

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5060.13
	<u>PROGRAM DOCUMENT:</u> Hospital Diversion	Draft Date:	04/11/96
		Effective:	11/01/16
		Revised:	06/09/16
		Review:	07/01/18

EMS Medical Director

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.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Procedure:

A. All receiving Facilities:

- 1. OPEN- Receiving all Patients.
- 2. ADVISORY- Computed Tomography (CT) scanning not available.

Hospitals ~~do not~~ have to notify providers of CT scanning unavailability ~~unless they choose to do so.~~ If a hospital enters informational status due to CT scanner unavailability, 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. New onset of lateralizing neurological signs.
- 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 (Head injuries with GCS < 14 and penetrating head injury are covered by trauma protocols and do not need to be covered here).
- 3. DIVERSION - Receiving only immediate patients, except for patients in active labor should be transported to the facility where the delivery is scheduled.
- 4. CLOSED TO ALL AMBULANCE TRAFFIC – Closed to ambulance traffic including patients categorized as immediate. Usually occurs when an internal hospital disaster has been declared.

B. Hospitals with Trauma Receiving Designation:

- 1. OPEN TO TRAUMA PATIENTS - Receiving all critical trauma patients.
- 2. CLOSED TO TRAUMA PATIENTS- CLOSED TO ALL critical trauma patients.
Critical trauma patients MUST be transported to the next time closest trauma center.

It is expected that hospitals that lose key personnel / equipment needed to care for trauma (i.e. Trauma Surgeon availability, operating room availability, emergency department overload, CT scanner availability, etc.), shall CLOSE to trauma patients until the resource(s) becomes available.

Cross Reference: Destination, PD#5050
Trauma Triage Criteria, PD #5053
Burns, PD#8025