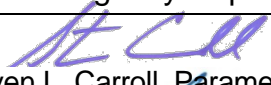



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title Patient Diversion/Emergency Department Closures		Policy Number: 402	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2020	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: July 1, 2020	
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- I. PURPOSE: To define the procedures by which Emergency Medical Services (EMS) providers and/or Base Hospitals (BH) may:
 - A. Transport emergency patients to the most accessible medical facility that is staffed, equipped, and prepared to administer emergency care appropriate to the needs of the patient.
 - B. Provide a mechanism for a hospital in the Ventura County (VC) EMS system to have patients diverted away from its emergency department when it has been determined that the hospital is not staffed, equipped, and/or prepared to care for additional or specific types of patients.
 - C. Assure that Advanced Life Support (ALS) units are not unreasonably removed from their area of primary response when transporting patients to a medical facility.
- II. AUTHORITY: California Administrative Code, Title 13, Section 1105(c): "In the absence of decisive factors to the contrary, ambulance drivers shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient".
- III. POLICY: Hospitals may divert patients according to the conditions described below. This policy shall not negate prearranged interhospital triage and transport agreements approved by VC EMS Basic Life Support (BLS) patients will be transported to the nearest unless it is closed by internal disaster.
- IV. DEFINITIONS:
 - A. ALS Patient: A patient who meets the criteria for base hospital contact.
 - B. BLS Patient: A patient whose illness or injury requires BLS care or a patient in a BLS unit, irrespective of the level of care required for the patient's illness or injury.
- V. PROCEDURE
 - A. DIVERSION REQUEST CATEGORIES

A hospital may request that ambulances be diverted for the following reasons using the following terminology:

1. **Internal Disaster**

Hospital's emergency department cannot receive any patients because of a physical plant breakdown (e.g. fire, bomb threat, power outage, safety issues in the ED, etc.).

NOTE: Activation of a hospital's internal plan to handle diversions (see Section IV.D) does NOT constitute an internal disaster.

2. **Emergency Department Saturation**

The hospital's emergency department resources are fully committed to critically and/or seriously ill patients and are not available for additional ALS patients.

3. **Lack of Neurosurgical coverage**

Hospital is unable to provide appropriate care due to unavailability of a neurosurgeon, and is therefore not an ideal destination for patients likely to require these services.

4. **Intensive Care Unit (ICU) / Critical Care Unit (CCU) Saturation**

Hospital's ICUs do not have any available licensed beds to care for additional patients, and is therefore not an ideal destination for patients likely to require these services.

5. **CT Scanner Inoperative**

Hospital's CT scanner is not functioning and therefore not the ideal destination for patients with blunt or penetrating head trauma, truncal trauma, or a prehospital Stroke Alert patient.

6. **STEMI Receiving Center (SRC) Unavailable**

Hospital is unable to accept a "STEMI Alert" patient due to unavailability of their Cath lab or Cath lab staff. Must state reason in the "comment section" on ReddiNet as to why the Cath lab is unavailable. ROSC patients will not be diverted.

Thrombectomy Capable Acute Stroke Center (TCASC) Unavailable

7. Hospital is unable to accept an "ELVO Alert" patient due to unavailability of their Cath lab or Cath lab staff. Must state reason in the "comment section" on ReddiNet as to why the Cath lab is unavailable.

B. PATIENT DESTINATION

1. Internal Disaster
 - a. A hospital on diversion due to internal disaster shall not receive patients.
 - b. Base hospitals shall not direct ALS units to transport patients to any medical facility that has requested diversion of ALS patients due to an internal disaster.
2. Diversion requests will be honored provided that:
 - a. The involved ALS unit estimates that it can reach an "open" facility without compromising the patient's condition by extending the Code 3 en route time from the incident location for hospitals on diversion due to:
 - 1) ICU/CCU saturation,
 - 2) Emergency Department saturation, or
 - 3) Neuro/CT scanner limitations for appropriately selected patients.
 - b. The patient does not exhibit an uncontrollable problem in the field. An "Uncontrollable Problem" is defined as:
 - 1) Unstable vital signs
 - 2) Cardiac Arrest
 - 3) Severe Respiratory Distress
 - 4) Unstable Airway
 - 5) Profound Shock
 - 6) Status Epilepticus
 - 7) OB patient with imminent delivery
 - 8) Life threatening arrhythmia
 - 9) Any Patient that the paramedic on scene or the BH MD feels would likely deteriorate due to diversion.
3. Destination while adjacent hospitals are on diversion
 - a. If adjacent hospitals within an area grouping are on diversion for the same diversion category, patients cannot be diverted for that reason, and the patient will be transported to the closest medical facility.
 - b. Guidelines for potential diversion destination when a hospital is on diversion based on patient location and estimated transport times are as follows:

Hospital Groupings/Areas

1. **Area 1 (Ojai):** Ojai Valley Community Hospital, Community Memorial Hospital, Ventura County Medical Center, Santa Paula Memorial Hospital
2. **Area 2 (Santa Paula/Fillmore):** Santa Paula Memorial Hospital, Ventura County Medical Center, Community Memorial Hospital, Ojai Valley Community Hospital
3. **Area 3 (Simi Valley):** Simi Valley Hospital, Los Robles Hospital and Medical Center, St. John's Pleasant Valley Hospital
4. **Area 4 (Thousand Oaks):** Los Robles Hospital and Medical Center, Simi Valley Hospital, St. John's Pleasant Valley Hospital
5. **Area 5 (Camarillo):** St. John's Pleasant Valley Hospital, St. John's Regional Medical Center, Los Robles Regional Medical Center, Simi Valley Hospital, Ventura County Medical Center, Community Memorial Hospital
6. **Area 6 (Oxnard):** St. John's Regional Medical Center, Ventura County Medical Center, Community Memorial Hospital, St. John's Pleasant Valley Hospital
7. **Area 7 (Ventura):** Ventura County Medical Center, Community Memorial Hospital, St. John's Regional Medical Center, Ojai Valley Community Hospital, Santa Paula Memorial Hospital.
As needed, an MICN may divert a patient to a hospital outside of Ventura County.

4. BLS ambulances shall notify receiving hospitals of their impending arrival.
5. Notwithstanding any other provisions of this policy, and in accordance with VCEMS Policy 604, Patient Transport and Destination, final authority for patient destination rests with the Base Hospital.

C. PROCEDURE FOR REQUESTING DIVERSION OF ALS PATIENTS

1. The hospital administrator or his/her designee must authorize the need for diversion.
2. To initiate, update or cancel a diversion, the Administrator or his/her designee shall make the status change via the ReddiNet system.
 - a. Hospitals on diversion status shall immediately update their status via the ReddiNet system.

- b. Problems with policy and procedure related to diversion notification will be directed to VC EMS during normal business hours or the on-call VC EMS administrator after normal business hours
 - c. Problems arising during a diversion, requiring immediate action should be directed to VC EMS during normal business hours or the on-call VC EMS administrator after normal business hours.
 - 3. VC EMS staff will perform unannounced site visits to hospitals on diversion status to ensure compliance with these guidelines.
- D. Hospitals shall develop internal policies and procedures for authorizing diversion of patients in accordance with this policy. These policies shall include internal activation of backup procedures. These policies and procedures shall be approved according to the hospital policy approval procedure and shall be available to the EMS staff for review.