

AMBULANCE DIVERSION POLICY

I. PURPOSE

To define the circumstances under which ambulance traffic may be diverted from an expected or "usual" receiving facility.

II. RELATED POLICIES

- A. Trauma Triage and Destination, #4613
- B. Destination Guidelines, #8106

III. AUTHORITY

"In the absence of decisive factors to the contrary, ambulance drivers shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient." California Administrative Code, Title 13, Section 1105 (c).

IV. DEFINITIONS

- A. **Full diversion** means a rerouting of all ambulance traffic.
- B. **Condition specific diversion** may occur when a normally available service, procedure or piece of equipment is temporarily unavailable and results in the rerouting of specific patients, dependent on the reason for diversion. Condition Specific Diversion may include the following:
 - 1. CT scanner Inoperable
 - 2. Trauma Diversion
 - 3. Neurosurgeon Not Available

V. INTENT

- A. That ambulance diversion occurs only as the result of circumstances that result in a disruption of essential hospital services.
- B. That this procedure ensures patient safety and maximize efficiency during times of diversion.

- C. That all participating hospitals abide by equally strict internal procedures for diversion that result in a fair and equitable system.

VI. POLICY

- A. Each Receiving Hospital shall establish an internal hospital plan, approved by and on file with the EMS Office. The plan shall include, but not be limited to the following:
1. Definitions and standards for activation which are consistent with this policy/procedure.
 2. Identification of the internal approval process, including persons or positions that must be involved in the decision-making process.
 3. Mechanisms for notification, on-going monitoring, removal from diversion status; identification and activation of backup ED and ICU physical space according to state licensing guidelines; call-in mechanism for additional staff; identification of patients who can be safely transferred within the facility; internal review of the diversion and reporting to the EMS Office.
- B. Full diversion may occur only if the receiving emergency department is incapacitated by a physical plant breakdown (i.e., fire, bomb threat, power outage, etc.) which renders patient care unsafe. In the event of a full diversion, all patients will be rerouted to other facilities as appropriate.
- C. The need to institute a Condition Specific Diversion is determined according to each facility's plan, consistent with the following:
1. The following patients may not be rerouted:
 - a. Obstetrical patients in active labor
 - b. Patients with respiratory distress and unmanageable airway
 - c. Patients with uncontrolled external hemorrhage
 - d. Patients requiring ALS, but having no paramedic in attendance
 - e. Patients with CPR in progress
 - f. Stable patients who insist on transport to a specific hospital. Ambulance personnel will inform the patient of the diversion status and document that the patient refused transport to an alternate facility.
 2. Destinations of all other patients will be determined in accordance with the specifics of this policy.
 3. If the diversion is for an **inoperable CT scanner**, the following patients will be diverted:
 - a. Patients with signs or symptoms of a new CVA: transport to closest facility with a functioning CT scanner.

- b. Patients with signs and symptoms of head, neck or spinal cord trauma: transport to Level II Trauma Center; if conditions preclude air transport contact Level III Trauma Center (MGH).
 - c. Trauma patients not meeting the above criteria (all other injuries) will not be diverted due to unavailability of the CT scanner.
4. If the diversion is for a **Neurosurgeon Not Available**, the following patients will be diverted:
- a. Patients with signs and symptoms of head, neck or spinal cord trauma: transport to Level II Trauma Center; if conditions preclude air transport contact Level III Trauma Center (MGH).
 - b. Patients with signs and symptoms of CVA and/or medical conditions that may require Neurosurgical intervention: transport to the closest appropriate facility in Marin County with a functioning CT scanner for initial evaluation and stabilization. Transfer, if indicated, is the responsibility of the hospital, including the maintenance of formal transfer agreements with other facilities.
5. A **Trauma diversion** may occur when trauma resources are depleted as defined in one of the following ways:
- a. Trauma surgeon and backup trauma surgeons are encumbered with critical trauma patients.
 - b. Emergency department or operating rooms are full and beds cannot be made available.
 - c. Lack of available beds in the Intensive or Critical Care units is not grounds for Trauma Diversion. Hospitals are expected to accept all patients and to provide emergency stabilization and appropriate transfer if necessary.
 - d. If an EDAT is on Trauma Diversion, all EDAT patients will be diverted to another EDAT or higher level facility.
 - e. If the Level III facility is on Trauma Diversion, paramedics should obtain a physician consultation from the Level III center to determine patient destination.
 - f. Injured patients who do not meet trauma triage criteria will not be diverted when a trauma center is on trauma diversion.
- D. In all cases of diversion, senior management or designee must be notified and must approve activation of the diversion status.

- E. In the event that more than one Trauma Center or more than two receiving hospitals within Marin County meet their internal plan criteria and wish to activate diversion status at the same time, diversion status for all will be discontinued upon direction of the EMS Office.

VII. INITIATING AND TERMINATING DIVERSION STATUS

- A. Initiating diversion
 - 1. The facility shall implement the internal plan prior to initiating diversion status. The request to initiate status must be approved by senior management.
 - 2. The impacted facility shall contact the Communications Center, announcing their need to initiate diversion status, including the following information:
 - a. Criteria for diversion
 - b. Name of senior management person approving diversion status
 - c. Expected duration of diversion
 - 3. The Communications Center shall notify all other hospitals, the EMS Office, and providers as they are dispatched to calls, of the hospitals' diversion status and type of diversion.
- B. Termination of diversion
 - 1. Diversion status will be terminated as soon as possible.
 - 2. Diversion status is terminated when the hospital notifies the Communications Center who will then notify all other hospitals, the EMS Office, and provider agencies as they are dispatched on calls.
 - 3. The name of senior management approving the termination of the diversion status shall be reported.
- C. EMS Office staff are available to assist with solving system-related problems and can be reached by contacting the Communications Center.
- D. The EMS Office will track the frequency and duration of diversion, making periodic reports to system participants.
- E. Documentation of Diversion
 - 1. Hospitals must complete the Ambulance Diversion Form and fax it to the EMS agency within 48 hours (415.499.3747) for ALL diversions. Refer to Appendix A.
 - 2. An EMS Notification Form should be submitted to the EMS agency for any problem associated with patient care during a diversion.

AMBULANCE DIVERSION FORM

Fax to EMS Agency Within 48 hrs. of Diversion at 415.499.3747

Date of Occurrence: _____ **Facility:** _____

Time diversion starts: _____ **Diversions ends:** _____

CAUSE FOR DIVERSION:

Condition Specific: ___ CT Scanner down ___ Trauma Diversion ___ Other

Full Diversion: ___

Briefly describe circumstances of the diversion:

PERSONNEL:

1. Hospital Senior Management staff contacted: Time: _____

Name: _____

Title: _____

2. Emergency Department Physician: _____

3. Communications Center dispatcher receiving call: _____

4. Other persons with knowledge of this incident: _____

Name: _____ Title: _____ Date: _____

Signature: _____