POURPOSE
To describe the capabilities of the ReddiNet, the responsibilities associated with its use, and its operation.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]

ReddiNet Capabilities
The ReddiNet is used by the EMS system for operational communications, including: ambulance diversion status, multiple casualty / patient incident (MCI/MPI) management, disaster and public health assessment, system wide operational messaging / alerts / emergency communications, and bed capacity reporting. Other uses are not authorized.

ReddiNet Responsibilities
Each authorized dispatch and/or receiving center’s administrative staff and end users must understand the ReddiNet’s capabilities and be skilled in its operation as an operational and emergency communications tool.

Each center will maintain a ReddiNet system including:
1. Required hardware, software, and licensing
   a. Hardware must be dedicated to ReddiNet operations
2. Continuously online
   a. Problems reported/corrected immediately
      i. Center’s own information technology (IT) staff
      ii. ReddiNet Technical Support: (800) 440-7808
      iii. County of Riverside EMS Agency (REMSA) Duty Officer: (951) 712-3342
3. Noticeable
   a. Visual and audible alerts maintained appropriately
      i. Assigned staff must be able to see and hear alerts from work area
4. Accessible
   a. Dispatch center terminal: within the dispatch center
   b. Emergency department (ED) terminal: within or in close proximity to the ED
   c. Base hospital (BH) terminal: within or in close proximity to the radio room
   d. Additional and/or backup terminals: distributed appropriately
5. Continuously staffed
   a. At minimum, one skilled operator will be on duty and ready to man the ReddiNet at all times
   b. A ReddiNet terminal will be manned by an operator throughout major incidents and disasters

Each center will ensure that staff is trained in ReddiNet capabilities, responsibilities, and operations through:
1. Initial training
2. Annual refresher training
3. Frequent in-service training
4. Drills
   a. System-wide or regional drills must have REMSA approval
   b. All centers will participate in drills approved or conducted by REMSA
Operation of the ReddiNet

Typical uses of the ReddiNet are described below; sectioned by the major tabs appearing in the ReddiNet interface.

Please refer to the most current training (https://www.reddinet.net/support/Home/Videos) and/or the applicable user guide (https://www.reddinet.net/support/Home/UserGuides) for instructions. **NOTE: you will need the specific username and password for your facility to access these materials.**

1. **Logging into the ReddiNet**
   a. The ReddiNet will be accessed from both the dedicated terminal and additional/backup terminals

2. **STATUS Tab**
   a. The STATUS tab will be used as described in REMSA Policy #6103 (Ambulance Diversion)

3. **MCI/MPI Tab**
   a. During a Multi-Casualty / Patient Incident (MCI/MPI), the contacted base hospital will initiate the MCI/MPI and communicate with other authorized receiving centers by means of the ReddiNet
   b. All receiving centers will respond promptly to polls
   c. Receiving centers will complete data entry for all patients received from an MCI/MPI
   d. The base hospital initiating an MCI/MPI will end the MCI/MPI once all patients have arrived at a receiving center
   e. When necessary, REMSA may take over responsibility for managing an MCI/MPI
      i. The base hospital and the receiving centers will be notified via the ReddiNet

4. **ASSESSMENT Tab**
   a. The Riverside County Department of Public Health (DOPH) will initiate assessment polls related to:
      i. Surveillance for syndromes such as influenza like illness (ILI), severe acute respiratory syndrome (SARS), or organophosphate exposure
      ii. The impact of wildfires, earthquakes, and other major incidents on the healthcare and EMS systems
      iii. Other public health issues
   b. Both dispatch and receiving centers will promptly respond to assessment polls
      i. Initial responses may include estimates
      ii. These responses will be updated as more accurate information becomes available
   c. Responding to these polls does not relieve the center from the requirements of the California Code of Regulations (CCR), Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, Section 2500.

