



PURPOSE

- I. To provide a system-wide mechanism for receiving hospitals to divert ambulances to other facilities when their ability to provide appropriate care for patients has been compromised.

POLICY

I. BYPASS ELIGIBILITY

- A. A facility is eligible for CT Diversion when all CT scanners are inoperative. CT diversion is applicable for patients requiring an emergency CT scan, e.g. symptoms of acute stroke or closed head injury.
- B. A STEMI Receiving Center is eligible for STEMI Diversion when the cardiac catheterization (CATH) lab becomes inoperative due to maintenance or equipment failure.
- C. A facility is eligible for Internal Diversion when a “physical plant” internal disaster has occurred that has rendered ED services unavailable to the public, e.g. bomb threat, fire, power outage or an internal systems failure that compromises the ability of the hospital to provide safe patient care.
- D. A trauma center may be considered eligible for diversion when the patient being transported meets Trauma Center criteria and any one (1) of the following conditions exists:
 - 1. The trauma surgeon(s) are encumbered in emergency resuscitation or operative procedures and are anticipated to be involved for an extended period of time.
 - 2. The anesthesiologists are involved in emergency resuscitation or operative cases and are anticipated to be involved for an extended period of time.
 - 3. All operating room personnel are involved in emergency resuscitation or operative cases.

II. BYPASS PROCEDURE

- A. The on call hospital administrator or designee shall be notified and must approve the bypass status change prior to actual bypass of patients.
- B. The emergency department supervisor or designee shall make the diversion status change in ReddiNet.
 - 1. In the event of a ReddiNet outage, contact the EMS Duty Officer by calling (707) 312-2290.
- C. The bypass event shall be discontinued as soon as the situation resulting in diversion is resolved. This bypass event will be evaluated after two (2) hours and every hour thereafter.
- D. Any ambulance transport to the facility initiated prior to the status change shall continue to that facility and shall not be redirected.
- E. To re-establish normal ambulance traffic and acceptance of all patients, the supervisor or designee shall update their status in ReddiNet.
 - 1. In the event of a ReddiNet outage, contact the EMS Duty Officer by calling (707) 312-2290.

III. AMBULANCE DIRECTION

- A. Patients demonstrating neurological signs/symptoms of stroke or acute head injury shall be transported to the closest most appropriate specialty center not on diversion.
- B. Patients demonstrating signs/symptoms of acute coronary syndrome has a 12 lead showing a STEMI or is a cardiac arrest warranting transport shall be taken to the closest most appropriate specialty center not on diversion.
- C. Patients shall be transported to the next closest appropriate facility when a hospital is on Internal Diversion.

IV. ADDITIONAL REQUIREMENTS

- A. Receiving facilities shall monitor and review all incidents of diversion and will submit reports to the EMS Agency when requested.
- B. The Napa County EMS Agency may send EMS Agency staff at any time to the facility on diversion to verify the reasons given for diversion.
- C. The Napa County EMS Agency reserves the right to deny diversion approval based on overriding community need, impending EMS system need or determination that diversion criteria are unmet.