

**DIVERSION SHALL BE IN EFFECT FOR
A MAXIMUM OF TWO (2) HOURS.
IF EXTENDED, INITIATE NEW
DIVERSION CHECKLIST AND INFORM ALL LISTED**

DIVERSION CHECKLIST

REASON FOR DIVERSION (check all that apply):

Complete Diversion

- A declared hospital in-house disaster, specifically: _____

- Unstable patients occupy all suitable emergency department (ED) beds and after exhausting all in-house resources, unstable patients cannot immediately be transferred to in-patient beds. *The on-call hospital administrator and the lead ED physician have been consulted and agree to the diversion.**

Partial Diversion

- Loss of a key facility or equipment resource required for care of emergent patients, specifically:

DATE OF DIVERSION: _____ **TIME DIVERSION INITIATED:** _____

Person Initiating Diversion: _____ Estimated Duration: _____
Name

* *Hospital Administrator consulted:* _____
Name Time

* *Lead ED Physician consulted:* _____
Name Time

MED-COM notified: (805-781-4564) _____
Name of person contacted Start Time End Time

REDDINET notice posted – please post both in “messages” and “status” areas _____
Start Time End Time

Hospitals notified of diversion by landline or EMS radio:

AGCH 805-473-7626 _____
Phone Name of person notified Time

FHMC 805-542-6621 _____
Phone Name of person notified Time

SVRMC 805-546-7653 _____
Phone Name of person notified Time

TCCH 805-434-4553 _____
Phone Name of person notified Time

MMC 805-739-3200 _____
Phone Name of person notified- (Shift Leader) Time

Person Concluding Diversion: _____ **TIME DIVERSION ENDED:** _____
Name

Form faxed to EMSA @ 788-2517 within 24 hours: _____ / _____
Time Initials

(Remember to notify Med Com and sign off of Reddinet)