



## Ambulance Rerouting

**Effective:** 7/17/2023

**Review:** 7/17/2026

**Approved:** [Link to Record of Revisions and Approvals](#)

### I. Purpose

The purpose of this policy is to define the circumstances in which hospitals can request EMS patients reroute away from their facility. Ambulance rerouting is a system management tool that may be used temporarily by local hospitals and/or the EMS Agency. This can be utilized when a specialty center's equipment has failed, or patient load exceeds specialty center resources and potentially compromises EMS patient safety upon delivery at a hospital emergency department. Hospital personnel must be trained on the content of this Policy including the criteria for rerouting.

*Reference: California Administrative Code, Title 13, Section 1105 (c): "In the absence of decisive factors to the contrary, ambulance personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient."*

### II. Criteria for Rerouting

EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with the following requirements. The EMS Agency allows hospitals to reroute patients to alternate facilities when the following predetermined conditions exist:

- a. **Computed Tomography (CT) Inoperable** – If a facility has an inoperable CT scanner due to equipment failure or scheduled maintenance, patients demonstrating neurological signs/symptoms of stroke or acute head injury may be transported to the next closest most appropriate hospital providing similar services.
  - i. The hospital may place themselves on CT/Neuro and/or Stroke diversion through ReddiNet and must come off diversion immediately upon resolution of the issue.
- b. **Trauma Center Overload** – If the Medical Director of Trauma Services determines their trauma center is unable to care for additional trauma patients because the trauma team is already fully committed to caring for trauma patients in either the operating room (OR) or the emergency department (ED), trauma patients may be transported to the next closest most appropriate hospital providing similar services.



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- i. The hospital may place themselves on Trauma diversion through ReddiNet and must end diversion immediately upon resolution of the issue.
    - ii. Only one Alameda County adult trauma center may be on trauma diversion at any time. If further issues arise, the facility will contact the EMS Duty Officer for resolution.
  - c. **STEMI/Cardiac Diversion** – If a STEMI/Cardiac receiving center is experiencing diagnostic equipment failure, scheduled maintenance, or all cardiologists and cardiac catheterization labs are at capacity with active cases, cardiac patients may be transported to the closest most appropriate hospital providing similar services.
    - i. The hospital may place themselves on diversion through ReddiNet and must end diversion immediately upon resolution of the issue.
  - d. **Physical Plant Casualty (Internal Disaster)** – If a facility has been compromised due to an unforeseen circumstance (fire, bomb threat, power outage with generator failure, cyber-attack, etc.) that curtails routine patient care and renders routine ambulance traffic unsafe, this hospital may divert any patient including critical trauma patients as deemed necessary during this incident.
    - i. If a hospital is still accepting walk-in patients, they must continue to accept ambulance traffic.
    - ii. Low staffing is not a qualifying reason for diversion.
    - iii. Power or internet outages are not a reason for long-term diversion. The facility is expected to activate their downtime/disaster plan within 60 minutes.
    - iv. Hospital staff must notify the on-call EMS Duty Officer.

**III. Exceptions – The following patients may not be rerouted.**

- a. The following exceptions operate under the assumption that the facility is still safe to enter. In the event of physical plant diversion, the Duty Officer will verify that the facility is still capable of receiving patients (e.g - active shooter would negate any exception).
- b. Obstetric patients who may require imminent delivery e.g. - if baby is crowning, patient exhibiting delivery complications, etc.
- c. Sexual assault patients- Specialized teams are available at Highland, UCSF Benioff Children's and Washington Hospital.
- d. Direct admits- Receiving hospital MD has accepted the patient as a direct admit with an assigned hospital bed.
- e. Patients with any uncontrollable problem for whom diversion would be life/limb threatening, e.g. - unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, full arrest etc.
- f. Unstable patients who, in the judgment of the transport provider, may experience greater risk by being transported to an alternate hospital than the hospital on



temporary diversion. The patient should be transported to the closest most appropriate facility in accordance with the Alameda County EMS Transport Guidelines policy.

#### IV. Communications

- a. The EMS Agency Duty Officer is on-call 24 hours per day and can be reached through ACRECC at (925) 422-7595 to assist with system related problems.
- b. Each hospital will update ReddiNet according to the Alameda County “ReddiNet Utilization” policy appropriately via the “STATUS” module when requesting any patient be rerouted for a Specialty Service listed in this policy.

#### V. Monitoring and Review

- a. The EMS Agency may request hospitals to provide a summary of attempts to mitigate conditions requiring the rerouting of patients.
- b. Any problems associated with patient care will be submitted by the ambulance provider, ED charge nurse or manager to the EMS agency on an [“Unusual Occurrence”](#) form within 1 week.

#### VI. Decision Matrix

Reason	Maximum time allowed	Condition	Types of patients diverted	Appropriate facilities for diverted patients
<b>CT Inoperable</b>	Until resolved	CT malfunction, maintenance, etc.	Acute head injury OR CVA (aphasic, dysarthria, one-sided weakness)	Closest trauma center OR Closest stroke center
<b>Trauma Center Overload</b>	Until resolved	Trauma resources depleted	Critical trauma patients	Closest trauma center
<b>STEMI/Cardiac</b>	Until resolved	Diagnostic equipment failure or scheduled maintenance, no cardiologists or cath lab availability	STEMI/ post cardiac arrest	Closest STEMI/Cardiac arrest center
<b>Physical Plant Casualty</b> (Internal Disaster)	Until resolved	Physical plant breakdown (bomb threat, fire, etc.)	All	Closest most appropriate facility