DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **GUIDELINES FOR HOSPITALS REQUESTING DIVERSION OF ALS PATIENTS** (HOSPITAL) REFERENCE NO. 503

PURPOSE: To outline the procedure for receiving hospitals to request diversion of advanced life support (ALS) patients.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Code of Regulations, Title 13, Section 1105 (c)

DEFINITIONS:

Advanced Life Support Patient (ALS): For the purpose of this policy, an ALS patient is any patient who requires paramedic assessment and/or intervention, including but not limited to patients meeting the criteria outlined in Reference No. 808, Section I. In situations not described in Reference No. 808, paramedics and EMT-Is shall exercise their best clinical judgment.

PRINCIPLES:

1. A receiving hospital may request diversion of 9-1-1 ALS patients away from its emergency department (ED) when unable to care for additional ALS patients due to inadequate staffing, equipment, and/or critical systems or infrastructure.

2. A receiving hospital may not request diversion of 9-1-1 BLS patients, except in the case of internal disaster. Base hospitals will honor diversion requests based on patient condition and available system resources.

3. Hospital diversion data are used in EMS system analysis, and to formulate critical early indicators of syndrome-specific illness outbreaks within the County

POLICY:

I. In general, diversion requests shall be communicated through the ReddiNet system.

II. Each hospital shall maintain a current diversion policy which requires the decision to request diversion be made jointly by representatives of the hospital's administration, emergency department, specialty services, and nursing. The name and title of the authorizing hospital administrator or designee are required to complete the diversion request process.

III. EMS Agency staff may perform unannounced site visits to hospitals requesting diversion to ensure compliance with these guidelines.

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PROCEDURE:

A. Receiving hospitals are responsible for maintaining and updating ReddiNet diversion status to ensure that accurate information is available for patient destination decisions. Telephone communication is necessary when the ReddiNet system is not operational or when a hospital is requesting diversion due to internal disaster. The Medical Alert Center (MAC) shall be notified via telephone at (866) 940-4401.

B. Diversion Request Categories

1. ED Saturation – ED resources (beds, equipment and/or staff are fully committed or are not sufficient to care for additional incoming ALS patients. Hospitals may request ED diversion via the ReddiNet for up to one hour at a time. At the end of one hour of diversion, ReddiNet will automatically re-open the hospital to all 9-1-1 traffic. The hospital may request additional ED diversion time in one-hour increments.

2. Computerized Tomography (CT) Scanner - Hospital is unable to provide essential diagnostic procedures due to lack of a functioning CT scanner.

3. Trauma (trauma centers and pediatric trauma centers only) – Hospital is unable to care for additional trauma patients because the trauma team is fully committed caring for trauma patients. The rationale for a temporary diversion request shall be communicated via the ReddiNet system using the applicable reason code: Reason codes include the following:

   a. Critical Equipment Unavailable: Diversion may be requested when critical equipment essential to definitive diagnosis or treatment of trauma patients is unavailable.

   b. Operating Room Unavailable: Diversion may be requested when both the primary and the back-up ORs and staff are fully encumbered caring for trauma patients to the extent that the care of additional trauma patients may be jeopardized.

   c. Trauma Team Encumbered: Diversion may be requested when trauma resources, including the trauma surgeon, are fully encumbered to the extent that the care of additional trauma patients may be jeopardized.

   d. Other: For any other circumstances in which the trauma center may become temporarily unable to meet contractual requirements, to the extent that the care of certain trauma patients may be jeopardized, the trauma center shall contact the EMS Agency to request a waiver in advance of the diversion. If a waiver is granted, the hospital and the MAC will jointly ensure that affected base hospitals and EMS provider agencies are properly advised of the nature and extent of the waiver.

4. Pediatric Medical Center (PMC): Diversion may be requested only when critical equipment essential to definitive diagnosis or treatment of critical medical pediatric patients is unavailable. Lack of available Pediatric Intensive Care Unit beds alone is not sufficient cause to request PMC diversion.

5. ST Elevation Myocardial Infarction (STEMI) Receiving Center (SRC): Diversion may be requested only when all cardiac catheterization laboratories (cath labs) are fully encumbered caring for STEMI patients, to the extent that the care of additional STEMI patients may be jeopardized. ED saturation is not sufficient cause to request SRC diversion.

6. Internal Disaster: Diversion of both ALS and BLS patients may be requested when a facility disruption threatens the ED or significant patient care services, to the extent that care of additional patients may be jeopardized.

   a. A hospital requesting diversion due to internal disaster must notify the MAC by telephone and provide the name of the administrator authorizing the diversion and the rationale for internal disaster. Appropriate rationale include:

      i. Power outage impacting patient care, which cannot be sufficiently mitigated by emergency generators

      ii. Critical infrastructure or systems failure impacting patient care, which cannot be sufficiently mitigated by emergency back-up procedures

      iii. Fire

      iv. Bomb threat/explosion

      v. Flooding

      vi. Water disruption/contamination

      vii. Hazardous materials contamination of patient care areas

      viii. Other – Must be approved by the EMS Agency through the MAC or the Health Facilities Inspection Division of the Department of Public Health. **Internal Disaster does not apply to work actions.**

   b. For situations in which a hospital knows in advance that it will need to divert to internal disaster, hospital shall notify the EMS Agency in writing,

well in advance of the scheduled diversion. It is the responsibility of the hospital to notify area base hospital(s) and all affected EMS provider agencies.

c. Upon request by the EMS Agency, a hospital shall submit an after-action report within 60 days of the incident when a hospital's diversion due to internal disaster is greater than four (4) hours.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 503.1 **Diversion Request Requirements**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513, **ST Elevation MI Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 521, **Stroke Patient Destination**

Paramedic Base Hospital Agreement

Trauma Services Hospital Agreement