

Authority: Health & Safety Code 1797.220,1798. California Code of Regulations, Title 13, Section 11 05(c).

Purpose: Define procedure for hospital emergency departments to request bypass of ambulance patients when the department is so congested additional patients may not be cared for safely. The goal of this policy is to minimize bypass. Hospitals are expected to have plans for dealing with unexpected or expected large loads of patients, creating situations where the department is not appropriately staffed or equipped to care for additional patients.

Policy: A hospital emergency department may request bypass of patients for the following reasons and using the following terminology:

1. "Closed -ED Saturation" -Emergency Department resources are fully committed and not available for additional patients despite efforts by the hospital to accommodate peak loads.
2. "Closed -Internal Disruption" -The hospital cannot receive any patients due to a physical plant emergency (e.g. fire, power outage, etc.).
3. "Closed -CT down" -The hospital's CT scanner is out of service, and the patient requires an emergency CT to determine management; e.g., unconscious following head trauma, suspicion of operative intracranial lesion, acute ischemic stroke with consideration of thrombolytic therapy, etc."

Final authority for patient destination rests with the base hospital physician.

Patients with uncontrollable problems in the field (e.g. unmanageable airway, uncontrolled hemorrhage, cardiac arrest) will be transported to the most accessible receiving center.

If all receiving hospitals are on bypass, then patients will go to the nearest hospital.

Procedure: The decision to go on bypass must be made by both the emergency department physician and the charge nurse. To go on bypass status, the emergency department must notify the base hospital and the appropriate ambulance dispatch center (either the Imperial County Sheriffs Office at 339-6311 and/or the Calexico Police Department at 768-2140). The dispatch center will notify ambulance providers. The hospital must indicate the category of bypass and the expected duration of bypass.

Hospitals on bypass shall immediately notify the base hospital and the dispatch center when bypass is no longer necessary.

The emergency department shall maintain a written log indicating, at a minimum, the names of the individuals who authorized the bypass, dates, times and category for which the department was closed. A copy of this log shall be sent to the EMS Agency the first of each month.

Hospital administration shall also be notified of activation of bypass status.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director