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	OFFICE OF EMERGENCY MEDICAL SERVICES	Page:	1 of 2
	<u>PROGRAM DOCUMENT:</u>	Draft Date:	04/11/96
	Hospital Diversion	Effective:	12/01/08
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EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:

To delineate the status of receiving hospitals and provide standardized terminology for hospitals that wish to divert patients when the hospital loses key resources.

II. AUTHORITY:

- A. Health and Safety Code, Division 2.5, Ch. 3, Art. 1, §1797.114; Ch. 4, Art. 1, §1797.220; Ch. 5, §1798(a,b) and §1798.2; Ch. 6, Art. 3, §1798.170.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 3, §100147(b); Ch. 4, Art. 7, §100169(a)(2).
- C. California Code of Regulations, Title 13, Division 2, Ch. 5, Art. 1, 1105(c).


III. PROCEDURE:

A. All Receiving Facilities:

- 1. OPEN - Receiving all patients.
- 2. ADVISORY - 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 (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].

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3. **DIVERSION** - Receiving only immediate patients, except for the following decisive factors:
 - a. Patients in active labor should be transported to the facility where the delivery is scheduled.
 - b. Sexual assault patients will be transported to UCDMC.
4. **CLOSED TO ALL AMBULANCE TRAFFIC** – Closed to ambulance traffic including immediates. 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
 Sexual Assault Destination, PD #5051
 Trauma Triage Criteria, PD #5053
 Burns, PD#8025