

System Operations**Date: 07/01/2023****Hospital Diversion (Bypass)****Policy #4050**

- I. **Purpose:** To ensure emergency patients are transported to the most accessible medical facility, which is equipped and prepared to administer emergency care to the needs of the patient safely.
- II. **Authority:** Health and Safety code, Division 2.5, section 1797. 220. California Administrative Code, Title 13, Section 1105(c).
- III. **Definitions:**
 - A. **CT Bypass:** The hospital's CT scanner is out of service and is unable to provide emergency CT scans to determine emergency management of patients (eg. altered mental status, traumatic and non-traumatic, suspected intra-abdominal catastrophe, etc.)
 - B. **Internal Disruption:** The hospital is unable to receive any patient due to an internal emergency (e.g. fire, power outage, water disruption, etc.)
 - C. **STEMI (ST elevation myocardial infarction) Bypass:** The catheterization lab, or other resources for acute STEMI are unable to receive patients, either due to patient load, or internal resource limitation.
 - D. **OB (obstetric) Bypass:** The hospital does not have OB coverage.
 1. If a patient presents with imminent delivery, or there is evidence of acute life or limb-threatening illness to the pregnant patient or pregnancy, prehospital agencies should transport to the nearest available Emergency Department. Unclear patient presentation and receiving hospital should be discussed with a Base Hospital physician.
- IV. **Policy:**
 - A. Hospitals may request to go on hospital diversion (bypass) due to CT bypass, internal disruption, STEMI bypass, and/or OB bypass.
 - B. Final authority rests on the base hospital physician for patient destinations.
 - C. Any patient with uncontrollable problems in the field, such as: unmanageable or worsening airway, uncontrolled hemorrhage, imminent delivery, or cardiac arrest, will be transported to the nearest most accessible receiving center.
 1. EMS providers shall consult with the BHP and request to not be diverted for any patients in which EMS providers feel would likely deteriorate due to the diversion.
 - D. If all receiving hospitals are on diversion, then patients will go to the nearest hospital.
- V. **Procedure:**
 - A. Hospital diversion shall be authorized by the emergency department physician and hospital administration, or designee.

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- B. To initiate diversion, ReddiNet's "STATUS" tab shall be utilized to update the hospitals diversion status. (ReddiNet reports will be utilized to track monthly diversion hours.)
- C. Notification shall be made to Imperial County Sheriff's Office through ReddiNet.
- D. Transport agencies shall be notified via ReddiNet.
- E. Deactivation of hospital diversion will also be updated utilizing ReddiNet's "STATUS" tab.

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director