

EMS POLICY	602
Effective:	April 2024
Approval: EMS Director  Travis Kusman, MPH	Signed:
Approval: EMS Medical Director  Greg Gilbert, MD	Signed:

# AMBULANCE DIVERSION

#### I. PURPOSE

This policy establishes standards and requirements for hospital ambulance diversion.

## **II. AUTHORITY**

California Code of Regulations, Title 22, Division 9, §100128 and §100170

## **III. DEFINITIONS**

<u>EMS Duty Officer</u>: The authorized on-call representative of the LEMSA charged with emergency medical services system level oversight and direction.

#### **IV. POLICY**

- A. San Mateo County is a no diversion emergency medical services system. The County does not recognize emergency department diversion of out-of-county hospitals except for internal disaster.
- B. Diversion of 9-1-1 ambulance patients by San Mateo County hospitals is only permitted for the following reasons:
  - 1. An internal event or condition has occurred at the receiving facility (e.g., fire, flood, hazmat, etc.) rendering it unsafe for occupancy;
  - 2. Stroke patients may be diverted to the most appropriate primary or interventional stroke center if there is no CT capability at the intended receiving facility;
  - STEMI patients may be diverted to the most appropriate STEMI Receiving Center if there is no ability to provide primary percutaneous coronary intervention; and
  - 4. Trauma patients may be diverted to the most appropriate trauma center if there are no trauma operating rooms available at the intended receiving facility.
- C. Requests for internal disaster or ambulance diversion shall be made via the on-call EMS Duty Officer.