



POLICY NO:	FAC - 3
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AMBULANCE DIVERSION

Purpose:

To establish a countywide policy governing the diversion of 9-1-1 ambulance patients from emergency departments to include diversion classification and communication channels in order to prevent incapacitation of the entire system.

Definition:

For the purposes of this policy, ambulance diversion is defined as the re-direct of 9-1-1 ambulances to other hospitals to relieve Emergency Department due to an internal disaster or lack of specialized care.

Diversion:

There are two main categories for diversion, “Internal Disaster” and “Specialized Care”:

Internal Disaster

1. Facility integrity – flood, fire, earthquake or any other unplanned event that renders the facility unusable and/or dangerous
2. Internal MCI (mass casualty incident) – internal event like an active shooter that creates mass casualties within the facility or on the premises

Specialized Care for STEMI, Stroke, and Trauma

1. Lack of diagnostic or specialty care equipment for STEMI, stroke, trauma and other high acuity patients

Procedures for Diversion:

1. Notify Public Safety Communications, obtain the EMS Duty Officer name and phone number and notify the EMS Duty Officer of the situation
2. Use ReddiNet to change internal (INT) column status to “Internal Disaster” OR Use ReddiNet to change Stroke, STEMI, or Trauma status to “Closed” if unable to accept specialty care patients
3. When event has resolved, notify Public Safety Communications and the EMS Duty Officer, and change status in ReddiNet

APPROVED:

Nancy A. Lapola, MPH, EMS Director

Gregory H. Gilbert, MD, EMS Medical Director