Alameda County
Emergency Medical Services Agency

Ambulance Rerouting

Effective: 7/27/2023
Review:7/17/2026
Approved: Link to Record of Revisions and Approvals

I. Purpose

The purpose of this policy is to establish the conditions under which receiving centers shall initiate diversion of EMS traffic through ReddiNet when operational constraints prevent the facility from safely providing patient care. This policy is established pursuant to California Administrative Code, Title 13, Section 1105 (c), which states: '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

The EMS Agency permits hospitals to initiate diversion only through ReddiNet 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. *CT/Neuro* diversion shall be entered by the receiving center into ReddiNet and must be terminated immediately once the condition has been resolved.

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 should be transported to the next closest most appropriate Trauma receiving center.
    i. *Trauma* diversion shall be entered by the receiving center into ReddiNet and must be terminated immediately once the condition has been resolved.
    ii. Only one Alameda County adult trauma center may be on trauma diversion at any time. If a facility is on Trauma diversion after sixty (60) minutes, the facility shall contact the EMS Duty Officer for an update.

c. **STEMI Diversion** – If a STEMI receiving center is experiencing diagnostic equipment failure, scheduled maintenance, or when all catheterization laboratory

resources and interventional cardiology services are at capacity with active cases, STEMI patients should be transported to the next closest most appropriate STEMI receiving center.

i. *STEMI* diversion shall be entered by the receiving center into ReddiNet and must be terminated immediately once the condition has been resolved.

d. **Physical Plant Status (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, renders routine ambulance traffic unsafe, and precludes the ability to accept walk-in patients, this hospital may divert via ReddiNet. Power or internet outages are not a reason for long-term diversion. The facility is expected to activate their downtime/disaster plan immediately. Low staffing is not a qualifying reason for diversion.

i. *Physical Plant Status* diversion should be entered by the receiving center into ReddiNet and must be terminated immediately once the condition has been resolved.

ii. Hospital staff shall notify the on-call EMS Duty Officer 925-422-7595 immediately following a Physical Plan Status diversion via ReddiNet.

III. Exceptions – The following patients <u>may not</u> be rerouted.

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).

a. Obstetric patients who may require imminent delivery e.g. - if baby is crowning, patient exhibiting delivery complications, etc.
b. Sexual assault patients - Specialized teams are available at Highland, UCSF Benioff Children's and Washington Hospital.
c. Direct admits- Receiving hospital MD has accepted the patient as a direct admit with an assigned hospital bed.
d. 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.
e. 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 issues.

b. Each hospital shall 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. EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with the following requirements.
c. Any patient safety or health issues identified as a result of receiving center diversion status should be submitted to the EMS agency via the EMS Event Reporting Form.

VI. Decision Matrix

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