



# Southern Tier Regional Emergency Medical Advisory Committee

Policy Statement

Policy # 06-02

Subject: **Emergency  
Department Diversion**

Issued:

Supercedes: 99-05

1. A hospital may notify the EMS system of a temporary inability to provide care in the emergency department (ED) and request ambulances divert patients to an alternate hospital facility.

**A diversion request does not mean the hospital ED is closed**, but usually means the current emergency patient load exceeds the Emergency Department's ability to treat additional patients promptly. If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and to expect the patient's arrival. This procedure should also be followed when a patient demands transport to a facility on diversion. The hospital may not refuse care for a patient presented. Should an issue arise, the EMS provider should consult with a medical control physician. (NYS DOH Policy 06-01)

2. Each hospital shall:
  - a. Establish internal criteria for deciding that a Diversion Status must be invoked.
  - b. Promptly inform the following agencies, by FAX, of the decision to implement or change Diversion Status utilizing STREMS Form 499, Hospital Diversion Status Report, specifying the patient(s) who are being diverted:
    - i. Chemung, Schuyler and Steuben County 911 centers
    - ii. The ALS Service(s) that routinely transport patients to the hospital
    - iii. The STREMS Council Office
  - c. Promptly inform the agencies listed above when the hospital is no longer on diversion.
3. Each 911 EMD Center shall:
  - a. Make a record of a Hospital decision to implement or change Diversion status.
  - b. Record shall be documented on STREMS EMD Diversion Form Log 401 and include date, time, diversion status and name of person making the diversion status. (If STREMS Form 499 is received, attach each to Form 401)
  - c. A hospital's Diversion Status will be communicated to all transporting agencies dispatched that will likely transport a patient to a hospital on diversion status.
4. Each EMS Provider completing a PCR on a patient cared for under this Protocol shall:
  - a. Inform a patient of a hospital's diversion status if that patient falls into the class of patients being diverted by that hospital on diversion status.
  - b. Inform the patient of the hospital diversion status using the Prehospital Patients' Diversion Status Statement.

- c. Transport the patient according to protocol, REGARDLESS of hospital diversion status, if **any** of the following conditions are met:
    - i. Patient insists on going to a hospital on diversion despite being read STREMS Prehospital Patients' Diversion Status Statement.
    - ii. The patient has an unmanageable airway or is being given CPR
    - iii. An Online Medical Control Physician at the hospital on diversion status directs that the patient be transported to the hospital on diversion status.
    - iv. The patient is a direct admit.
  - d. Document on the a patient's PCR the following:
    - i. Time Prehospital Patients' Diversion Status Statement read to patient
    - ii. Results of Diversion Statement:
      - (1) Patient diverted from Hospital ABC to Hospital XYZ
      - (2) Patient insisted on transport to Hospital ABC
      - (3) Patient transported to hospital ABC because of:
        - (a) Unstable Airway
        - (b) CPR being performed
        - (c) On Line Medical Control Physician (name) instructed provider to do so.
5. Each Transporting Agency shall have the responsibility to see that all crew members are familiar with the provisions of this policy, and that the instructions herein are followed.

STREMAC Approved 10/11/06

STREMSC Approved \_\_\_\_\_

## **STREMS Region**

### **Prehospital Patients' Diversion Status Statement**

The following statement should be read to all patients, patient's caregivers and/or child's guardian when the patient requests transport to a hospital on diversion status for that patient. It shall be communicated in such a way to encourage transport to a hospital not on diversion status.

That hospital is asking us to divert patients to other hospitals. The ER is unable to treat additional patients promptly at this time. If you still want to go there, I will contact them and see if they will accept you.



# Hospital Diversion Status Report

STREMS FORM 499

**Facility:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Document**

**Prepared By:** \_\_\_\_\_

Signature required

Print Name

The above named facility is hereby placed on diversion status or its existing diversion status is changed as follows:

Class/ Type of Patients:	Diversion Place x in Appropriate Box	
	Yes	No
<b>Advanced Life Support Patients</b>		
<b>Basic Life Support Patients</b>		
<b>Specialty Care Patients</b> (List Specific Type for Facility - Trauma, Burn, etc)		

**FAX NUMBERS:**

Chemung Co. 911 ..... 735-8632

Steuben Co. 911 ..... 664-2899

Schuyler Co. 911 ..... 535-8216

STREMS Council ..... 732-2661

STREMAC/DIV499