



# Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator  
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**DATE:** April 30, 2013

**TO:** NSRC ED Directors and PLNs  
Stroke CQI Committee Members

**FROM:** Tom Lynch, EMS Administrator  Reza Vaezazizi, MD, Medical Director 

**SUBJECT:** DIVERSION OF STROKE PATIENTS

This memorandum is to provide clarification on the process of stroke patient diversion, as requested at the last ICEMA Regional Stroke CQI Committee meeting.

ICEMA's regional stroke program does not allow for diversion of stroke patients arriving at Neurovascular Stroke Receiving Centers (NSRC) via EMS or private vehicle. Diversion of stroke patients will be permitted only during times of internal disaster in accordance with ICEMA Reference #8060 - Requests for Hospital Diversion Policy (attached).

As a reminder, do not post messages on the ReddiNet system stating stroke patient diversion. Contact the ICEMA EMS Duty Officer at (909) 208-8618 or via e-mail at [ICEMADutyOfficer@cao.sbcounty.gov](mailto:ICEMADutyOfficer@cao.sbcounty.gov), if you need assistance.

If you have any questions, please feel free to contact Chris Yoshida-McMath, EMS Nurse Specialist, at (909) 388-5823 or via e-mail at [c.yoshida-mcmath@cao.sbcounty.gov](mailto:c.yoshida-mcmath@cao.sbcounty.gov).

TL/RV/jlm

Attachment

c: Chris Yoshida-McMath, RN, EMS Nurse Specialist, ICEMA  
ICEMA EMS Duty Officers  
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## REQUESTS FOR HOSPITAL DIVERSION POLICY (*San Bernardino County Only*)

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### **PURPOSE**

To define policy and procedures for hospitals to request temporary diversion of advanced life support (ALS) ambulances.

### **AUTHORITY**

California Health and Safety Code, Division 2.5, Chapter 6, Sections 1798(a), 1798.2, and 1798.102; California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100169.

### **PRINCIPLES**

1. A request for diversion of ALS ambulances should be a temporary measure.
2. Final authority relating to destination of ALS ambulances rests with the Base Station physician.
3. This policy applies to the 9-1-1 emergency system and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.
4. A hospital's request to divert in the approved categories shall be made by the Emergency Department (ED) attending physician or by the trauma surgeon for trauma hospital diversion, in consultation with the hospital CEO or delegated responsible administrative representative. The consultation with the administrative officer must be documented and available for review.
5. Hospitals must maintain a hospital diversion policy that conforms to the ICEMA's Request for Hospital Diversion Policy. The policy should include plans to educate all appropriate staff on proper utilization of diversion categories, internal procedures for authorizing diversion and procedures for notification of system participants.
6. ICEMA may perform unannounced site visits to hospitals on temporary diversion status to ensure compliance with the ICEMA Request for Hospital Diversion Policy.
7. ICEMA may randomly audit Base Station records to ensure diverted patients are transported to the appropriate destination.

8. When possible, ICEMA staff will contact the hospital to determine the reasons for Internal Disaster Diversion, under Policy, Item #3.
9. ICEMA reserves the right and responsibility to advise any hospital that the diversion is not appropriate for a 9-1-1 system and may remove the hospital from diversion through the ReddiNet System.

## **POLICY**

A request for diversion of ALS ambulances may be made for the following approved categories:

### **1. Neuro/CT Diversion**

- a. The hospital's CT scanner is not functioning and, therefore, is not the ideal destination for the following types of patients:
  - 1) New onset of altered level of consciousness for traumatic or medical reasons. \*\* Does not apply to trauma centers for trauma diversion. Refer to ICEMA Reference #15030 - Trauma Triage Criteria and Destination Policy.
  - 2) Suspected stroke. \*\* Does not apply to neurovascular stroke receiving centers. Refer to ICEMA Reference #6100 - Stroke "NSRC" Receiving Centers.

### **2. Trauma Center Diversion (*for use by designated Trauma Centers only*)**

- a. The general surgeon for the trauma service and other designated trauma team resources are fully committed and are NOT immediately available for incoming patients meeting approved trauma triage criteria.
- b. The request for Trauma Center Diversion should only be applicable if the general surgeon and back-up general surgeon are committed. The ability to request Trauma Center Diversion cannot be used in cases of temporary unavailability of subspecialists.
- c. **When all designated trauma centers are on Trauma Center Diversion, trauma centers shall accept all trauma patients.**
- d. **Designated Trauma Centers may not divert patients meeting trauma triage criteria to a non-designated hospital except in instances of Internal Disaster Diversion.**

### 3. Internal Disaster Diversion

- a. Requests for Internal Disaster Diversion shall apply only to physical plant breakdown threatening the Emergency Department or significant patient services.

*Examples of Internal Disaster Diversion include bomb threats, explosions, power outage and a nonfunctional generator, fire, earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.*

**Internal Disaster Diversion shall not be used for staffing issues.**

- b. Internal Disaster Diversion shall stop all 9-1-1 transports into the facility.
- c. The hospital CEO or AOD shall be notified and that notification shall be documented in the ReddiNet.
- d. If the hospital is also a designated Base Station, the hospital should consider immediately transfer of responsibility for on-line control to another Base Station based upon prearranged written agreement and notification to the 9-1-1 provider.
- e. Internal Disaster Diversion status shall be entered immediately into the ReddiNet System.
- f. If capability exists, hospital shall notify all primary 9-1-1 dispatching agencies.
- g. Within seventy-two (72) hours, hospital shall advise ICEMA and the State Department of Health Services in writing (e-mail is acceptable) of the reasons for internal disaster and how the problem was corrected. The written notification shall be signed by the CEO or delegated responsible individual.

#### **EXCEPTIONS TO NEURO/CT AND TRAUMA DIVERSION ONLY**

1. Basic life support (BLS) ambulances shall not be diverted.
2. Ambulances on hospital property shall not be diverted.
3. Patients exhibiting unmanageable problems, e.g., unmanageable airway, uncontrolled hemorrhage, cardiopulmonary arrest, in the field shall be transported to the closest Emergency Department regardless of diversion status.

**REFERENCES**

<u>Number</u>	<u>Name</u>
6100	Stroke "NSRC" Receiving Centers
15030	Trauma Triage Criteria and Destination Policy