5. **MESSAGES Tab**
   a. Both dispatch and receiving centers will use the email like ReddiNet messaging system for system wide operational messaging, alerts, and emergency communications; especially during major incidents and disasters.
      i. ReddiNet operators must, at minimum, be familiar with initiating and replying to messages

6. **BED CAPACITY Tab**
   a. Authorized receiving centers will update the HAvBED (Hospital Available Beds for Emergencies and Disasters) sub-tab as requested by REMSA and/or the DOPH
      i. ReddiNet operators at receiving centers must, at minimum, be familiar with completing the HAvBED update

7. **DASHBOARD Tab**
   a. The DASHBOARD tab will be consulted as necessary
<table>
<thead>
<tr>
<th>BED TYPE</th>
<th>BED / ROOM / WARD / FLOOR DEFINITION</th>
<th>PATIENT CENSUS INFORMATION NEEDED</th>
<th>HAVBED INFORMATION NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical / Surgical (MED/S)</td>
<td>MED/S beds / rooms / wards / floors include surge / expansion beds / rooms as well as any TELE beds / rooms temporarily assigned to a MED/S ward or floor. They are occupied by any patient who is waiting for, or is recovering from surgery, or who is currently being treated for any type of illness that requires no specialty monitoring. Patient to RN ratio is typically 5:1.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the MED/S bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the MED/S bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Telemetry (TELE)</td>
<td>TELE beds / rooms / wards / floors are commonly reserved for patients who are medically stable but require continuous cardiac monitoring. They are usually received as either a step-down / PCU or direct admit patient due to any number of acute and/or chronic cardiac issues. Patient to RN ratio is typically 4:1.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the TELE bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the TELE bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Adult Intensive Care or Adult Critical Care Unit (ICU / CCU)</td>
<td>ICU / CCU beds / rooms / wards / floors allow for intensive patient observation, usually utilizing a ratio of 1:1 but sometimes 2:1. Patients admitted to, and observed in, these beds / rooms / wards are typically critically ill, require significant levels of acute care and are 18 years of age or older. These patients may or may not be on a ventilator. NOTE: An ICU / CCU bed / room / ward / floor excludes nursing areas that provide step-down, intermediate care or telemetry only. Specialty care areas are also excluded (Examples include post-op areas, areas reserved for patients in need of acute dialysis services, areas where 1:1 care is not needed, etc.).</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the ICU / CCU bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the ICU / CCU bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Pediatric Intensive Care Unit (PICU)</td>
<td>PICU beds / rooms / wards / floors allow for intensive patient observation, usually utilizing a ratio of 1:1 but sometimes 2:1. Patients admitted to, and observed in, these beds / rooms / wards are typically critically ill, require significant levels of acute care and are usually 32 weeks to 17 years old. These patients may or may not be on a ventilator. Occasionaly, these wards will also include well-baby nursery beds. NOTE: PICU beds / rooms / wards / floors may include nursing areas that provide step-down or intermediate care only.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the PICU bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the PICU bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit (NICU)</td>
<td>NICU beds / rooms / wards / floors allow for intensive patient observation, usually utilizing a ratio of 2:1. Patients admitted to, and observed in, these beds / rooms / wards are typically critically ill, require significant levels of acute care and are usually younger than 32 weeks old. These patients may or may not be on a ventilator. Occasionally, these wards will also include well-baby nursery beds. NOTE: NICU beds / rooms / wards / floors may include nursing areas that provide step-down or intermediate care only.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the NICU bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the NICU bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Pediatrics (PEDS)</td>
<td>PEDS beds / rooms / wards / floors are occupied by any patient who is waiting for, or is recovering from surgery, who is currently being treated for any type of illness that requires no specialty monitoring, is medically stable and is between the ages of 32 weeks and 17 years. Continuous cardiac monitoring may take place. Patient to RN ratio is typically 5:1.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the PEDS bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the PEDS bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Obstetrics and Gynecological (OB/GYN)</td>
