





**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	406
Effective:	April 2025
Approval: EMS Director Travis Kusman, MPH	Signed: 
Approval: EMS Medical Director Greg Gilbert, MD	Signed: 

CENTRAL PATIENT ROUTING

I. PURPOSE

This policy identifies the process for centralized direction of 9-1-1 ambulances to hospital destinations. The San Mateo County EMS Agency is the only entity which may authorize Public Safety Communications to enact central patient routing. Public Safety Communications is the only entity authorized to perform central patient routing.

Central patient routing may be enacted when the EMS system experiences significantly elevated medical call volume, protracted hospital ambulance patient offload times, a multi-patient incident, or during a declared disaster.

II. AUTHORITY

California Health and Safety Code Division 2.5, §1797,200, 1798; California Code of Regulations, Title 22, Division 9, §1001096.03

III. DEFINITIONS

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

EMS Supervisor: A paramedic approved by the LEMSA responsible for operational and clinical leadership and supervision of emergency medical services at the provider agency level.

Public Safety Communications (“PSC”): San Mateo County Public Safety Communications, the LEMSA authorized Emergency Medical Dispatch service provider.

IV. PROCEDURE

When central patient routing is authorized and enacted, PSC shall notify all on-duty fire and EMS crews, EMS Supervisors, emergency ambulance supervisors, and emergency ambulance clinical field specialists that central patient routing is in effect. All 9-1-1 ambulance patient destinations will be assigned by PSC, with the exception that central patient routing will not apply to patients requiring specialty care (e.g., STEMI, stroke, and trauma) or hospital destinations outside of San Mateo County.

- A. PSC shall notify crews via MDT message and radio broadcast that “County Central Patient Routing is in effect.”
- B. The EMS Agency shall notify all hospitals that Central Patient Routing is in effect.
- C. If necessary, PSC in conjunction with the EMS Agency may request an on-duty Supervisor or Clinical Field Specialist from the County’s contracted emergency ambulance provider, who shall serve as a designee, to report to PSC and manage the functional role of central patient routing. The designee shall functionally report to the on-duty PSC Supervisor.
- D. All patients requiring transport shall be triaged into an approved triage category utilizing S.T.A.R.T./ JumpS.T.A.R.T. triage criteria (e.g., immediate, delayed, minor).
- E. When an ambulance is ready to depart scene, the ambulance shall contact “County Routing” using MCI 1 channel and request a destination by providing the following information:
 - 1. Unit ID
 - 2. Number and triage categories of all patients on-board
 - 3. Closest facility

Example: *“County Routing, Medic 65 requesting destination for one immediate patient. San Mateo Medical Center is the closest facility.”*
- F. PSC shall direct each 9-1-1 ambulance transport to a different destination until all in-county hospitals have received a patient, at which time patient allocation shall start again.
 - 1. If PSC recognizes that an ambulance offload at a particular hospital is in excess of thirty (30) minutes, PSC may bypass that hospital for one rotation.
- G. The EMS Agency will deactivate central patient routing at the earliest suitable opportunity based upon EMS system conditions.