

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(PARAMEDIC)

SUBJECT: **INTOXICATED (ALCOHOL) PATIENT DESTINATION** REFERENCE NO. 528

**PURPOSE:** To provide guidelines for the transport of patients with a primary provider impression of Alcohol Intoxication to the most appropriate facility that is staffed, equipped and prepare to administer medical care appropriate to the needs of the patient.

**AUTHORITY:** Health & Safety Code, Division 5, Sections 1797.220, 1798  
California Code of Regulations, Title 22, Division 9, Chapter 5

**DEFINITIONS:**

**Alcohol Intoxication:** A patient who appears to be impaired from alcohol, demonstrated by diminished physical and mental control with evidence of recent alcohol consumption (e.g., alcohol on breath, presence of alcoholic beverage container(s)) and without other acute medical or traumatic cause. Alcohol intoxication is typically associated with one of more of the following:

- Speech disturbance – incoherent, rambling, slurring
- Decline in cognitive function – confusion, inappropriate behavior, impaired decision-making capacity
- Imbalance – unsteady on feet, staggering, swaying
- Poor coordination – impaired motor function, inability to walk a straight line, fumbling for objects

**Emergency Medical Condition:** A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure, and oxygen saturation – except isolated asymptomatic hypertension) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (Ref. No. 1200.2) are also considered to have an emergency medical condition.

**Sobering Center (SC):** A non-correctional facility designated by a city or county to provide a safe, supportive environment for intoxicated individuals to become sober. A SC shall be approved by the EMS Agency by meeting the requirements in this Standards.

**PRINCIPLES:**

1. EMS provider agencies must be approved by the Emergency Medical Services (EMS) Agency to triage patients with alcohol intoxication to a designated SC.
2. Paramedics who have completed an 8-hour education session regarding the triage of patients to a SC are the only EMS personnel authorize to utilize this policy.
3. Patients exhibit alcohol intoxication who meet SC inclusion criteria may also be released at scene to local law enforcement agency. Law enforcement officers are highly

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APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

encouraged to transport these patients to a designated SC. Paramedics shall document on the EMS Report Form to whom the patient was released.

4. In instances where there is potential for the patient to harm self or others, EMS personnel shall consider seeking assistance from law enforcement.
5. Any patient who meets the triage criteria for transport to a SC, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.
6. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; status of the receiving facility; anticipated transport time; requests by the patient, family, guardian or physician; and EMS personnel and base hospital judgment.

**POLICY:**

- I. Responsibilities of the Paramedic
  - A. Complete an 8-hour educational session regarding the triage of patients to a designated SC.
  - B. Comply with all patient destination policies established by the EMS Agency.
- II. EMS Provider Agency Requirements and Responsibilities
  - A. Submit a written request to the Director of the EMS Agency for approval to triage patients who meet SC Inclusion Criteria. The written request shall include the following:
    1. Date of proposed implementation date
    2. Scope of deployment (identify response units)
    3. Course/Training Curriculum addressing all items in Section IV
    4. Identify a representative to act as the liaison between the EMS Agency, designated SC(s), and the EMS Provider Agency
    5. Policies and procedures listed in Section B
  - B. Develop, maintain and implement policies and procedures that address the following:
    1. Completion of one Medical Clearance Criteria Screening Tool for each patient (see sample Ref. No. 528.1)
    2. Pre-arrival notification of the SC
    3. Patient report to a licensed health care provider or physician at the SC

4. Confirmation that SC has the capacity to accept the patient prior to transport
- C. Develop a Quality Improvement Plan or Process to review variances and adverse events.
- D. Comply with data reporting requirements established by the EMS Agency.

III. Sobering Center (SC) Patient Triage Criteria

- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to a designated SC provided the SC can be accessed within a fifteen (15) minute transport time:
  1. Provider impression of alcohol intoxication (found on the street, a shelter or in police custody); and
    - a. Voluntarily consented or have implied consent to go to the SC; and
    - b. Cooperative and do not require restraints; and
    - c. Ambulatory, does not require the use of a wheelchair; and
    - d. NO emergent medical condition or trauma (with exception of ground level fall with injuries limited to minor abrasions below the clavicle); and
    - e. No focal neurological deficit
  2. Age:  $\geq 18$  years old and  $\leq 65$  years old
  3. Vital Signs
    - a. Heart rate  $\geq 60$  bpm and  $\leq 120$  bpm
    - b. Respiratory rate  $\geq 12$  rpm and  $\leq 24$  rpm
    - c. Pulse oximetry  $\geq 94\%$  on room air
    - d. SBP  $\geq 100$  and  $< 180$  mmHg

Note: Isolated mild to moderate hypertension (i.e., SBP  $\leq 180$  mmHg with no associated symptoms such as headache, neurological changes, chest pain or shortness of breath) in a patient with a history of hypertension is not a reason to exclude referral to a SC

4. Best Glasgow Coma Scale (GCS) Score of  $\geq 14$ .

Best GCS – upon initial assessment, an inebriated person may not have spontaneous eye opening without stimulation and may not be fully

oriented which = GCS of 13. Upon secondary assessment, if eyes remain open with minimal confusion, GCS is 14 and meets criteria.

5. If history of Diabetes Mellitus, no evidence of ketoacidosis and a blood glucose  $\geq 60$  mg/dL and  $< 250$  mg/dL

B. Exclusion Criteria – patients who meet the following conditions shall not be triaged to a SC, patient destination shall be in accordance with Ref. No. 502, Patient Destination or appropriate Specialty Care Center Patient Destination policy (i.e., Trauma Center, STEMI, Stroke):

1. Any emergent medical condition
2. Focal neurological deficit or change from baseline
3. Any injury that meet trauma center criteria or guideline
4. Complaint of chest pain, shortness of breath, abdominal/pelvic pain, or syncope
5. Bleeding including any hemoptysis or GI bleed
6. Suicidal ideations
7. On anticoagulants
8. Suspected pregnancy
9. Bruising or hematoma above the clavicles
10. Intellectual or developmental disability
11. EMS personnel feels the patient is not stable enough for SC

IV. Paramedic Training Curriculum – the 8-hour paramedic educational session regarding the triage of patients to a SC shall include, at minimum, the following:

- A. An overview of the curriculum, educational objectives, resources and operational structure
- B. Impact of alcohol intoxication on local public health and emergency medical system resources
- C. Overview of SC capabilities and resources
- D. Review of mental health disorders
- E. In-depth review of the Inclusion and Exclusion Criteria, and the Medical Clearance Criteria Screening Tool for SC
- F. Legal and Ethics, include considerations for release at scene, refusal of treatment or transport (Against Medical Advice)

- G. Interactions with other agencies (i.e., law enforcement, mental health professional)
- H. Patient care documentation
- I. Quality improvement process and sentinel event reporting

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 328, **Sobering Center (SC) Standards**  
Ref. No. 328.1, **Designated Sobering Center Roster**  
Ref. No. 502, **Patient Destination**  
Ref. No. 528.1, **Medical Clearance Criteria Screening Tool for Sobering Center**  
Ref. No. 1200.3 **Provider Impressions**  
Ref. No. 1241 **Overdose/Poisoning/Ingestion**