



Peninsula EMS Council, Inc.

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## ***PEMS Regional Hospital Diversion Policy***

**Section:** Operational Policies

**Policy Number:** 06-011

**Date Issued:** 20 December, 2017

**Reviewed/Revised:**

**Approved By:** Michael B. Player

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### **Indications:**

1. Special Divert – Hospital Equipment or Systems Failure or Event (ER or specialty area of hospital effected)
2. Divert - Hospital Equipment or Systems Failure or Event(Entire hospital effected)
3. Disaster– ER Receiving patients from a community or internal hospital mass casualty event, hospital may be attempting to decompress their facility to handle the increased load
4. Closed – Dangerous Situation/Hospital Experiencing Event Dangerous to Life Safety (i.e. Active Shooter)

### **Policy:**

Stable patients should generally be transported to the hospital of their choice, unless otherwise indicated in the agency's written standard operating procedures. Critical patients should be transported to the closest most appropriate facility as directed by *PEMS Regional Patient Care Protocols, Policies and Procedures*. **Diversion to another hospital may become necessary only for the indications listed above. Patients will not be diverted due to a crowded ER, lack of critical care beds, lack of staffing, or lack of a specialty service / physician. The receiving facility will accept the patient, stabilize as needed, and then arrange for appropriate transport to another facility if required. It is not appropriate to hold or delay EMS crews to receive a patient turnover or to have EMS Agency re-transport to another facility.**

Designated referral centers in diversion status *may* continue to receive specialty patients that meet specific triage criteria. EMS units may contact online medical control to determine the most appropriate hospital to receive the patient. All hospitals **may** continue to receive critical patients as defined in this policy when in diversion status..

**EMS units should not transport patients to a closed facility under any circumstances until it is declared open. To knowingly do so may place the lives of the patient and EMS crew in danger.**

### **Procedure:**

PEMS hospitals shall notify EMS of a change of status using the Virginia Healthcare Alert and Status System (VHASS) at <https://www.vhha-mci.org>.

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All PEM EMS agencies and public safety answering points (PSAPs) dispatching EMS agencies shall register appointed officials with VHASS to receive diversion alerts directly to mobile devices and emails. These representatives will be able to view status boards, access regional and statewide healthcare coalition information, training and exercise information and more. A best practice would be for EMS agencies to register EMS Supervisors' and for PSAPs to register Shift Supervisors.

EMS agencies are responsible to ensure that their units in the field are informed of the change of status of hospitals for their service area so that patients can be routed to the most appropriate facility. It is up to each EMS agency, in consultation with their operational medical director and local emergency department(s), to determine what they will do with the diversion/closure information, and further communicate their plans to the local emergency departments.

Each EMS Agency shall preview and update their organization and member information in VHASS annually or when staffing changes require.

**Quality Assurance:**

After a diversion/closure request has been mitigated, that hospital shall submit a PEMS Medical Incident Review form making note of all issues and problems associated with system processes. Units diverted by medical control should be documented by EMS agencies using a PEMS Medical Incident Review Form.

**Definition of a Critical Patient:**

These are guidelines and are not meant to be comprehensive and apply only to this policy. A Critical patient is any patient:

- Currently undergoing cardiopulmonary resuscitation (CPR) or has undergone successful CPR
- Who required prehospital endotracheal intubation and continues to deteriorate
- Who requires prehospital ventricular pacing
- Whose vital signs are acutely deteriorating
- Who, despite prehospital treatment is in severe respiratory distress, resulting in severe hypoxemia as manifested by cyanosis or SPO2 <88%; is severely hypotensive accompanied by or resulting in acutely altered level of consciousness; is in persistent malignant cardiac dysrhythmias such as ventricular tachycardia or symptomatic bradycardia
- Who, in the judgment of EMS personnel, in consultation with on-line medical control, is in such condition that cardiopulmonary failure is impending or bypassing the nearest hospital jeopardizes their condition.

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