



# VCEMS Training Bulletin



Bulletin 061  
Date: October 11, 2024

## SPH - Standby Emergency Department

Beginning October 15, 2024 SPH will no longer have ICU services. With this change, SPH will be designated as a Standby Emergency Department per VCEMS Policy 420.

VCEMS Policy 420 lists examples of patient presentations where transport to a further facility may be considered. For *Uncontrollable Problems*, as listed in VCEMS Policy 402, transport to the most accessible Emergency Department for patient stabilization may take precedence (ie. SPH or OVCH Standby Emergency Departments).

### VCEMS Policy 420

- H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
  2. Chest pain or discomfort of known or suspected cardiac origin
  3. Sustained respiratory distress not responsive to field treatment
  4. Suspected pulmonary edema not responsive to field treatment
  5. Potentially significant cardiac arrhythmias
  6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

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7. Suspected spinal cord injury of new onset
8. Burns greater than 10% body surface area
9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
10. Criteria that meet stroke, LVO, STEMI, or trauma criteria for transport to a specialty care hospital

### VCEMS Policy 402

2. Diversion requests will be honored provided that:
  - a. The involved ALS unit estimates that it can reach an "open" facility without compromising the patient's condition by extending the Code 3 en route time from the incident location for hospitals on diversion due to:
    - 1) ICU/CCU saturation,
    - 2) Emergency Department saturation, or
    - 3) Neuro/CT scanner limitations for appropriately selected patients.
  - b. The patient does not exhibit an uncontrollable problem in the field. An "Uncontrollable Problem" is defined as:
    - 1) Unstable vital signs
    - 2) Cardiac Arrest
    - 3) Severe Respiratory Distress
    - 4) Unstable Airway
    - 5) Profound Shock
    - 6) Status Epilepticus
    - 7) OB patient with imminent delivery
    - 8) Life threatening arrhythmia
    - 9) Any Patient that the paramedic on scene or the BH MD feels would likely deteriorate due to diversion.

**\*\*ICU/CCU saturation would be the same as facilities that do not have ICU services.**

**Thank you!**

Ventura County EMS Agency  
805-981-5301 – Phone  
<http://vchca.org/ems>