



Prehospital Care Policy Change Advisory

Notice: July 20, 2009

The EMS Agency is providing notification of several pending EMS policy changes. Policies 603, 602, 101 and Reference 804 were revised to include and identify El Camino Hospital of Los Gatos (LGH) as a prehospital patient destination.

The policy revisions identified below become effective on July 27, 2009

<p>Policy 603 Emergency Department Diversion & Trauma Bypass</p>	<p>Sections III(A, B and C) have been revised (revisions in bolded red);</p> <p>(A) In order to fully realize the benefits of an ambulance diversion program, designated hospitals in the County have been included in the program.</p> <p>(1) The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement but would continue to receive 9-1-1 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.</p> <p>(2) El Camino Hospital of Los Gatos is not eligible for routine 9-1-1 ambulance diversion. In the event that the hospital experiences an unusual situation where ED diversion may be indicated, the charge nurse or other designated facility administrator should contact the EMS Duty Chief through County Communications.</p> <p>(B) All designated hospitals in the County's ambulance diversion program are able to divert 9-1-1 System ambulance traffic (not including those in-extremis).</p> <p>(C) El Camino Hospital of Mountain View</p>
<p>Policy 602 Prehospital Patient Destination</p>	<p>Schedule A has been revised;</p> <p>First table: El Camino of Los Gatos (LGH)</p> <p>Second table "Approved Services", (LGH) has been added to the "Basic Emergency Facility" and "Obstetrics" sections.</p>

Policy 101 Provider Codes	Added; LGH - El Camino Hospital of Los Gatos
EMS Reference 804 Acute Care Hospitals	Added; El Camino Hospital of Los Gatos 815 Pollard Road Los Gatos, CA 95032-1438 (408) 378-6131

A copy of each document has been provided for your review and distribution to all prehospital care providers working for your agency. Additionally, this document and these policies will be posted to our Agency's website. If you have any questions, please contact John Blain at 408.792.1343 or by email at john.blain@hhs.sccgov.org.



Emergency Medical Services Agency Prehospital Care Manual **Policy 603**

EMERGENCY DEPARTMENT DIVERSION & TRAUMA CENTER BYPASS

Effective Date July 27, 2009
Replaces April 10, 2009

Resources
None

I. Purpose

Facility diversion is a management tool that may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

Facility diversion is a last resort when emergency department/specialty center resources continue to be overwhelmed after internal procedures to manage the situation have been implemented.

Facility diversion does not replace the need for effective patient volume management procedures or plans to address seasonal patient volume increases.

II. ED Diversion/Trauma Bypass Requirements

- A. Emergency Departments and Trauma Centers may request 9-1-1 System ambulance diversion/bypass in accordance with the following:
 - 1. The facility shall have an Agency approved patient volume management plan that utilizes the guidelines established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a minimum. This plan shall be revised and submitted annually for review and approval by the Agency.

2. The facility has determined, based on the approved patient volume management plan that it can no longer care for additional patients in the emergency department or specialty care areas. Lack of in-patient or ICU beds is not sufficient cause to implement ambulance diversion.
 3. All Santa Clara County Emergency Departments and Trauma Centers must use EMSsystem for maintaining availability status. As such, the following must occur:
 - a. EMSsystem must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
 - b. Facility personnel must be aware of the content of this Policy including the criteria for implementing ED Diversion and Trauma Center Bypass.
- B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Services. In such cases, the facility shall attempt to change to Black (Internal Disaster) status via EMSsystem. If it is not possible to change the status via this method, contact County Communications immediately. The facility shall report this status to the Department of Health Services in accordance with applicable requirements.

III. ED 9-1-1 System Ambulance Diversion Process

- A. In order to fully realize the benefits of an ambulance diversion program, designated hospitals in the County have been included in the program.
1. The Palo Alto Veterans Administration (PAV) Hospital is federally exempt from this requirement but would continue to receive 9-1-1 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.
 2. El Camino Hospital of Los Gatos is not eligible for routine 9-1-1 ambulance diversion. In the event that the hospital experiences an unusual situation where ED diversion may be indicated, the charge nurse or other designated facility administrator should contact the EMS Duty Chief through County Communications.

- B. All designated hospitals in the County's ambulance diversion program are able to divert 9-1-1 System ambulance traffic (not including those in-extremis).
- C. One (1) facility may be on ambulance diversion (red) at any one time in a Diversion Zone. If an additional hospital within the same Diversion Zone wants requests 9-1-1 System ambulance diversion status at the same time, they must wait until the red hospital opens and then make the change through EMSsystem.

<p style="text-align: center;"><u>Northern Diversion Zone</u> Stanford University Hospital El Camino Hospital of Mountain View Kaiser Santa Clara</p> <p style="text-align: center;"><u>Central Diversion Zone</u> Regional Medical Center of San Jose Santa Clara Valley Medical Center O'Connor Hospital</p> <p style="text-align: center;"><u>Southern Diversion Zone</u> Good Samaritan Medical Center Kaiser San Jose Medical Center Saint Louise Hospital</p>
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- D. Facilities may remain on ambulance diversion status for no more than 90 minutes per occurrence. A hospital that has closed to ambulance diversion must remain open for at least 90 minutes before being able to divert again.
- E. When the EMS System is being negatively affected by ambulance diversion, the EMS Agency may require a Zone or all hospitals to open as necessary.
- F. When the facility is directed by the Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the Agency during regular business hours; however, additional diversion time shall not be granted.
- G. Each facility shall request no more than thirty-six (36) hours of 9-1-1 System ambulance diversion within a calendar month.
- H. The facility shall immediately notify County Communications of any/all changes in facility status via EMSsystem. County

Communications will not make any status changes by phone or radio unless EMS System has failed.

- I. Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.
- J. Failure to fulfill these requirements may result in the facility losing its diversion privilege.

IV. Emergency Department Receiving Status

The following status conditions apply to Emergency Departments that request the diversion of 9-1-1 System ambulances.

A. Open (Green)

Accepting all 9-1-1 System ambulance patients.

B. Service Limitation Advisory - CT Scanner Not Available (Orange)

Identifies that the CT scanner is not available, allowing prehospital personnel to make a destination determination for patients having a need for immediate CT scans. Stroke Alert patients shall not be transported to facilities without CT scanner services.

Service Limitation Advisory - STEMI (Orange)

Identifies that the hospital staff believes that they would not be able to achieve a “door to balloon” time of 90 minutes or less. STEMI patients shall not be transported to facilities without STEMI services.

Advanced Life Support personnel (flight crews and paramedics) shall consider the specific type of service limitation and may either (1) continue transport to the destination or (2) bypass the facility and go to the next closest and most appropriate STEMI or Stroke Center. Paramedics shall evaluate the need for helicopter or ambulance transportation with red lights and siren, if appropriate, to honor service advisories in the most expedient fashion possible.

C. Diverting 9-1-1 System Ambulances (Red)

Diverting all 9-1-1 System ambulance patients, except those in extremis. The receiving facility’s Emergency Department is no longer able to accept additional patients due to the number and/or acuity of patients currently being treated. Patients who are in-

extremis shall be accepted by the facility regardless of the facility's status.

- D. A facility's status at the time the ambulance begins transport (not when the prehospital provider contacts the hospital with a "ring-down") will apply to that transport regardless of any subsequent status changes.

Facilities may *not* direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section 2-B.

- E. If a facility is diverting 9-1-1 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a "red" facility will notify that hospital of their pending arrival.

- F. No 9-1-1 System, ambulance will transport a patient, other than interfacility transfers and those who are in-extremis, to a facility that is on 9-1-1 System ambulance diversion.

V. Trauma Center Bypass Process

- A. One facility may be on Trauma Bypass status (red) or the same Service Limitation status (orange) at the same time.
- B. In the event that a second Trauma Center requests Bypass status, the Trauma Center Medical Directors and the EMS Agency must agree to an interim patient management solution prior to the second Trauma Center executing Bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.

The requesting facility shall notify the EMS Agency Duty Chief of the intention to use "Bypass". The EMS Duty Chief will discuss the rationale for the request including verification that the status cannot be addressed through an Advisory Status (Orange) or Internal Disaster (Black). If not, then the EMS Duty Chief will then contact the Trauma Center currently on Bypass and determine if they are able to open earlier. If not, the EMS Duty Chief may authorize a second Trauma Center to be on Bypass at one time.

