

Protocol No. 07

DIVERSION AMONG S.L. EMS DISTRICT HOSPITALS

Revision, 2/2008

The goal of this protocol is to ensure a safe environment and quality of service for patients en route to and within each hospital. Diversion herein refers to the redirection of 911 ambulances en route from the scene of an emergency.

Hospitals will maintain internal policies for managing patient movement/admission, and will not divert ambulances unless there are no alternatives. The need for diversion will be determined by hospital administration. Situations that could cause diversion are:

- Inadequate or malfunctioning equipment,
- Lack of adequate staff or bed space
- Specialty care facilities or staff unavailable (OR, ICU, etc.)

RESPONSIBILITIES & PROCEDURES:

Each hospital will develop an internal protocol that must be followed before diversion status is activated. This protocol will be subject to approval by the EMS District Council.

When a hospital has decided to commence diversion of ambulances, a designated hospital employee will inform Valley Emergency Communications Center (VECC) at: 840-4061 or 840-4026.

Only three categories of diversion will be possible:

- Priority 1 Trauma ambulance patients (Trauma Centers only)
- All non-trauma ambulance patients (Trauma Centers only)
- All ambulance patients

VECC will take this call and notify all agencies for which it provides dispatch, Gold Cross Ambulance dispatch, and hospitals (via hospital common 800MHz talk group). VECC also agrees to notify Salt Lake City Dispatch, which will be responsible for notification of Salt Lake City Fire Dept. and Southwest Ambulance units. Diversion will not commence until agencies have been notified.

Notification will be made:

- When diversion is commencing.
- When diversion is cancelled.

Diversion status will expire automatically in 2 hours unless hospital recontacts VECC.

VECC Agrees to keep a log of hospital diversion status, which will be subject to review by the EMS District Council

When the facility of patient's preference is on divert, EMS will transport stable patients to an open facility of the patient's preference. If no preference, the closest open facility. If Priority One, closest appropriate facility as judged by EMS.

Ambulances will not divert if a hospital has not announced its diversion status using the system as outlined herein.

If all hospitals or Trauma Centers in an EMS agency's jurisdiction are on divert status, each must do what is necessary to remain 'open', and none may divert. Hospitals will be notified of his situation by VECC, and will cease diversion immediately.

All hospitals will accept patients judged by EMS to require emergent stabilization without regard to diversion status. These patients can be transferred after stabilization if necessary.