



PRE-HOSPITAL RECEIVING CENTER (PRC) STANDARDS

Effective: February 15, 2025
Replaces: New

I. Purpose

The purpose of this policy is to define the requirements for licensed general acute care hospitals permitted by California Department of Public Health (CDPH) to operate basic or comprehensive emergency medical services to be designated to as a 911 EMS Receiving Center in Santa Clara County.

II. Authority

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.204, 1797.222, 1797.250, 1797.252, 1798, 1798.150, and 1799.205

California Code of Regulations, Title 22, Section 100172, 100175, 70411-70419, and 70451-70459.

III. Definitions

- A. "*EMS Agency*" means the County of Santa Clara Emergency Medical Services Agency.
- B. "*EMS System*" means the emergency medical services system operated by the EMS Agency to provide personnel, facilities, and equipment for the effective coordinated delivery of medical care services under emergency conditions in the County.
- C. "*Receiving Center*" means a licensed acute care hospital recognized and approved by the EMS Agency to provide emergency patient care and participates in the EMS System.
- D. "*Immediately available*" means (i) Unencumbered by conflict duties or responsibilities; (ii) responding without delay upon receiving notification; and (iii) being physically available to the specified area of the hospital when the patient is delivered in accordance with local EMS agency policies and procedures.

IV. Designation

- A. Initial



1. A site may request Receiving Center designation by submitting an application to the EMS Agency as detailed in Policy #400.
2. The EMS Agency will conduct a thorough evaluation and site visit ensuring evidence of compliance with all criteria detailed in this policy.

B. Emergency/Disaster Designation

1. The EMS Agency may temporarily designate a site to aid in the treatment of patients during medical surge events such as a mass casualty incident (MCI), public health outbreaks, or major disaster such as wildland fires or earthquakes. The EMS Medical Director and/or Public Health Officer may designate the following types of sites:
 - a. Any hospital within Santa Clara County.
 - b. Activated Field Treatment Sites (FTS).
 - c. Activated Alternate Care Sites (ACS).
 - d. Any medical clinic with Santa Clara County.

C. Continuing Designation

1. Maintain a special permit from the State of California to operate either as a Basic or a Comprehensive Emergency Department and comply with all applicable federal and state laws and regulations related to such permit.
2. Maintain accreditation with the Joint Commission.
3. Current written agreement with EMS Agency for designation as an EMS Receiving Center to provide services in Santa Clara County.
4. Agree to follow all applicable policies and procedures promulgated by the EMS Agency pursuant to Federal, State and Local laws.
5. Compliance with all standards outlined in this policy.
6. Participate in site evaluations or unplanned visits by the EMS Agency to verify compliance.



V. Standards

A. Facilities and Services

1. Ensure medical personnel, support staff, equipment, and resources are immediately available, on a 24-hour basis, to receive patients from the EMS system for continuity of care.
2. Have the ability to evaluate and provide initial care for STEMI patients 24/7/365.
3. Meet the expectations for Ambulance Patient Offload (APOS) as detailed in EMS Policy #622.
4. EMS Receiving Centers that are not designated as Specialty Receiving Centers shall have policies and protocols to initiate transfers to designated Specialty Receiving Centers.

B. Communications

1. Have the ability at all times to communicate with 9-1-1 EMS ambulances through county approved methods.
2. Have procedures for notifying the EMS Agency duty chief of incidents that may impact the EMS system and/or patient care, this may include but is not limited to:
 - a. Activation of hospital EOC and/or need for internal disaster activation.
 - b. Threat to facility infrastructure, technology, communications, or patient/visitor safety.
 - c. Need for decompression or evacuation.
 - d. Level A variances defined in Policy #108.
3. Participate in any communication drills or bed availability polls.
4. Radios



- a. Radios must be maintained, continuously operational and at an audible volume.
- b. Ensure staff are trained in the operations of designated radio equipment.
- c. Maintain a designated hospital ringdown channel to receive advanced notification of Trauma, STEMI and/or Stroke Alerts.
- d. Participate in monthly and ad hoc tests and drills.
- e. Notify the EMS Agency immediately if there is a failure of any radio.

C. Personnel

1. Staffing and medical personnel shall be trained and credentialed to the minimum requirements set forth in State regulations and accreditation standards.
2. Emergency Department Medical Director
Designate a qualified Emergency Department Medical Director to oversee clinical care and administrative functions of the Emergency Department in accordance with applicable federal, state, and local law and applicable County policies and procedures. The Emergency Department Medical Director shall:
 - a. Possess the appropriate license, board certification, privileges, advanced certifications, training and clinical experience to oversee ED operations.
 - b. Be regularly assigned to the Emergency Department.
 - c. Serve as a liaison between ED staff and hospital administration.
 - d. Assist the EMS Liaison in reviewing and evaluating advanced patient care provided by 9-1-1 EMS System and ED.
3. EMS Liaison



Designate a qualified EMS Liaison to represent the emergency department and ensure there is effective transfer and continued care for patients received from the EMS System. The EMS Liaison shall:

- a. Possess working knowledge of the EMS System.
 - b. Possess working knowledge of County's Prehospital Care Policy and clinical protocols.
 - c. Possess the ability to review and evaluate basic and advanced life support patient care provided by 9-1-1 EMS System.
 - d. Serve as a liaison between the EMS Agency, other hospitals, and EMS service providers.
 - e. Serve as the facility-based administrator for EMS data, communication or resource coordination systems such as Hospital Hub, EM Resource and radios.
 - f. Be regularly assigned to the Emergency Department.
4. A Nurse Manager may serve as the EMS Liaison as long as they are able to meet requirements detailed in this policy.

5. Disaster Coordinator

Designate a qualified individual to serve as a single point of contact for medical and health emergency planning and operations. This role must participate in the Santa Clara County Hospital Emergency Preparedness Partnership (SCCHEPP) for disaster and surge planning, drills and exercises.

D. System Participation

1. Designated staff must participate in at least 50% of meetings identified by the EMS Agency Policy and Procedures.
2. Ensure Emergency Department staff receive education regarding EMS Agency policies and procedures annually.
3. Participate in continuous quality improvement activities.



4. Aid in the development of EMS System policies and protocols.
5. Participate in EMS System training and continuing education initiatives.

E. Data Collection and Submission

1. Each hospital which collects, utilizes, or transmits patient care data in any fashion shall comply with all local, State, and Federal laws pertaining to such activities.
2. Maintain access to the EMS Data System to retrieve patient care reports (ePCR) of patients transported by 911 to their facility. A list of approved users must be provided and updated at least annually.
3. Provide 9-1-1 EMS patient outcome information and ad hoc reports when requested by the EMS Agency.
4. Submit requested data and reports to the EMS Agency at agreed upon dates.

F. Reporting Requirements

1. Notify an EMS provider agency's designated infection control officer and county health officer when it is determined EMS personnel (public or private) have been exposed to a reportable communicable disease.
2. Notify the EMS Agency within 10 working days of any staffing changes to the ED Medical Director or EMS Liaison positions.
3. Receiving Center shall report significant events per Policy #108 and by using the EMS System Variance Reporting Form, (Form # 903).