

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Transport Guidelines to Sobering Center Facility**
Policy Number: 5203.02

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Signature on File _____
EMS Medical Director

Signature on File _____
EMS Administrator

Purpose:

- A. To establish guidelines for the transport of patients with a primary provider impression of intoxication to the most appropriate facility that is staffed, equipped, and prepared to administer medical care appropriate to the needs of the patient.

Authority:

- A. California Health and Safety Code, Division 2.5, Sections 1797.220, 1798.
- B. Title 22, California Code of Regulations, Section 100170 (a)(5).

Definitions:

- A. **Under The Influence Of A Mental Status Altering Substance:** A patient who appears to be impaired from a range of possible substances (Alcohol, THC, Stimulants, CNS Depressants, etc.), demonstrated by diminished physical and mental control and without other acute medical or traumatic cause. Being “under the influence” is typically associated with one or more of the following:
 1. Speech disturbance – incoherent, rambling, slurring.
 2. Decline in cognitive function – confusion, inappropriate behavior, impaired decision-making capacity.
 3. Imbalance – unsteady on feet, staggering, swaying.
 4. Poor coordination – impaired motor function, inability to walk a straight line, fumbling for objects.
 5. Agitation (for stimulants), or CNS depression (alcohol, CNS depressants).

- B. **Emergency Medical Condition:** A condition or situation in which an individual immediately needs medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, and oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital notification are also considered to have an emergency medical condition.
- C. **Authorized Sobering Center (SC):** A non-correctional facility staffed at all times with at least one registered nurse, providing a safe, supportive environment for intoxicated individuals to become sober. Licensed Vocational Nurses, Social Workers, and other mental health professionals may augment staffing. It is identified as an alternate destination in a plan developed pursuant to Section 1843 of the Health and Safety Code.

Principles:

- A. EMS provider agencies must be approved by the Sacramento County Emergency Medical Services Agency (SCEMSA) to triage patients under the influence of a mental status-altering substance to an alternate destination (SCEMSA-approved Sobering Center).
- B. Paramedics who have completed the curriculum for triage paramedic services adopted pursuant to paragraph two (2) of subsection (d) of Section 1830 of the Health and Safety Code and have been accredited by SCEMSA in one or more of the triage paramedic specialties described in Section 1819 of the Health and Safety Code as part of an approved Triage to Alternate Destination (TAD) program, are the only EMS personnel authorized to utilize this policy.
- C. In instances where there is a potential for the patient to harm self or others, EMS personnel shall consider seeking assistance from law enforcement.
- D. In all cases, the patient's health and well-being are the overriding considerations in determining the patient's destination. Factors to be considered include the severity and stability of the patient's illness or injury, the status of the receiving facility, anticipated transport time, requests by the patient, family, guardian, or physician, and EMS personnel and Base Hospital judgment.
- E. In an instance where any patient who meets the triage criteria for transport to a TAD facility but who requests to be transported to an

Emergency Department (ED) of a general acute care hospital, EMS personnel shall transport the patient immediately to the ED of an acute care hospital.

- F. In instances where a patient is transported to a TAD facility and, upon assessment, is found no longer to meet the criteria for admission, EMS personnel shall transport the patient immediately to the ED of a general acute care hospital.

Policy:

Responsibilities of the Paramedic:

- A. Retain and provide proof of an active, unrestricted California-issued paramedic license.
- B. Retain and provide proof of an active, unrestricted Sacramento County-issued paramedic accreditation
- C. Proof of completion of SCEMSA-approved triage paramedicine course.
- D. Comply with all patient destination policies established by SCEMSA.
- E. The transporting Paramedic shall give a Patient report to a licensed health care provider or physician at the SC to ensure continuity of care and efficient transfer of care.

EMS Provider Agency Requirements and Responsibilities:

- A. Submit a written request to the Administrator of SCEMSA for approval to triage patients who meet SC Inclusion Criteria. The written request shall include the following:
 1. Date of proposed implementation.
 2. Scope of deployment (identify response units).
 3. Course/Training Curriculum addressing all items in PD# 4521 – Triage to Alternate Destination Training Curriculum.
 4. Identify a representative to act as the liaison between SCEMSA, designated SC(s), and the EMS Provider Agency.
 5. Policies and procedures listed in Section B. below.
- B. Develop, maintain, and implement policies and procedures that address the following:
 1. Completion of one Medical Clearance Criteria Screening Tool for each patient.
 2. Pre-arrival notification of the SC.
 3. 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 SCEMSA.

