RIVERSIDE COUNTY EMS AGENCY	Administrative Policy	6103
	Effective: April 1, 2018	Expires: March 31, 2019
Policy: **Ambulance Diversion**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed
Applies To: **Authorized Receiving Centers, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed

PURPOSE

To describe the criteria and processes for the diversion of ground and air ambulances in Riverside County; using the ReddiNet as the primary communication tool for ambulance diversion.

AUTHORITY

California Health & Safety Code - Division 2.5, Chapter 4, Article 1, Section 1797.220.
California Code of Regulations - Title 13, Division 2, Chapter 5, Article 1, Section 1105 c.

Operation of the ReddiNet

Please refer to the most current training (http://support.reddinet.net/Training.html) and/or the applicable user guide (http://support.reddinet.net/User%20Guides.html) for instructions.

Alert Status

Ambulance Diversion

Ambulance diversion due to "Alert Status" ("Alert" column on the ReddiNet "STATUS" tab) is not authorized in Riverside County.

Emergency Department Saturation

Ambulance Diversion

Ambulance diversion due to "Emergency department saturation" ("ED" column on the ReddiNet "STATUS" tab) is only authorized for use by the REMSA Duty Officer.

Stroke Diversion

Criterion

1. Authorized Stroke Centers may divert only under the following circumstances:
    a. Equipment malfunction.
    b. Internal Disaster (as defined below).

Ambulance Diversion

When the closest authorized Stroke Ready Hospital (SRH), Primary "3 Hour" Stroke Center (PSC) or Interventional "8 Hour" Stroke Center (ISC) is on Stroke Diversion ("Stroke" column on the ReddiNet "STATUS" tab) the suspected stroke patient will be transported to the next closest authorized Stroke Center OR as determined by the Base Hospital Physician.

1. Diversion must be authorized by ED physician, ED Charge Nurse and the House Supervisor.
    a. All 3 person's initials must be entered into ReddiNet under the Stroke Diversion tab, or the ReddiNet will not change the hospital's status.

Stroke diversion will be reviewed internally at each authorized receiving center and reported to the Stroke Committee.

Internal Disaster

Criterion

1. An unusual and unforeseen event has occurred, localized to the facility, which prevents an authorized receiving center from treating patients in the emergency department.
    a. *Immediate notification of the REMSA Duty Officer at (951) 712-3342 is required!*

Ambulance Diversion

When the authorized receiving center is on Internal Disaster ("INT" column on the ReddiNet "STATUS" tab) the patient will be transported to an alternate destination determined by:

1. Patient's preference, clinical needs, and operational requirements.

Trauma Diversion

Criteria

1. All trauma surgeons / trauma teams (1st and 2nd on-call) are engaged with patients meeting critical trauma patient (CTP) criteria.
2. All operating rooms are occupied with patients meeting CTP criteria.
3. The CT scanner is inoperable at an authorized Trauma Center.

Ambulance Diversion

When the closest authorized Trauma Center is on Trauma OR Diversion ("Trauma" column on the ReddiNet "STATUS" tab with "OR" selected) the patient meeting CTP criteria will be transported to an alternate destination; and, when the closest authorized Trauma Center is on Trauma CT/Neuro Diversion ("Trauma" column on the ReddiNet "STATUS" tab with "CT" or "Neuro" selected) the patient with an isolated head injury meeting CTP criteria will be transported to an alternate destination:

1. The closest open Trauma Center within 45 minutes from the initial scene
    a. Consider transport by air ambulance when required
2. The closest, most medically appropriate, facility as directed by the Base Hospital when:
    a. There are no open Trauma Centers within 45 minutes from the initial scene by ground or air
    b. The ambulance has been diverted from an alternate destination

Trauma diversion will be reviewed internally at each Trauma Center and reported to the Trauma Audit Committee.