



Central Shenandoah  
EMERGENCY MEDICAL SERVICES

**COUNCIL**

# Hospital Diversion Protocols

Central Shenandoah EMS Council, Inc.

Serving Emergency Services Providers in:

Augusta, Bath, Highland, Rockbridge, Rockingham,  
Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro

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# CSEMS HOSPITAL DIVERSION PROTOCOLS

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## PURPOSE

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To maintain an orderly, systematic and appropriate distribution of emergency patients transported by ambulances during a single or multiple hospital diversion situation.

## SCOPE

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This policy applies to all acute care hospitals and EMS agencies providing ambulance transportation as defined in the *Virginia EMS Regulations*.

## BACKGROUND

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Historically, there cannot be hospital diversions in the CSEMS region as the four medical facilities serving the region are geographically separated by many miles and are a significant distance from medical facilities outside of the region.

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# POLICY ELEMENTS

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## **Indications**

Acute care medical facilities with emergency departments occasionally become overwhelmed with numbers of patients that exceed the capacity of medical staff to safely and adequately treat and monitor the patients. To alleviate this temporary situation, a receiving hospital – after completing an established process – may declare a diversion of acute patients causing ambulances to be diverted to other area hospitals.

Ambulance diversion should only occur after the hospital has exhausted internal mechanisms to relieve the situation. When an intended hospital has declared a diversion of emergency patients, on-line medical control at the diverting hospital will recommend to an EMS ambulance crew that the patient be taken to another (specified) hospital and inform that hospital of their diversion status.

NOTE: Early contact and notification by the EMS ambulance crew to the intended hospital is essential for optimal patient care.

## **Contraindications**

Patients with airway obstruction, uncontrollable airway, uncontrollable bleeding, who are in extremis, or with CPR in progress should be taken immediately to the closest hospital, without regard to the hospital's diversion status.

## **Diversion Override**

Prehospital EMS providers may override diversion if a patient is in extremis, or for significant weather/traffic delays, mechanical problems, or any extenuating circumstance that would endanger the patient. An EMS provider who believes an acute decompensation is likely to occur if the patient is diverted to a more distant hospital ALWAYS has the option to take that patient to the closest emergency department regardless of the diversion status. Good clinical sense and optimal patient care are the ultimate considerations.

NOTE: Such decisions to override a hospital's diversion status will be subject to a quality assessment review by the CSEMS MCRC.

## **Considerations**

When there are questions about hospital destination in an out-of-hospital situation, the prehospital AIC should contact the local hospital as early as possible for destination guidance.

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### **CATEGORIES OF DIVERSION STATUS:**

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#### **OPEN**

A hospital has full capacity for receiving patients.

#### **LIMITED**

A hospital is unable to handle certain types of patients.

#### **CLOSED DIVERSION**

A hospital emergency department has exhausted all resources to appropriately treat additional patients. The emergency department is “closed” to all EMS traffic except those noted under Contraindications.

NOTE: Due to the nature of rural medical facilities and the distances involved in transporting patients to the nearest alternate medical facility, any status other than “OPEN” is logical and appropriate only in extremely extenuating circumstances.

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## GENERAL PROCEDURES:

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1. All hospitals in the region will notify all others when they are entering “Limited” or “Closed” Diversion status.
2. A hospital changing its status will notify other hospitals in neighboring localities of its change in status and the likely increase in traffic to these other facilities.
3. The diverting hospital may be asked to provide on-line medical direction to the transporting EMS ambulance crew. If so, the diverting hospital will maintain medical control until acknowledged by the receiving hospital. The ambulance crew will document the diversion on the PPCR form.