



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. 8050
Effective Date: 11/01/25
Supersedes: 07/01/25
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REQUESTS FOR HOSPITAL DIVERSION AND AMBULANCE REDIRECTION

I. PURPOSE

To define policy and procedures for hospitals to request diversion of Advanced Life Support (ALS) ambulances and to define procedures for the redirection of ALS ambulances by the transport providers.

II. POLICY

- Hospital diversion is driven by the hospital and may only be used if the hospital meets the criteria that is listed in this policy.
- Ambulance redirection is driven by the EMS providers and may only be used if the criteria listed in this policy are met.

III. DIVERSION

- Ambulance diversion based on hospital capacity, census or staffing is not permitted in the ICEMA region. Limited diversion for hospital internal disaster and trauma Centers is permitted as outlined in this policy.
- This policy applies to the 9-1-1 emergency system as a temporary measure and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.
- If a hospital meets internal disaster criteria, Trauma Center Diversion or any other specialty care centers with unique circumstances, immediate telephone notification must be made to the ICEMA Duty Officer by an administrative staff member who has the authority to determine that criteria has been met for diversion.
- Hospitals must notify EMS dispatch centers immediately via ReddiNet or available communication modalities.
- Hospitals must maintain a hospital diversion policy that conforms with this policy. The hospital policy shall include plans to educate all appropriate staff on proper utilization of diversion.
- Within 72 hours of an incident, the hospital must provide ICEMA with a written after-action report indicating the reasons for internal disaster, plans activated, adverse patient consequences and the corrective actions taken. The report must be signed by the CEO or designated responsible individual.
- ICEMA staff may contact the hospital to determine the reasons for ambulance diversion, under this policy.
- ICEMA may remove any hospital from diversion status using ReddiNet if it is determined that the request is not consistent with this policy.

IV. REDIRECT

- Receiving hospitals cannot redirect an incoming ambulance and limited diversion is only permitted for internal disaster or trauma centers as outlined in this policy.

- ICEMA may randomly audit records to ensure redirected ambulance patients are transported to the appropriate destination.
- ICEMA may perform unannounced site visits to hospitals on temporary redirection status to ensure compliance.

V. PROCEDURE FOR DIVERSION

A request for diversion of ALS ambulances may be made by contacting the ICEMA Duty Officer, for the following approved categories:

- CT Diversion (for Non-Specialty Care Centers).
 - When Non-Specialty Care Centers experience CT scanner failure, the hospital can go on ambulance diversion using the ReddiNet system for EMS patients who may require CT imaging.
- Trauma Center Diversion (for use by designated Trauma Centers only)
 - The on-duty trauma surgeon must be involved in the decisions regarding any request for trauma diversion.
 - The trauma team and trauma surgeon (both first and second call) are fully committed to the care of trauma patients in the operating room and are NOT immediately available for any additional incoming patients meeting approved trauma triage criteria.
 - All operating rooms are occupied with critically injured patients that meet trauma triage criteria.
 - All CT Scanners are inoperable due to scanner failure at a designated Trauma Center.
 - Internal disaster.

NOTE: Diversion is canceled when all designated Trauma Centers are on Trauma Center Diversion.

- **Internal Disaster Diversion**
 - Requests for Internal Disaster Diversion shall apply only to physical plant breakdown affecting the Emergency Department or significant patient services.

NOTE: Examples of Internal Disaster Diversion include bomb threats, explosions, power outage and a nonfunctional generator, fire, earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.
 - Internal Disaster Diversion shall not be used for hospital capacity or staffing issues.
 - Internal Disaster Diversion will stop all 9-1-1 transports into the facility.

- The hospital CEO or AOD shall be notified and notification documented in ReddiNet.
- If the hospital is a designated base hospital, the hospital should consider immediate transfer of responsibility for on-line direction to another base hospital. Notification must be made to the EMS provider.
- The affected hospital shall enter Internal Disaster Diversion status into ReddiNet and notify the ICEMA Duty Officer immediately.

NOTE: Some hospitals have an internal policy called internal disaster to facilitate staff movement or other surge measures. This is not the same as internal disaster referred to in this policy and should not be put out on ReddiNet.

- **Exceptions to CT and Trauma Diversion Only:**

- Basic life support (BLS) ambulances shall not be diverted.
- Ambulances on hospital property shall not be diverted.
- With the exception of Internal Disaster Diversion involving significant plant failure, patients exhibiting unmanageable problems (i.e., difficult to manage airway, uncontrolled hemorrhage, cardiopulmonary arrest) in the field, shall be transported to the closest emergency department.

VI. PROCEDURE FOR AMBULANCE REDIRECTION (ACTIVE REDIRECT)

- Active Redirect will only be initiated at the recommendation of an ambulance supervisor, fire department Battalion Chief or above, or the ICEMA Duty Officer.
- Active Redirect can be initiated when three (3) or more ambulances are held on bed delay for more than 25 minutes.
- Supervisory personnel should be on scene whenever possible to work with the hospital to offload patients.
- Every effort should be made to clear ambulances on bed delay.
- Once the determination has been made to place the hospital on Active Redirect, the supervisor will ensure that notification is made via ReddiNet.
- Hospitals on Active Redirect will remain in that status for a maximum of two (2) hours. If conditions resolve prior to the two (2) hour time limit, the hospital shall be taken off Active Redirect.
- The paramedic has the ability to override the redirect status based on patient request and for continuity of care. (i.e. cancer patients, heart patients, transplant patients or hospital insurance).
- Any patient needing Specialty Care Services will be transported to the closest, most appropriate hospital regardless of redirect status.

- Any Critical patient will be transported to the closest most appropriate hospital regardless of redirect status.