

DIVERT PROTOCOL

Administrative 1.11

- I. Purpose
 - A. To define common criteria for making medical direction decisions regarding choice of appropriate destination facility based on existing protocols, in accordance with ARS 36-2205 and R9-25-504.
- II. Procedure
 - A. Internal Disaster
 1. When a hospital activates their internal disaster plan, they will be removed from the EMS system by MEDS until such time that they inform MEDS that they are open again. If possible, the facility will enter the Internal Disaster status into the EMS system. Meds will ring-down all hospitals and make them aware of the hospital on internal disaster. NOTE: Internal disaster will be reserved for true physical disasters or major threats to public safety (e.g. bomb threat, hazardous material incident, law enforcement lockdown, etc.)
 - B. Triage Protocols

Existing SAEMS triage protocols will guide patient destination:

Burn, High-Risk OB, Critical Peds, Trauma Triage

 1. Patient requests for transport to the facility of their choice will be considered when appropriate.
 2. Unstable patients (compromised or deteriorating airway, breathing or circulation) will be transported to the closest facility.
 3. Trauma System patient distribution shall be based on the current Trauma Triage Decision Scheme. Unstable trauma patients will be transported to the trauma center. If appropriate airway measures are not successful in the field, transport to the closest facility.
 - C. System Evaluation
 1. All facilities have the capacity to generate data in EMS system for tracking their own saturation status.
 2. A divert subcommittee will be appointed by PEMS to handle issues dealing with divert and EMS system. They will be responsible for reporting any issues pertaining to the above directly to PEMS.
 3. Any other subcommittee of SAEMS may bring forth potential issues as well as solutions to problems pertaining to divert or EMS system.

Effective 1/1993 Revised; 11/2000; 12/2003; 1/2006; 10/2007