<td>OB/GYN beds / rooms / wards / floors are occupied by any patient needing or requiring prenatal care who is ≥ 20 weeks pregnant, or who needs or requires peri- and/or post-partum care. These beds / rooms / wards / floors may be identified as Labor and Delivery (L&amp;D) units, L&amp;D delivery rooms / suites (private or otherwise), well-baby nurseries (not otherwise included in a separate NICU) or any combination of these terms.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the OB/GYN bed / room / ward / floor definition. Mother alone counts as one (1) patient, mother and baby count as two (2)</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the OB/GYN bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Trauma</td>
<td>Trauma beds / rooms / wards / floors are typically reserved for and occupied by any admitted patient who has suffered from complex traumatic injuries including multiple fractures, traumatic brain injuries, internal injuries and/or lacerations. NOTE: This does not include patients being treated or held in an ED trauma bed / bay prior to transfer, inpatient admission or emergent surgery</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the Trauma bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the Trauma bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Total of Currently Admitted Patients</td>
<td>Total of Unoccupied, Staffed Beds/Rooms/Floors</td>
</tr>
<tr>
<td>---------------------</td>
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<tr>
<td>Burn</td>
<td>Burn beds / rooms / wards / floors are typically reserved for and occupied by any patient whose primary injury is burn related. Injuries may affect any body system but are usually dermatological, respiratory, musculoskeletal, ocular or ENT in nature. <strong>NOTE:</strong> This does not include patients being treated or held in an ED trauma bed / bay prior to transfer, inpatient admission or emergent surgery.</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the Burn bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the Burn bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Isolation (ISO)</td>
<td>Isolation beds are located in rooms that are able to provide a negative pressure environment for patients with highly contagious airborne illnesses. Other room types (MED/S, ICU, etc.) may be converted into, and counted as, isolation rooms; however, to be defined as such they must have the ability to provide a negative pressure environment. Private rooms with portable HEPA filters, rooms with doors that are not self-closing and/or don’t provide an adequate seal and/or use common HVAC ducts are not examples of isolation rooms.</td>
<td>The total number of currently admitted patients occupying a bed in a room that meets the isolation room-type definition</td>
<td>The total number of unoccupied, staffed rooms that meet the Isolation room-type definition</td>
</tr>
<tr>
<td>Psychiatric (Psych)</td>
<td>Psych beds / rooms / wards / floors are typically reserved for and occupied by any admitted patient whose primary complaint is behavioral, emotional and/or psychiatric in nature. These patients may or may not be on an involuntary psychiatric hold at any time during their stay. <strong>NOTE:</strong> This does not include patients being held the ED prior to transfer</td>
<td>The total number of currently admitted patients occupying a bed in an area that meets the Psych bed / room / ward / floor definition</td>
<td>The total number of unoccupied, staffed beds / rooms in an area that meets the Psych bed / room / ward / floor definition</td>
</tr>
<tr>
<td>Operating Rooms (OR)</td>
<td>OR beds / suites / areas include any location in the facility where pre-, peri- and post-operation care and/or services occur. If applicable, this may also include ASC / outpatient surgery centers.</td>
<td>The total number of patients occupying a bed in a location that meets the OR bed / suite / area definition</td>
<td>The total number of unoccupied, staffed beds in a location that meets the OR bed / suite / area definition</td>
</tr>
<tr>
<td>Emergency Department (ED) Admission Hold</td>
<td>An ED Admission Hold is defined as a patient who is occupying a bed in the ED, or equivalent, on a temporary basis due to a lack of available beds in / on the floor / unit where they require definitive care services. Admission orders have already been written and movement out of the ED occurs as soon as an inpatient bed is available.</td>
<td>The total number of patients occupying a bed in the ED that meet the ED Admission Hold patient-type definition</td>
<td>N/A</td>
</tr>
<tr>
<td>Ventilators Available</td>
<td>Ventilators are defined as any anesthesia machine or portable/transport ventilator that can be used to support, assist or control respirations (inclusive of the weaning period) through the application of positive pressure to the airway when delivered via an artificial airway, specifically an oral/nasal endotracheal or tracheostomy tube. <strong>Note:</strong> Any ventilation or lung expansion device that delivers positive pressure to the airway via non-invasive means is not considered a ventilator unless positive pressure is delivered via an artificial airway.</td>
<td>N/A</td>
<td>Ventilators Available should include all units in all departments (including NICU and PICU) as well as any unit that is currently not being used due to malfunction or that is in need of repair / PM before being placed back into service.</td>
</tr>
</tbody>
</table>

Citations: