

Tuolumne County
Emergency Medical Services Agency

Title: Receiving Hospital Reroute, Diversion or Temporary Closure

Medical Director Signature: on file

EMS Coordinator Signature: on file

EMS Policy No. **510.00**

Creation Date: 08/2021

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I) PURPOSE

The purpose of this policy is to establish a process for receiving hospitals to reroute patients, request diversion of ambulance transports or close the hospital to all ambulance traffic.

II) AUTHORITY

Health and Safety Code, Division 2.5, Section 1797.153 & 1797.220, California Administrative Code, Title 13, Section 1105 (c).

III) DEFINITIONS

- A) "Open" means accepting all ambulance patient transports without restriction.
- B) "Ambulance Reroute" means the redirecting of an individual ambulance patient from the desired hospital to another destination due to conditions that may reduce the desired hospital's ability to provide appropriate care specific to that patient.
- C) "Ambulance Diversion" means the temporary redirecting of ambulance patients from the desired hospital to another destination due to conditions that may reduce the desired hospital's ability to provide appropriate patient care.
- D) "Emergency Department/Hospital Closure" means the redirecting of all ambulance patients from the desired hospital to another destination due to conditions that may be hazardous or render the facility unable to provide basic medical services.
- E) "Beds" means licensed beds and non-licensed temporary emergency department (ED) treatment stations, including but not limited to chairs and gurneys.
- F) "Capacity" means the total number of permanent and temporary ED beds, including those created as a result of the diversion avoidance protocol.
- G) "Critical" means the status of a patient who will be admitted to an intensive care unit (ICU) and requires acute life-saving interventions or medications, such as vasoactive drips, TPA, management of cardiac arrhythmia, mechanical ventilation, or immediate transfusion of more than two units of packed red blood cells or whole blood.
- H) "Hospital Administrator" means Emergency Department Director, Chief Nursing Officer or Chief Medical Officer
- I) "Internal Disaster" means that the hospital disaster plan has been initiated, and it is reported to the appropriate Department of Health Services official.
- J) "Saturation" means no beds or treatment areas are available in the ED, including beds or treatment areas that might be developed as a result of the diversion avoidance protocol.
- K) "Medical Health Operational Area Coordinator" or "MHOAC" means the person(s), usually the County Health Officer and Local EMS Administrator, responsible for medical and health disaster planning, response and coordination.

IV) POLICY

- A) Reroutes, Diversions and Closures are temporary events and are distinctly different from triage or bypass protocols, which are on-going preset policies to route patients to facilities capable of providing a more sophisticated level of care for a particular patient condition such as major trauma, STEMI, burns, or other condition requiring specialty

care not available at the receiving hospital. Hospitals should make every effort to have back up plans for continued operations.

B) Diversion Avoidance:

- 1) Receiving hospitals are required to develop and submit to the EMS Agency an internal Diversion-Avoidance Protocol to address ED saturation.
- 2) A receiving hospital shall implement its internal Diversion-Avoidance Protocol using the following parameters:
 - (a) The number of patients in the ED (beds or waiting) reaches 150 percent of capacity;
 - (b) 10 percent of ED capacity is filled by critical patients, and there is reason to believe that the inpatient admission process will be delayed; or
 - (c) It is otherwise determined that the hospital will likely need to go on diversion within the next 60 minutes.
- 3) The Diversion-Avoidance Protocol shall include a standard checklist of activities and capacity strategies designed to increase capacity and avoid diversion.
- 4) The on-duty Chief Nursing Officer, Chief Medical Officer or Emergency Department Director shall be notified for all pre-diversion events and shall approve the hospital's request for diversion from the MHOAC. The on-call hospital administrator shall be kept informed of the specific efforts being undertaken by the hospital to avoid a diversion event. Under no circumstances shall the responsibility for determining the need to request diversion be delegated to the ED or house supervisor.
- 5) Patient safety is the only acceptable reason for a diversion request to be granted by the MHOAC. In reports explaining each diversion event, the hospital must demonstrate the need for diversion as it relates to patient safety.
- 6) Diversion/Closure Request Categories - A receiving hospital may request ambulance transports to be diverted for the following reasons:
 - (a) Request for Closure due to Internal Disaster- Hospital cannot receive any patients because of physical plant breakdown or other event that threatens the Emergency Department or significant patient care services. This category does not apply to work actions. The rationale for closure shall be communicated via EMResource using the comments section on the facility status page.

