

## **Rappahannock Emergency Medical Services Council Hospital Diversion Policy for Emergency Patients**

- A. PURPOSE:** To maintain an orderly, systematic and appropriate distribution of emergency patients transported by ambulances during a single or multiple hospital diversion situations within the Rappahannock EMS Council region.
- B. SCOPE:** This policy pertains to all 6 acute care hospitals and all licensed EMS agencies providing ground ambulance transportation as defined in Virginia Department of Health regulations.
- C. POLICY ELEMENTS:**

- 1. INDICATIONS:** Acute care hospitals (those with emergency departments) occasionally become overwhelmed with patients, exceeding the capacity of the medical staff to adequately treat and monitor those patients. To alleviate this temporary situation, a receiving hospital – after completing an established process, may declare a diversion of acute patients, whereby ambulances are diverted to other area hospitals.

Ambulance diversion should occur only after the hospital has exhausted internal mechanisms to relieve the situation. When a hospital declares a diversion online medical control will recommend to the EMS ambulance crew to transport the patient to another hospital. A representative of the hospital will contact VHHA (Virginia Hospital and Healthcare Assoc.) and request a period of diversion.

- 2. CONTRAINDICATIONS:** Patients with airway obstruction, uncontrollable airway, uncontrollable bleeding, who are in extremis, or with CPR in progress should immediately be taken to the closest appropriate hospital, without regard to the hospital's diversion status.
- 3. DIVERSION OVERRULE:** Pre-hospital EMS providers may overrule diversion if a patient is in extremis, or significant weather/traffic delays, mechanical problems, etc. An EMS provider who believes an acute decompensation is likely to occur if the patient is diverted to a more distant hospital ***always*** has the option to take that patient to the closest Emergency Department regardless of the diversion status.

- 4. CONSIDERATIONS:** When there are questions about hospital destination in and out of hospital situations, the pre-hospital attendant-in-charge should contact the local hospital as early as possible by radio or phone for destination guidance.

<b>CATEGORIES OF HOSPITAL STATUS</b>	
<b>Open</b>	When a hospital has a full capacity for receiving its usual patient load.
<b>Special Diversion</b>	When a hospital is unable to handle certain types of patient (e.g. trauma, STEMI, etc.).
<b>Full Diversion</b>	When the hospital has exhausted all resources to appropriately treat additional patients. The Emergency Department is closed to all EMS traffic except those noted in the Contraindications.
<b>Force Open/Out of Service</b>	The hospital Emergency Department would be on diversion but is open because of multiple hospitals ED closures in the region.
<b>Disaster</b>	Critical or catastrophic circumstances result in an operational shutdown. The hospital cannot receive any new patients by EMS or other means. The hospital cannot be placed in a Forced Open category.

<b>HOSPITAL SECTOR</b>	
<b>Culpeper Sector</b>	Novant Health UVA Health System Culpeper Medical Center
<b>Fauquier Sector</b>	Fauquier Hospital
<b>Fredericksburg Sector</b>	Mary Washington Hospital ( <b>Level II Trauma Center</b> )
<b>Spotsylvania Sector</b>	Mary Washington Free Standing ED- Lee's Hill Spotsylvania Regional Medical Center
<b>Stafford Sector</b>	Stafford Hospital