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, GPC 04

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. Neurosurgeon Not Available
3. Trauma Center Diversion
4. Emergency Department (ED) Saturation
5. Cath Lab Diversion

V. 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 type of diversion.

3. **CT Scanner Inoperable:**
   a. Full trauma activations with signs and symptoms of head, neck or spinal cord injury, transport to Level II Trauma Center; if conditions preclude air transport contact Level III Trauma Center.
   b. Limited trauma activations meeting the above criteria will be transported to the EDAT.
   c. Patients with the following get transported to closest facility with functioning CT scanner:
      1. Signs or symptoms of a new CVA
      2. Head injury patients not meeting trauma criteria with anticoagulant use and/or bleeding disorders

4. **Neurosurgeon Not Available:**
   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. **Trauma Center Diversion:**
   a. Trauma patients will be diverted from the trauma center when the trauma surgeon and back-up trauma surgeon are encumbered with the care of trauma patients either in the operating room or emergency department.
   b. Patients who meet Physiologic and/or Anatomic Trauma Triage Criteria (Full activations) shall be transported to the time-closest Level I or Level II Trauma Center by air or ground.
   c. Patients who meet “Mechanism of Injury” and/or “Additional Factors” Trauma Triage Criteria (Limited activations) shall be transported to the EDAT.
   d. The following conditions DO NOT constitute acceptable grounds for Trauma Center Diversion:
      1. A lack of clinical specialty backup, inpatient bed space, monitored beds, or inpatient nursing staff.
      2. ED Saturation Diversion
      3. Inoperable CT Scanner (see section V.C.3.)

6. **ED Saturation Diversion:**
   a. Ambulance traffic may be diverted due to emergency department saturation when emergency department resources are fully committed and unable to accept incoming ambulance traffic.
   b. Trauma, STEMI, and suspected CVA patients will NOT be rerouted.
   c. Under this policy, no diversion incident shall exceed two hours. At the end of a two hour diversion period, a hospital must again contact the Communications Center to initiate another diversion status.
   d. Under no circumstance is lack of in-patient hospital beds, other than in the Emergency Department, grounds for diversion. Hospitals are expected to accept ALL ambulance patients and to provide emergency stabilization and appropriate transfer if necessary.

D. In all cases of diversion, senior management or designee must be notified and must approve activation of the diversion status.

F. 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 Agency staff are available to assist with solving system-related problems and can be reached by contacting the Communications Center.

D. The EMS Agency 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 Policy 5400 Appendix A

### Emergency Department Diversion Check List

**Marin General  Kaiser San Rafael  Novato**

(please circle)

### A. ED INFORMATION

- **Date ______________**
  - **ED Census / # _____________**
  - **ED Waiting Room Census _________**
  - **ED Admitted Patients ______ (waiting for beds)**
  - **ED ANM / CN ______________________________**
  - **ED Lead Position Doctor ____________________**

### B. TYPE OF DIVERSION

- **Condition Specific Diversion** or **Full** *(bomb threat, fire, etc.)*
  - **ED Saturation**
  - **ED CT Scanner inoperable**
  - **Trauma Center Diversion**
  - **Neurosurgeon unavailable**
  - **Cath Lab**

### C. ADMINISTRATIVE ACTIONS

- **Administrative Supervisor Notified (name/time) ______________________**
- **Administrator on Call (name/time)____________________________**
- **ED Chief / Designee Notified __________**
- **ED Manager Designee Notified __________**
- **Marin County Communication Center Notified (time/name of dispatcher)________**
- **Reddinet Completed**
- **Diversion Start Time _____________**
- **Diversion Stop Time _____________**
- **Fax this completed form to EMS: 415-499-3747**
- **County Communication Center notified every 2 hours**

(Time/your initials/CC contact name)

- a) ______________
- b) ______________
- c) ______________
- d) ______________

Note: state full or condition specific diversion when contacting the CC

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**PLACE COPIES IN ED MANAGERS / ED CHIEFS MAILBOX**

**ORIGINIAL TO BE PLACED IN ED DIVERSION LOG BOOK**

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