

## AMBULANCE DIVERSION CRITERIA

(Abbreviated version - see policy #5700 in the Administration Manual for the complete policy)

**PARTIAL DIVERSION** – Conditions that may necessitate partial diversion are:

- ✓ **CT Failure** - When the CT scanner is inoperative, patients demonstrating neurological signs/symptoms of stroke, or acute head injury will be diverted
- ✓ **Trauma Center Overload** - When it has been determined that the hospital is unable to meet the criteria for a Level II Trauma Center in Alameda County.

**COMPLETE DIVERSION** – Conditions that may necessitate complete diversion.

- ✓ **ED Saturation** - The hospital's Emergency Department resources are fully committed to critically and/or severely ill/injured patients and are not available for additional ALS patients
- ✓ **Physical Plant Casualty** - A hospital may go on diversion because of a physical plant breakdown (e.g., fire, bomb threat, power outage, etc.) that renders patient care unsafe. A Receiving Hospital or Trauma Center may divert any patient, including CTPs, as deemed necessary by the facility and with the approval of EMS
- ✓ **Facility Critical Patient Overload** - when it has been determined that all critical care monitoring capability (including ICU, ER, PAR etc.) has been depleted

**EXCEPTIONS** the following patients **may not** be diverted:

- ✓ **Obstetric patients.**
- ✓ **Sexual assault patients** (see Abuse/Assault policy for destination information.).
- ✓ **Patients with any uncontrollable problem.** (e.g. - unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, full arrest etc.)
- ✓ **Unstable patients requiring specialized treatment** only available at certain facilities (e.g.:STEMI) - must be transported to the closest facility with appropriate services, regardless of diversion status
- ✓ **Unstable patients** who in the judgment of the paramedic **may experience greater risk** by being transported past a hospital on diversion. The patient should be transported to the closest most appropriate facility regardless of the diversion status.
- ✓ **Any patient requesting a specific facility.** Field personnel should explain the hospitals diversion status and that a wait for service is a possibility; however, if the patient continues to insist on transport, comply with the request.

	Type of Diversion	Maximum time allowed	Condition	Types of patients diverted	Appropriate facility for diverted patients
<b>Partial</b>	Computerized Tomography (CT)	Until resolved	CT inoperative	1.Acute head injury 2. CVA by CPSS	1. Nearest Trauma Center 2. Closest ED
	Trauma Center Overload	Until resolved	Trauma resources depleted	Critical Trauma Patients	Designated Trauma Center
<b>Complete</b>	Emergency Department Saturation	6 hours	Overwhelming volume of patients in ED	All except noted exceptions	Closest appropriate facility
	Physical Plant Casualty	Until resolved	Physical plant breakdown	All	Closest appropriate facility
	Critical Patient Overload	6 hours	Facility's Critical Care capacity exhausted	All except noted exclusions	Closest appropriate facility

Exceptions	Transport to:	Exceptions	Transport to:
OB	Closest most appropriate facility	Unmanageable airway	Closest most appropriate facility
Sexual Assault	Designated hospital (see abuse/assault policy)	Direct admits	Designated receiving hospital
Patient request	Hospital of choice	Unstable Patients	Closest most appropriate facility
STEMI	Closest cardiac receiving facility	Unstable Burns	Closest, most appropriate Burn Center