



COMMUNITY PARAMEDICINE

BEHAVIORAL HEALTH CRISIS/SOBERING CENTER (PILOT)

Effective: April 23, 2018
Replaces: New
Review: November 1, 2020

1. Initial Patient Eligibility

- 1.1. Patients within the Gilroy Fire Department response zone with a primary impression of either a behavioral health crisis or alcohol intoxication are eligible for transport to an alternative destination if all of the following criteria are met:
 - 1.1.1. Adult (18 years of age) (sobering center only)
 - 1.1.2. No suspected pregnancy (sobering center only)
 - 1.1.3. Systolic blood pressure greater than 100 mmHg
 - 1.1.4. Sustained blood pressure does not exceed 180/100
 - 1.1.5. Blood Glucose Level (BGL) between 80 to 250 mg/dl
 - 1.1.6. Temperature between 93.2 to 100.4°F
 - 1.1.7. Heart rate between 60 to 120 beats per minute (BPM)
 - 1.1.8. Respiratory rate between 8 to 24 breaths per minute
 - 1.1.9. Pulse oximetry (SpO₂) of 94% or higher on room air
 - 1.1.10. GCS of 14 or higher

2. Comorbid Factors or Occult Trauma

- 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 considered a candidate for further screening:
 - 2.1.1. Toxic ingestion
 - 2.1.2. Exhibiting signs of withdrawal
 - 2.1.3. Recent seizure [within one (1) hour]
 - 2.1.4. Found down (third party 911 caller, no available history, patient non-ambulatory)
 - 2.1.5. Victim of traumatic event or injury
 - 2.1.6. Taking anticoagulants other than aspirin
 - 2.1.7. Hematoma and/or ecchymosis above clavicles
 - 2.1.8. Laceration requiring closure or sutures



3. Behavioral Health Crisis Factors

- 3.1. If the patient is experiencing a suspected behavioral health crisis and has remained eligible through the screenings from sections 1 and 2, the paramedic will screen the patient for behavioral health crisis factors. If the patient meets any of the following factors, they are no longer considered a candidate:
 - 3.1.1. Patient has not been placed on a §5150 involuntary psychiatric hold
 - 3.1.2. New onset of psychosis
- 3.2. If after all screenings have been completed and the patient is still deemed eligible, the patient may be directly transported to Emergency Psychiatric Services (EPS).
 - 3.2.1. Patients that are experiencing a suspected behavioral health crisis and that are intoxicated, but still meet the screening criteria of 3.1, may be directly transported to EPS.

