

Hospital CT/STEMI – Cardiac Cath Lab and Internal Disaster Diversion

I. PURPOSE

This policy outlines the processes required to ensure prompt notification of diversion status throughout the EMS system so that emergency patients are transported to the closest most appropriate hospital that is staffed, equipped, and prepared to administer emergency or specialty care appropriate to the needs of the patient.

II. TYPES OF DIVERSION

- A. CT Divert – Inoperable CT scanner
- B. STEMI Divert – Inoperative Cardiac Catheterization (Cath) Lab
- C. INT Divert – Internal Disaster

III. REDDINET NOTIFICATION OF DIVERSION STATUS

ReddiNet is the only accepted notification method for reporting CT, STEMI and INT diversion. Once the appropriate ReddiNet status field has been changed, the diversion status will be automatically relayed to ambulances. Emergency Department (ED) personnel should note that using the ReddiNet “message” feature alone will not result in ambulance diversion. Messaging about diversion status should only be used to provide additional information after the appropriate change has been made in the ReddiNet status field.

IV. HOSPITAL ELIGIBILITY FOR DIVERSION

- A. **CT Divert – CT scanner inoperative:** If a hospital’s CT scanner is inoperative, diversion of specific ambulance patients as specified in the LEMSA Administrative Policy 4002 (Patient Destination Determination) shall be considered. These patients may include those with:
 1. Suspected stroke – duration of signs and symptoms four (4) hours or less.
 2. New onset of altered level of consciousness for traumatic or medical reasons.
- B. **STEMI Divert – Cardiac Cath Lab Inoperative:** If a STEMI Receiving Center’s (SRCs) cardiac cath lab becomes inoperative due to maintenance or equipment failure, diversion of STEMI alert patients shall be considered.
- C. **INT Divert – Internal Disaster:** A hospital shall be eligible for internal disaster diversion whenever a “physical plant” internal disaster has occurred that has rendered ED services unavailable to the public (e.g., bomb threat, fire, power outage, explosion or internal systems failures that compromise the ability of the hospital to provide safe patient care).

V. PROCEDURE FOR IMPLEMENTING AND CANCELLING CT and/or STEMI DIVERT STATUS

- A. Obtain authorization from hospital administration according to hospital’s internal procedures.
- B. Update appropriate diversion status in the ReddiNet Hospital Status section. If ReddiNet is unavailable, contact Sheriff’s dispatch at **(925) 646-2441**, and request that they notify all ambulance providers and the EMS Duty Officer of the change in diversion status.
- C. If diversion is anticipated to be prolonged, notify the EMS Duty officer at **(925) 570-9708**.



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- D. To re-establish normal ambulance traffic, update the appropriate diversion status field on ReddiNet. If ReddiNet is unavailable, contact Sheriff's dispatch at (925) 646-2441, and request that they notify all ambulance providers and the EMS Duty Officer of the change in diversion status.

VI. PROCEDURE FOR REQUESTING, IMPLEMENTING AND CANCELLING INTERNAL DISASTER DIVERT STATUS

- A. Obtain authorization from hospital administration according to hospital's internal procedures.
- B. Place hospital on applicable specialty care diversion via ReddiNet, if not already done.
- C. Hospital administrator on-call or designee shall contact the EMS Duty Officer at (925) 570-9708 to evaluate current status and determine need for total diversion of 9-1-1 system ambulances.
- D. If determined appropriate after consultation with the EMS Duty Officer, place hospital on internal disaster diversion via ReddiNet.
- E. Maintain contact with the EMS Duty Officer as agreed in initial contact.
- F. Re-establish ambulance traffic as soon as possible by updating internal disaster status via ReddiNet. If ReddiNet is unavailable, contact Sheriff's dispatch at (925) 646-2441 and request that they notify all ambulance providers.
- G. Notify the EMS Duty Officer that the hospital is no longer on internal disaster diversion.
- H. In a countywide catastrophic event, emergency ambulance traffic may continue to facilities requesting internal disaster diversion, depending on the nature of the issue causing diversion.

