

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
PREHOSPITAL POLICY

Policy Reference No: 202
Effective Date: 07/01/2010
Supersedes: 11/15/2007
Review Date: 10/01/2012

SUBJECT: HOSPITAL DIVERSION

PURPOSE

- A. To provide a system-wide mechanism for Receiving Hospital emergency departments to divert EMS resources to other facilities when their ability to provide appropriate care for additional patients has been significantly compromised.
- B. To establish standards for initiation and termination of EMS diversion.
- C. This policy does not apply when there is a declared multi-casualty incident (MCI) or local, regional or state disaster.

AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, 1797.222, 1798. (a), 1798.100, 1798.102, 1798.2, and 1798.3.
- B. California Code of Regulations, Title 22, Sections 100167 (a) 3 and 100168.

DEFINITIONS

- A. Complete diversion: When there is a declared hospital in-house disaster such as fire, hazardous materials spill, flooding or loss of electrical power which compromises patient care/safety, or when unstable patients that cannot be immediately transferred to in-patient beds occupy all suitable emergency department (ED) beds after exhausting all in-house resources and after consultation with the hospital's on-call administration and the lead physician in the ED.
- B. Partial diversion: When a hospital has a loss of a key facility or equipment resource required for care of emergent patients.

POLICY

- A. Receiving Hospital emergency departments may initiate a complete diversion when:
 - 1. The hospital has declared an in-house disaster, such as fire, hazardous materials spill, flooding or loss of electrical power that compromises patient care/safety.

2. 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 must be consulted and agree to the diversion.
- B. Receiving Hospital emergency departments may initiate a partial diversion when the hospital experiences the loss of a key facility or equipment resource required for care of emergent patients, such as the loss of the CT scanner, or the operating room is disabled for major trauma.
 - C. The hospital has the responsibility to determine whether diversion is appropriate.
 - D. Unstable patients are not to be diverted unless a declared in-house disaster has occurred.
 - E. Patients en-route to the hospital after Base Hospital contact has been made cannot be diverted unless to a closer facility.
 - F. Hospitals on diversion status will use all available resources to rectify situations in order to return to full receiving status as soon as possible, including activating the Hospital Emergency Incident Command System (HEICS).

PROCEDURE

- A. All Receiving Hospitals will have written procedures to mitigate high-census conditions that may result in EMS diversion.
- B. When initiating diversion status, ED staff will complete the Diversion Checklist.
- C. A hospital must be on declared diversion status prior to diverting ambulances.
- D. The Receiving Hospital initiating diversion will communicate the type of diversion and the estimated duration of the diversion to all other Receiving Hospitals and Med-Com by landline or EMS radio and by ReddiNet.
- E. Med-Com will immediately inform the on-duty ambulance supervisor and ambulance personnel, as well as the EMS Agency, of any hospital diversion, renewal of diversion, or suspension of diversion.
- F. Diversions shall be in effect for a maximum of two hours unless a Receiving Hospital determines that its diversion status should be changed, suspended, or continued, and then it will immediately inform all other Receiving Hospitals and Med-Com of the change by landline or EMS radio and by ReddiNet. Diversion is suspended after two hours unless actively renewed by the hospital.
- G. If a hospital suspends diversion prior to two hours, it will notify Med-Com and all of the other Receiving Hospitals by landline or EMS radio and by ReddiNet as soon as they are off diversion.
- H. No two Receiving Hospitals may simultaneously initiate EMS diversion without the approval of the EMS Agency Executive Director or Medical Director, or their

designee. The initial contact with the EMS Agency Directors will be performed by Med-Com.

- I. Every Receiving Hospital will fax or email the EMS Agency a copy of the Diversion Checklist as soon as possible after the conclusion of the diversion. Hospitals will keep a record of all diversions and copies of their Diversion Checklists for a period of two years.