

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	5060.19
	<u>PROGRAM DOCUMENT:</u>  <b>Hospital Diversion</b>	Initial Date:	04/11/96
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 EMS Medical Director

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 Signature on File  
 EMS Administrator

**Purpose:**

- A. To delineate the status of receiving hospitals and provide standardized terminology for hospitals that wish to divert patients when the hospital loses key resources. The goal of this protocol is to ensure patient safety and maximize efficiency during times of temporary loss of emergency care services (partial or full).

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. California Administrative Code Title 13 Section 1105 (c)

**Definitions:**

- A. OPEN- Open to all ambulance traffic
- B. ADVISORY- Partial closure based on temporary limited service:
  - 1. CT scanner unavailable
  - 2. Cath Lab unavailable
- C. Trauma Diversion - Trauma centers that cannot provide critical trauma services due to staffing or operating room availability may request temporary trauma diversion.
- D. Internal Disaster- CLOSED - Facility disruption that makes ED unsafe for any patient care (active shooter, flood, etc.), closed to all ambulance traffic.

**NOTE:** Any patient needing a time-closest facility (e.g. under CPR, unsecured airway) shall still go to the time closest facility even if CT scanner, Cath Lab, and Trauma services are unavailable.

**Procedure:**

- A. Any change in facility status shall be communicated through the facility status on EMResource.
- B. Medics will verify receiving status of destination facility upon leaving the scene.
- C. Any planned service outage AND any outage expected to last more than 12 hours, must also be communicated by email and phone call to the SCEMSA to ensure communication of status to all stakeholders.
- D. ADVISORY - Partial closure based on temporary limited service:
  - 1. CT scanner unavailable: Prehospital personnel will transport a **non-immediate** patient to the next most appropriate facility with CT services if the patient has any of the following signs or symptoms:
    - a. Any patient with a Cincinnati Prehospital Stroke Scale (CPSS) > 0.
    - b. Sudden onset of “worst headache of their life.”

- c. Unexplained new altered level of consciousness: [Glasgow Coma Scale (GCS) <12] without response to glucose, Glucagon or Naloxone.
- d. Head injuries with GCS < 14, any head injury on anticoagulants, or any penetrating head injury.
- 2. Cath Lab unavailable: Prehospital personnel will transport a ~~non-immediate~~ patient to the next most appropriate facility if the patient has any of the following signs or symptoms:
  - a. ECG indicating acute STEMI.
- E. Trauma Diversion- Trauma centers that cannot provide critical trauma services due to equipment failure, or staffing or operating room availability may request temporary trauma diversion.
  - a. The trauma services medical director or designee shall determine when the facility is unable to care for additional trauma patients.
  - b. Prehospital personnel will transport all critical trauma patients to the next most appropriate facility.
- F. Internal Disaster - CLOSED - Facility disruption that makes ED unsafe for any patient care (active shooter, flood, etc.), closed to all ambulance traffic.
  - a. Facilities will update EMResource a minimum of every two hours, and coordinate needs and expected time of reopening with the MHOAC.

**Cross Reference:** PD# 5053- Trauma Triage Criteria  
PD# 5050- Destination  
PD# 8025- Burns  
PD# 8030- Discomfort/Pain of Suspected Cardiac Origin  
PD# 8060- Stroke