V) Procedure

A) Administration

- 1) Form 510.00 A and B will be used for all rerouting/diversion events and the form will be submitted to the EMS Agency within 48 hours from the end of the incident
- 2) The following shall be contacted by the effected hospital for any rerouting, diversion or closure event:
 - (a) The MHOAC shall be contacted directly by telephone or through Motherlode Answering Service (209) 533-8055.
 - (b) Tuolumne County Sheriff's Dispatch Center at (209) 533-5815.
 - (c) Tuolumne County On-duty Ambulance Supervisor
 - (d) Calaveras County Sheriff's Dispatch Center at (209) 754-6500
 - (e) Mariposa County Emergency Communication Center at (209) 966-3621
 - (f) PHI Dispatch Center at (800) 576-7828.
 - (g) Medi-flight / Air Methods Dispatch Center at (800) 692-5740.
- 3) Hospitals shall update EMResource with appropriate status
- 4) The following patients cannot be rerouted or diverted:
 - (a) Patients on hospital property.
 - (b) Inter-facility transports.
 - (c) Patients in active labor.

- (d) Patients exhibiting an uncontrollable life-threatening condition. An uncontrollable life-threatening condition is defined as:
 - (i) Cardiac arrest
 - (ii) Unmanageable airway
 - (iii) Uncontrolled hemorrhage
 - (iv) Imminent delivery
- B) Re-rerouting of ambulances
 - 1) Procedure
 - (a) Re-routing of ambulances can occur when the base hospital does not have the needed diagnostic capabilities to assess and treat a patient due to power outage or another unforeseen circumstance.
 - (b) The base hospital physician shall consult with the ambulance staff transporting the patient to determine if the patient is eligible for rerouting. The decision to reroute an ambulance patient shall be based on the needs of the patient and shall not be delegated by the base hospital physician to any other person.
 - (c) The base hospital physician or designee shall contact the emergency department that the patient is being rerouted to by telephone or through the Control Facility having jurisdiction to assure that the facility is capable of receiving the patient.
 - (d) The base hospital physician liaison shall review all ambulance reroutes and report any pertinent finding to the CQI Committee, as defined by TCEMSA Policy 640.00.
- C) Diversion of Ambulances
 - 1) Procedure for requesting diversion of ambulances
 - (a) The on-call hospital administrator must consider all resources, including beds, equipment and personnel, and all are fully committed and unavailable for additional incoming ambulance patients.
 - (b) The on-call hospital administrator shall contact the MHOAC to request permission to place the hospital on diversion. The MHOAC shall be contacted directly by telephone or through Motherlode Answering Service at 209-533-8055.
 - (c) The MHOAC shall ensure that the requesting hospital is actively engaged in diversion avoidance efforts and shall evaluate the request for diversion and its potential impact to the EMS system and other receiving hospitals.
 - (d) Hospitals approved by the MHOAC to place themselves on diversion shall notify EMS system participants of the:
 - (i) Reason for diversion.
 - (ii) Estimated time for return to an open status.
 - 2) Closure due to Internal Disaster - All ambulance patients shall be diverted away from a hospital on diversion due to an Internal Disaster.
- D) Diversion Events
 - 1) Hospitals shall continue to actively engage in diversion avoidance efforts during a diversion event and shall document these efforts.
 - 2) A hospital's diversion status due to ED saturation is automatically terminated upon the declaration of a multi-casualty incident by the Control Facility, Regional Control Facility or MHOAC.
 - 3) The MHOAC or designee may perform unannounced site visits to any hospital on diversion to ensure compliance with the hospital's Diversion Avoidance Protocol and this policy.
 - 4) The MHOAC may deny a request for diversion or cancel a diversion event and open a hospital, if the MHOAC determines that continuing the diversion status jeopardizes overall ambulance patient safety.

ED Information

- ☐ Hospital Name: _____
- ☐ ED Census/ # _____
- ☐ ED Waiting Room Census: _____
- ☐ ED Admitted patients (waiting for beds): _____
- ☐ ED Charge Nurse: _____
- ☐ ED Lead Position Doctor: _____

Type of Incident: Check appropriate boxes

	Re Route		Diversion
	CT Scanner inoperable		Bomb Treat
			Fire
			Flooding
			Other (list):

Administrative Actions

- ☐ Date of Incident: _____
- ☐ Time of Incident: Start Time _____ End Time: _____
- ☐ Hospital Administrator: _____
- ☐ MHOAC Notified (name/time): _____
- ☐ Ambulance Supervisor Notified (name/time): _____
- ☐ Mountain Counties Duty Officer Notified (name/time): _____
- ☐ Dispatch Center Notified (name/time): _____
- ☐ EMResource Updated

Call Date	Provider	Time of Contact	Age	Gender	Chief Complaint	Reroute/Diversion Destination	Time Destination Notified	CQI Issues
				M F				
				M F				
				M F				
				M F				
				M F				
				M F				