4. Suspected Intoxication Factors

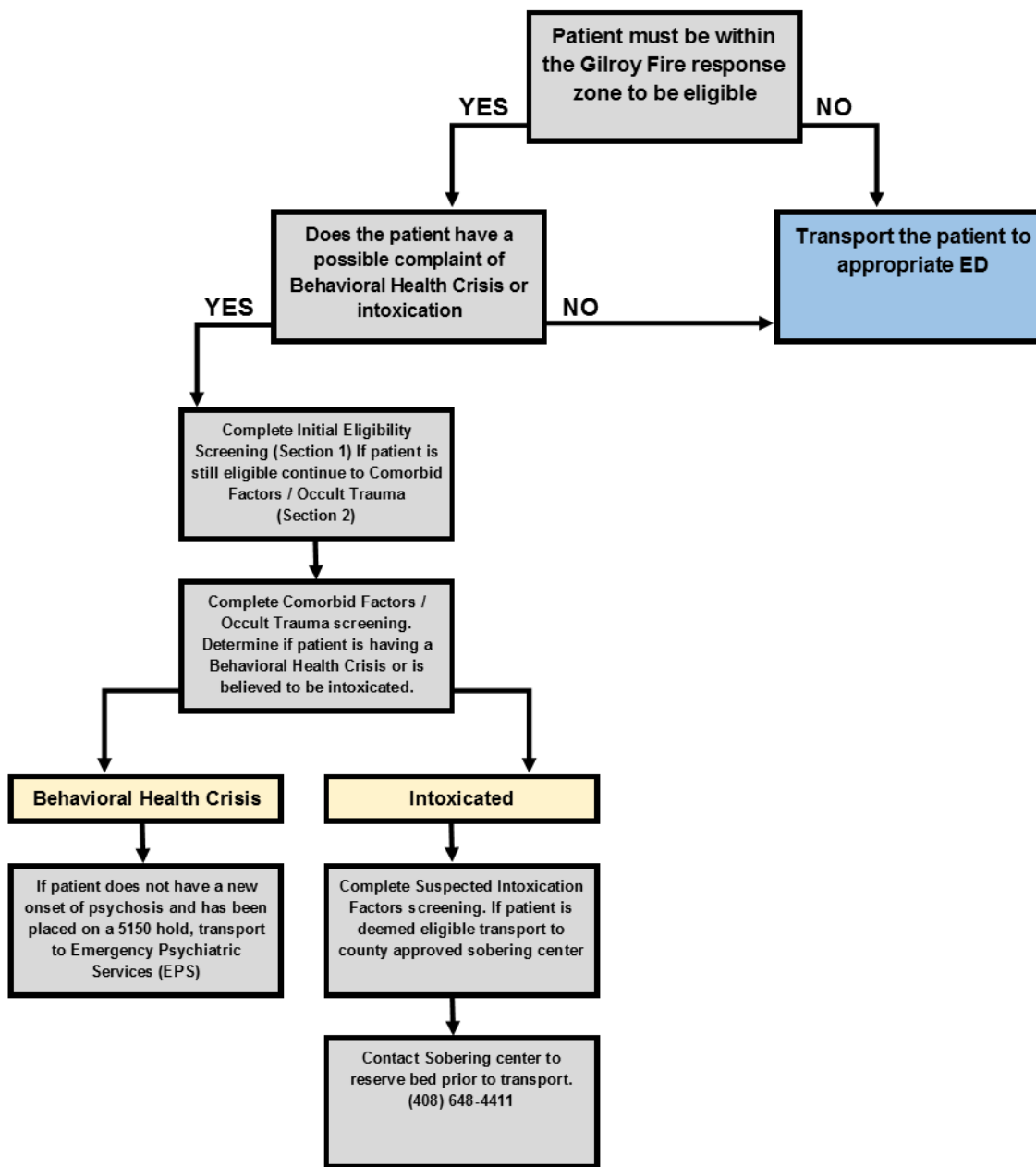
- 4.1. If the patient appears to be intoxicated and has remained eligible through the screenings in sections 1 and 2, the paramedic will screen the patient for eligibility for transport to a sobering center. If the patient meets any of the following factors, they are not eligible for transport directly to a county approved sobering center:
 - 4.1.1. Patient is unable to stand without assistance
 - 4.1.2. Patient cannot follow simple verbal commands
 - 4.1.3. Patient is unable or unwilling to cooperate with examination
 - 4.1.4. Patient becomes combative at any point during the encounter
 - 4.1.5. Patient is unwilling to go to the sobering center
- 4.2. If after all the screenings have been completed and the patient is still deemed eligible, the patient may be directly transported to a county approved sobering center. The notification phone number is (408) 648-4411.

5. Patient Diversion From Designated Facility

- 5.1. Ambulances will transport patients placed on a §5150 involuntary psychiatric hold to the designated hold facility written on the §5150 hold. The transporting ambulance may only divert from the designated hold facility under the following circumstances:
 - 5.1.1. Patient is in extremis (**Policy 602**)
 - 5.1.2. Patient requires Specialty Care Center treatment



6. Treatment Flow Chart



If at any point the patient does not meet criteria in the Initial Eligibility, Comorbid Factors, Behavioral Health Crisis or Suspected Intoxication screenings, transport the patient to the appropriate ED.

Protocol # 700-X05