA-Ar) score 10 or below.
  11. Patient passes Mental Health Clearance Algorithm
- E. Exclusion Criteria: Patients who present with ANY of the following criteria are not eligible for transport to an alternative destination and must be transported to the appropriate emergency department for evaluation:
  1. Patient who fails to meet ANY of the INCLUSION criteria outlined above
  2. Patient who has taken ANY medications, prescribed or over the counter, outside of normal recommended dose.
- F. The Community Paramedic may consult with the behavioral health facility or base hospital physician prior to transport in all cases. In any circumstance, transport crews must communicate directly with the Community Paramedic on-scene to ensure that proper notification of the behavioral health center has been made and approved.