PURPOSE
To describe the criteria and processes for the diversion of ground and air ambulances in Riverside County.

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.

ReddiNet
Hospitals will use the ReddiNet as the primary communication tool to notify the EMS system of ambulance diversions. 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.

Diversion Status Column
Alert Status
• Alert 1 – “Getting Busy” (three (3) or more ambulances on APOD for greater than thirty (30) minutes)
• Alert 2 – “On the verge of ED saturation” (five (5) or more ambulances on APOD for greater than 30 minutes)

Status changes are initiated autonomously, and automatically, through the use of the FirstWatch system. Ambulance diversion due to (Emergency Department) ED saturation is not permitted in Riverside County.

ED Closure
ED closures are initiated when unusual and/or unforeseen events occur, at or within any prehospital receiving center (PRC), that cause a significant disruption in physical plant operations, preventing the ability to treat patients in the ED.

Examples of significant disruptions that will result in an ED closure include but are not limited to incidents involving:
• The safety and/or security of the facility (active shooter(s) and/or the threat of gunfire, bomb threats and/or explosions, etc.)
• A fire
• A hazardous materials exposure
• A disruption or contamination of the facility’s water supply
• A power outage AND a nonfunctional backup generator
• Flooding
• Critical damage to physical infrastructure(s) and/or systems that would impact patient care

The REMSA Duty Officer must be contacted immediately ((951) 712-3342) when any of the events listed above have occurred.

Examples of events that do NOT qualify as significant disruptions in physical plant operations include staffing shortages (immediate, short- or long-term), lack of available inpatient beds, an outage of telephone, internet and/or intranet connectivity (including the inability to use an EHR system, i.e., “downtime”), etc.
**ED Closure and Internal Disaster Declarations**

Any incident or event that occurs within a PRC that:

1. Meets or surpasses that facility's internal policy description of “Internal Disaster” **AND**
2. Would result in a disruption of services so severe that they would be unable to continue to accept walk-in patients for any period of time (i.e., “closing their front doors”)

Will be recognized by REMSA as having also met ED Closure criteria.

With the exception of significant disruptions involving **critical damage** to physical infrastructure(s) and/or systems that would impact patient care, patients experiencing the following conditions in the field will be transported to the closest ED:

- Unresolved anaphylaxis
- The inability to effectively ventilate with a bag-valve-mask (BVM) (i.e., unmanageable airway)
- Uncontrolled non-traumatic hemorrhage

**Ambulance Diversion Due to Significant Disruption in Physical Plant Operations**

When a PRC’s status in ReddiNet is designated “ED Closure,” patients will be transported to next closest, most appropriate PRC as determined by their preference, clinical needs, and operational requirements.

**Trauma Patient Diversion**

**Criteria**

1. All trauma surgeons / trauma teams (1st **AND** 2nd on-call) are engaged with patients that meet critical trauma patient (CTP) criteria.
2. All operating rooms are occupied with patients that meet CTP criteria.
3. The CT scanner is inoperable.

**Ambulance Diversion of the Trauma Patient**

When the ReddiNet status of the closest trauma center to an incident is “TRAUMA,” the CTP will be transported to the next closest Level I or Level II trauma center.

When the ReddiNet status of the closest trauma center to an incident is “TRAUMA” with “CT” selected as well, patients with isolated head injuries that meet CTP criteria will be transported to an alternate destination using the following decision-making algorithm:

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
3. Trauma diversions will be reviewed internally at each trauma center and reported to the Trauma Audit Committee (TAC).

**Specialty Care Patient Diversion**

REMSA does not allow the diversion of specialty care (stroke and/or STEMI) patients.