

DIVERSION CHECKLIST and REPORT FORM

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

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

MED-COM notified: _____
Phone Time

REDDINET notice posted: _____
Time

Hospitals notified of diversion by landline or EMS radio:

AGCH _____
Phone Name of person notified Time

FHMC _____
Phone Name of person notified Time

SVRMC _____
Phone Name of person notified Time

TCCH _____
Phone Name of person notified Time

Person Concluding Diversion: _____ TIME DIVERSION ENDED: _____
Name