Sobering Center Patient Triage Criteria:

- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to an authorized SC, provided the facility can be accessed within SCEMSA-approved transport time:
 - 1. Provider impression of being under the influence of a mental status-altering substance.
 - 2. Age \geq 18 years and $<$ 65 years old.
 - 3. Vital signs:
 - a. Heart rate $>$ 50 bpm and $<$ 110 bpm.
 - b. Respiratory rate $>$ 10 rpm and $<$ 20 rpm.
 - c. O₂ saturation \geq 94% on room air.
 - d. Systolic Blood Pressure (SBP) \geq 100 and \leq 180 mmHg.
 - e. Diastolic Blood Pressure \leq 110 mmHg.
 - f. Glasgow Coma Score \geq 14.
 - 4. Voluntarily or implied consent (when oriented to give verbal consent) to go to the SC.
 - 5. Cooperative and does not require restraints.
 - 6. Ambulatory does not require a wheelchair.
 - 7. Has no removable orthotic devices.
 - 8. If there is a history of Diabetes Mellitus, no evidence of Ketoacidosis, and a blood glucose \geq 60 mg/dl and \leq 300 mg/dl.

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.

- B. Exclusion Criteria—Patients who meet the following conditions shall not be triaged to an authorized SC: (The patient's destination shall be in accordance with SCEMSA PD# 5050—Destination or appropriate Specialty Care Center (i.e., Trauma Center, STEMI Center, or Stroke Center).)
 - 1. Any emergent medical condition.
 - 2. Active chest pain of suspected cardiac origin.
 - 3. Bruising or hematomas above the clavicles.

4. Shortness of breath, abdominal pain, pelvic pain.
5. Has a complaint of syncope.
6. Has received Naloxone from EMS, law enforcement, or a bystander.
7. Has received a narcotic analgesic.
8. Ingested a toxin or medication with the intent to self-harm.
9. Focal weakness.
10. Open wounds or bleeding, including hemoptysis or GI bleeding.
11. Known or Suspected pregnancy.
12. Requires special medical equipment.
13. Intellectual or developmental disability.
14. Exhibits active dangerous behavior/ severe agitation.
15. EMS personnel feel the patient is not stable enough for an authorized SC facility.

Cross References:

PD# 2305 – EMS Patient Care Report-Completion and Distribution

PD# 2522 – Electronic Health Care Record and Data Policy

PD# 2525 – Prehospital Notification

PD# 4521 – Triage to Alternate Destination Training Curriculum

PD# 5050 – Destination

MEDICAL CLEARANCE CRITERIA FOR SOBERING CENTER

- A. The paramedic shall assess and evaluate the patient using all the criteria listed below.
- B. If ALL criteria are Yes (Gray), triage the patient to an Authorized Sobering Center.
- C. If ANY criterion is No (Orange) – triage the patient to the most accessible Advanced Life Support (ALS) receiving hospital.

Medical Clearance Criteria for Sobering Center		
Provider Impression of Patient Under the Influence of a Mental Status Altering Substance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verbalizes consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cooperative and do not require restraints	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ambulatory does not require a wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age \geq 18 years old and $<$ 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate $>$ 50 and $<$ 110 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate $>$ 10 and $<$ 20 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry \geq 94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP \geq 100 and \leq 180 mmHg and DBP \leq 110 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glasgow Coma Score \geq 14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetes, glucose \geq 60 and \leq 300 mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has not received Narcan from EMS, Law Enforcement, or Bystander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No open wounds or bleeding, including any hemoptysis or GI bleed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not requiring special medical equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bruising or hematoma above the clavicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No dangerous behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>

No signs and symptoms of Agitated Delirium	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EMS Personnel feel the patient is stable for Authorized Sobering Center	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>