

Guidelines:

- The decision of a hospital to divert ambulances to another facility may only be based upon the status of the hospital's Emergency Department and NOT on the status of any other unit (e.g., intensive care unit, medical-surgical unit, *etc.*).
- Ambulance diversion should occur only after the hospital has exhausted all internal mechanisms to avert a diversion.
- The decision for diversion should be made by the emergency physician in the Emergency Department in coordination with nursing and/or administrative staff.
- When on diversion, a hospital must make every attempt to maximize bed space, screen elective admissions, use all available personnel and facility resources, and confer with the other hospital to assess impact and reach an agreeable arrangement to minimize the length of time on diversion.

Hospital Emergency Department Status:

OPEN:

- The Emergency Department is open with no restrictions.
- This is the default status for all Emergency Departments unless another status has been specified.

DIVERSION:

- All of the usually available resources in the Emergency Department are overwhelmed such that receipt of additional patients will result in the inability to care for them safely. Patients may not be brought to the Emergency Department unless EMS personnel perceive the patient to be suffering from an immediately life-threatening illness or injury.
- This condition automatically terminates in four (4) hours. Diversion status may be renewed but the total duration should be as short as possible.
- If both hospitals in the Thomas Jefferson EMS Council region seek to be on "Diversion" then both hospitals revert to "Open" status. Ambulances should not be directed to out-of-region hospitals. Both hospitals should work cooperatively to appropriately distribute patients arriving by ambulance.

CLOSED:

- A hospital may be reported "Closed" when an emergency situation or catastrophic event exists that renders the entire facility as being unsafe. Examples include: fire, explosion, bomb threat, gun fire, nuclear/biological/chemical incidents, *etc.*
- NO patients shall be transported to hospitals that are reported as "Closed."

GENERAL:

- In the event that a patient is redirected from one hospital to another hospital due to "Diversion" status, such event must be noted on the PPCR and indicate that the patient and/or patient's family was notified of this situation.
- Patients assessed at the scene and perceived by EMS personnel to be experiencing an immediately life-threatening illness or injury shall be transported to the nearest appropriate facility and may not be redirected unless that facility has been reported as "Closed."

NOTIFICATION PROCESS:

- Based upon the individual hospital's internal policy, the designated individual responsible for notification will distribute the status change by fax using the distribution list agreed to by the TJEMS Hospital Diversion Committee. All status reports must be submitted on the form approved by the TJEMS Hospital Diversion Committee. Reports not corresponding to this format will be disregarded.