

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5060.21
	<u>PROGRAM DOCUMENT:</u> Hospital Status Change	Initial Date:	04/11/96
		Last Approval Date:	09/14/23
		Effective Date:	09/14/23
		Next Review Date:	09/01/25

Signature on File

EMS Medical Director

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. Main power outage, using auxiliary power
 - 2. EMS Radio down
- C. Trauma Diversion - Trauma centers that cannot provide critical trauma services due to staffing or operating room availability may request temporary trauma diversion.
 - 1. The trauma services medical director or designee shall determine when the facility is unable to care for additional trauma patients.
 - 2. Prehospital personnel will transport all critical trauma patients to the next most appropriate facility.
- D. STEMI Diversion – STEMI receiving centers may divert suspected STEMI patients under one of the following circumstances:
 - 1. Critical diagnostic/treatment equipment failure or scheduled maintenance.
 - 2. The STEMI services medical director/designee determines their hospital is unable to care for additional STEMI patients.
- E. Stroke Diversion - Stroke receiving centers may divert suspected stroke patients under one or more of the following circumstances:
 - 1. There is no CT capability at the intended receiving facility.
 - 2. The intended receiving facility is experiencing an unusually high number of stroke patients and are at capacity to provide timely and optimal care.
- F. 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 the 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. 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