

**West Michigan Regional MCC  
SYSTEM**

**ALTERNATIVE DESTINATION CLEARANCE FOR BEHAVIORAL HEALTH PATIENTS**

Date: DRAFT

Section: 8.XX

**Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.**

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
				x		

**Alternative Destination Clearance for Behavioral Health Patients**

**Purpose:** This protocol is issued to outline the process for an EMS provider to medically assess and conduct a standardized assessment of a patient complaining of a mental health, psychiatric, or behavioral health crisis in order to transport the patient, and/or to allow for an alternative mode of transport, to an alternative destination equipped to care for the patient other than a traditional emergency department.

1. Follow **Behavioral Health Emergencies Protocol** assessment.
2. If patient is experiencing known behavioral health emergency mimics such as hypo/hyperglycemia, hypoxia, chest pain (CP), shortness of breath (SOB), CVA/TIA, trauma, seizure, infection/sepsis, or drug overdose treat the patient with the appropriate treatment protocol and transport the patient to the most appropriate emergency department. These patients **shall not** be considered for this protocol
3. Patients may be referred an approved alternative destination specializing in behavioral health care within the MCA’s jurisdiction, or neighboring MCA’s jurisdiction under the following circumstances:
  - a. Hearing voices, psychotic, delusional, wants to talk, depressed, homicidal, and suicidal (without an attempt, i.e. overdose, hanging, CO poisoning, etc.), prescription medication issues, voluntary, involuntary and/or combative.
  - b. Patients may be considered if they are intoxicated. They must be A&O x 3, ambulatory with minimal assistance and without any disqualifying medical conditions.
4. If the patient meets the above criteria for transport to an alternative destination discuss option of transporting to an alternative destination with the patient.
5. If the patient agrees to be screened for clearance to an alternative destination, complete the EMS SMART Medical Clearance Form.
6. Once the EMS SMART Clearance Form has been completed, contact local online Medical Control.
  - a. Provide the findings of the EMS SMART Medical Clearance Form to the online medical control physician.
  - b. Request permission to transport to an approved alternative behavioral health medical destination from the online medical control physician.
  - c. Consider requesting online Medical Control physician approval to transport the patient in an alternative secured vehicle, if one is readily available.
7. If permission is granted, contact the approved alternative destination, and advise inbound transport.

MCA Name:  
MCA Board Approval Date:  
MCA Implementation Date:

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**Quality Improvement and Reporting Sentinel Events:**

1. All transports occurring under this protocol will be reviewed by the EMS agency and reported in a format and in the frequency as decided by the local MCA.
2. ***Sentinel Event Reporting:*** any of the following conditions will be considered to be a sentinel event and must be reported to the local MCA by both the EMS provider and by the agency (along with e-PCR), or the alternative destination location within 24 hours of the incident.
  - a. A patient who meets the criteria for transport to an alternative destination and is denied by online medical control, or by the alternative destination.
  - b. A patient who receives clearance for transportation to an alternative destination and does not meet the criteria for transport on arrival.

DRAFT

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MCA Board Approval Date:  
MCA Implementation Date: