**SAN FRANCISCO EMERGENCY** **MEDICAL SERVICES AGENCY**

# DIVERSION POLICY

***EFFECTIVE DATE: 4/1/26*** ***POLICY REFERENCE NO: 5020*** ***SUPERSEDES: 10/1/23***

## 1. PURPOSE

**1.1.** To establish procedures for hospitals to divert 9-1-1 ambulance patients.

## 2. HOSPITAL STATUS DEFINTIONS

**2.1. Open:** A hospital can receive patients transported via 9-1-1 ambulances.

**2.2. Ambulance Diversion:** A hospital is temporarily closed to select patients transported via 9-1-1 ambulances due to an overload of patients in the Emergency Department.

**2.3. Internal Disaster:** A hospital is completely closed to ALL patients transported via 9-1-1 ambulances due to a compromised essential center function or when an internal disaster status with the Hospital Incident Command System (HICS) is activated.

**2.4. Diversion Suspension:** A temporary halt to the use of ambulance diversion.

## 3. POLICY

**3.1.** *ReddiNet* is an internet-based communications system that is used to communicate a hospital's diversion status to the EMS System (9-1-1 Dispatch [Division of Emergency Communications (DEC)], hospitals and ambulances). Each EMS organization shall have personnel trained to operate ReddiNet on-duty twenty-four (24) hours a day, seven (7) days a week.

**3.2.** EMS personnel shall utilize Policy 5000 – Destination Policy to determine a hospital destination for ambulance transported patients. The Base Hospital Physician is the final authority in determining a destination for a patient during an ambulance transport.

**3.3. Ambulance Divert / Diversion** may only be declared by a hospital when its Emergency Department has an overload of patients, and it cannot safely provide care to any additional 911 ambulance patients. A hospital may NOT declare Diversion due to the lack of staff or in-patient medical/surgical or critical care beds.

**3.4.** Ambulance Diversion **ONLY** applies to general medical patients. Diversion does **NOT** apply to:

**3.4.1.** Critical airway patients

**3.4.2.** Adult critical medical patients,

**3.4.3.** Patients meeting the following Specialty Care triage criteria (listed below except in the instance of APOT or diversion mitigation measures are in effect):

**3.4.3.1.** Pediatrics Critical Medical

**3.4.3.2.** STAR (STEMI and/or Post Arrest with ROSC)

**3.4.3.3.** Reimplantation (Microvascular Surgery)

**3.4.3.4.** Burns
**3.4.3.5.** Obstetrics
**3.4.3.6.** Stroke
**3.4.3.7.** Trauma
**3.4.3.8.** LVAD
**3.4.3.9.** Post-Sexual Assault

**3.4.4.** Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and must be transported to that hospital's Emergency Department.

**3.4.5.** Patients who are incarcerated (e.g., inmate from county jail or to/from court hearing) or in law enforcement custody, who are transported from county jail booking/holding/parking areas, must be taken to Zuckerberg San Francisco General Hospital (unless specialty is not available at ZSFG, e.g., burns). Diversion DOES apply to patients who are under arrest or detained by law enforcement who have NOT been transported to or located at a county jail.

**3.5.** Internal Disaster is the declaration of a complete closure of the Emergency Department to ALL 911 ambulance traffic due to a compromised essential center function (e.g., cardiac catheterization lab is down and not available for a 911 ambulance patient) OR when an internal disaster status with the Hospital Incident Command System (HICS) is activated.

**3.5.1.** A hospital may not declare an internal disaster due to the lack of staff or in-patient medical/surgical or critical care beds or Emergency Department beds.

**3.5.2.** If at least one (1) of the following physical plant issues exist, essential emergency functions are jeopardized and an internal disaster MUST be declared:

**3.5.2.1.** Compromised power supply
**3.5.2.2.** Fire
**3.5.2.3.** Flooding
**3.5.2.4.** Hazmat (contamination of patient care areas)
**3.5.2.5.** Safety and security compromised (e.g., imminent threat of violence or active violent incident)
**3.5.2.6.** No functioning Computed Tomography (CT)/CT-Angiography (CTA)(EXCEPTION: Patients meeting burn center criteria may be transported to designated burn center)

**3.5.3.** Hospital Incident Command System (HICS) activation should be considered when declaring an internal disaster.

**3.5.4.** A hospital declaring Internal Disaster is REQUIRED to notify the EMS Agency Duty Officer

## 4. DIVERSON SUSPENSION

**4.1.** Diversion Suspension is a temporary halt in the use of ambulance diversion. Diversion suspension requires Receiving Hospitals to accept all 9-1-1 ambulance transported patients.

The intent of Diversion Suspension is to "open up" hospitals that are on diversion to allow for the safe and efficient function of the EMS system.

**4.2.** Diversion suspension is initiated by automatically via ReddiNet when four (4) or more of the following full Receiving Hospitals* are on Diversion:

- **4.2.1.** Chinese Hospital
- **4.2.2.** CMPC – Davies Campus
- **4.2.3.** CPMC-Mission Bernal
- **4.2.4.** CPMC – Van Ness
- **4.2.5.** Kaiser San Francisco
- **4.2.6.** UCSF – Parnassus
- **4.2.7.** UCSF-Hyde
- **4.2.8.** UCSF-Stanyan
- **4.2.9.** Zuckerberg San Francisco General Hospital

**"Full Receiving Hospitals" receive both critical (Code 3 lights and sirens) and non-urgent (Code 2 non-lights and sirens) 911 ambulance traffic.*

**4.3.** When diversion suspension is initiated, it shall remain in effect for a four-hour time period.

**4.4.** Diversion suspension does **NOT** apply to:

- **4.4.1.** The pediatric Emergency Departments at UCSF Mission Bay, or CPMC – Van Ness.
- **4.4.2.** Hospitals located in other counties (Seton Medical Center and Kaiser South San Francisco in San Mateo County).
- **4.4.3.** When a hospital is on "INTERNAL DISASTER the hospital remains completely closed to all 9-1-1 ambulance traffic even during a diversion suspension.

## 5. ZUCKERBERG TRAUMA OVERRIDE

**5.1.** ZSFG is the only Trauma Center for San Francisco. During Diversion Suspension, ZSFG may elect to invoke "Trauma Override" which continues the diversion of medical (non-trauma) patients away from ZSFG. The intent of Trauma Override is to preserve the ZSFG Emergency Department capacity for trauma patients.

**5.2.** Trauma Override does **NOT** apply to:

- **5.2.1.** Critical airway patients,
- **5.2.2.** Adult critical medical patients,
- **5.2.3.** Patients meeting Specialty Care criteria listed in Section 3.4.3.
- **5.2.4.** Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to the ZSFG Emergency Department.
- **5.2.5.** Patients who are incarcerated (e.g., inmate from county jail to/from court hearing) or in police custody who are or transported from county jail booking/holding/parking areas. Trauma Override DOES apply to patients who are under arrest or detained by law enforcement who have NOT been transported to or located at a county jail.
- **5.2.6.** ZSFG will follow Policy 5021 Trauma Center Bypass for any internal disaster situation that closes it to trauma patients.

## 6. HOSPITAL PROCEDURES

**6.1.** A hospital is considered OPEN for receiving 9-1-1 ambulance patients if the diversion status is not displayed on the ReddiNet status screen.

**6.2.** A hospital is on AMBULANCE DIVERT when the ReddiNet status page displays a red "ED" next to the facility name.

**6.3.** ZSFG is on TRAUMA OVERRIDE when "Trauma Override" appears in red next to facility name on the the ReddiNet status page

**6.4.** A specialty center designated receiving hospital or receiving hospital is on INTERNAL DISASTER when a red "INT" appears next to the facility name on the ReddiNet status page.

**6.5.** Hospitals shall change their diversion status to OPEN on the ReddiNet screen immediately upon relieving the situation that necessitated the use of any divert status.

## 7. AMBULANCE PROCEDURES

**7.1.** When hospital is on "AMBULANCE DIVERT," no general medical patients may be transported to that hospital. Ambulance Diversion does NOT apply to:

**7.1.1.** Critical airway patients

**7.1.2.** Critical medical adult patients

**7.1.3.** Patients meeting Specialty Care triage criteria

**7.1.4.** Patients originating from a hospital-based clinic

**7.2.** When a hospital is on "INTERNAL DISASTER," NO patient will be transported via 9-1-1 ambulance to that hospital. The hospital is completely closed to ALL 9-1-1 ambulance traffic even during a diversion suspension.

**7.3.** Zuckerberg San Francisco General Hospital is open to incarcerated (e.g. inmate from county jail or to/from court hearing) or in-custody patients who are transported from county jail booking/holding/parking area except when an "INTERNAL DISASTER and TRAUMA BYPASS" are declared. If "INTERNAL DISASTER and TRAUMA BYPASS" are declared, all in-custody patients are considered Adult Medical and can go to any facility (unless specialty).

**7.4.** Ambulances that are en route to any hospital or have arrived on hospital property must complete the patient transport to that facility when its Emergency Department goes on Diversion except when a "INTERNAL DISASTER is declared.

**7.5.** Ambulances may go to a hospital during a declared INTERNAL DISASTER if they are needed for the evacuation of patients in that facility.

## 8. BACK UP TELEPHONE COMMUNICATIONS IF REDDINET FAILS

**8.1.** Hospitals must notify DEC via telephone of any diversion status changes.

**8.2.** DEC may enter the hospital status into ReddiNet if the hospital is unable to access the web site on dedicated desktop or mobile device.

**8.3.** All ReddiNet users (hospitals/9-1-1 dispatch) must contact their IT staff and / or the ReddiNet Technical Support line for assistance in getting the website back up.

## 9. QUALITY ASSURANCE

**9.1.** The EMS Agency shall report monthly diversion activity for all San Francisco Receiving Hospitals (referred to as "Hospital Report").

**9.2.** Problems related to the implementation of this policy shall be reported to the EMS Agency through the Exception and Sentinel Events Report System.

**9.3.** Based on the Hospital Report, the EMS Agency may act on a Receiving Facility, as detailed in Policy 5010, who have a:

**9.3.1.** Monthly diversion percentage less than thirty percent (30%), but greater than twenty percent (20%), the EMS Agency will continue to monitor via quality improvement in subsequent months

**9.3.2.** Monthly diversion percentage greater than thirty percent (30%) for two (2) consecutive months

**9.3.2.1.** The EMS Agency shall refer to corrective action plan process as detailed in Policy 5010

## 10. AUTHORITY

**10.1.** California Health and Safety Code, Section 1798