The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.

- C. A Trauma Center may not remain on “Bypass” for more than (60) sixty minutes. A Trauma Center must remain open for at least (60) sixty minutes before they may execute Bypass status subsequent times.

VI. Trauma Center Receiving Status

The following statuses apply to Trauma Center availability:

A. Open (Green)

Accepting all 9-1-1 System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.

B. Service Limitation Advisory (Orange)

The Trauma Center must identify which of the following limitations are in effect.

1. No available operating rooms, **or**:
2. No Neurosurgery

Advanced Life Support personnel (flight crews and paramedics) shall consider the specific type of service limitation and may either (1) continue transport to the destination or (2) bypass the facility and go to the next closest and most appropriate Trauma Center. Paramedics shall evaluate the need for helicopter or ambulance transportation with red lights and siren, if appropriate, to honor service advisories.

C. Bypass (Red)

Diverting all 9-1-1 Ambulance Traffic (except those in extremis).

- D. A Trauma Center’s status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a “ring-down”) will apply to that transport regardless of any subsequent status changes.

Facilities may not direct ambulances to other facilities or refuse to accept the patient for any reason.

- E. If a facility is diverting 9-1-1 System ambulance traffic, no EMS team will communicate with the facility to determine their ability to

accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a “red” facility will notify that hospital of their pending arrival.



Emergency Medical Services Agency Prehospital Care Manual **Policy 602**

PREHOSPITAL PATIENT DESTINATION

Effective Date July 27, 2009
Replaces April 10, 2009

Resources
None

I. Purpose

To assure that all patients who require emergency ambulance service are transported, consistent with the patient's health care rights, to the approved facility most appropriate for their needs and regardless of their ability to pay.

II. In-Extremis Patient Destination

- A. In-extremis patients shall be transported to the Most Appropriate/Accessible Receiving (MAR) facility.
- B. Basic Life Support Ambulances shall always transport in-extremis and emergency patients to the closest facility if unaccompanied by paramedics (in accordance with Policy 607 – BLS Ambulance Utilization).

III. Specialty Care Destination

- A. Major Trauma Victim (MTV)
 - 1. Patients identified as a Major Trauma Victim, in accordance with the Prehospital Trauma Triage Policy.
 - 2. Catchment areas are established to assist in the appropriate routing of trauma patients to assist in ensuring that 911 patients do not unnecessarily overwhelm any one Trauma Center (Refer to Policy 403).

B. Psychiatric Hold

1. Psychiatric patients shall be transported to a facility equipped to provide appropriate care. Psychiatric patients in need of medical evaluation shall be transported to the facilities identified on the attached table.
2. Patients who require psychiatric services shall be transported to an appropriate facility in accordance with their medical needs as a priority. The receiving facility may transfer the patient to a psychiatric facility after stabilization.
3. Patients with no medical complaint may be transported to the destination established by the law enforcement agency responsible for executing the 5150 hold including direct admit to Emergency Psychiatric Services (EPS).

C. Burn

1. Patients identified for triage to the Burn Center in accordance with the burn treatment protocol are to be transported to a recognized burn center.

D. Suspected Sexual Assault

1. Adult and pediatric patients identified as victims of a suspected recent sexual assault (<72 hours) should be transported to a designated Sexual Assault Response Team (SART) facility.
2. If transport to a SART facility would adversely affect the patient's medical condition, the prehospital care provider may select a closer facility.

E. STROKE

Patients meeting Stroke Alert Criteria, in accordance with the stroke treatment protocol, are to be transported to the closest approved Primary Stroke Center in accordance with Policy 603 – Emergency Department Diversion & Trauma Center Bypass.

F. STEMI

Patients meeting STEMI Alert Criteria, in accordance with the Cardiac Ischemia (A08) protocol, are to be transported to the closest approved STEMI Receiving Center in accordance with Policy 603 – Emergency Department Diversion & Trauma Center Bypass.

- G. Pregnant patient's greater than twenty-four (24) weeks gestation shall be transported to a facility providing obstetrical services.

IV. Special Circumstances

- A. Under certain circumstances, destination determination may be altered including:

1. Multi-Casualty Incidents
2. Direction provided by the Base Hospital or Agency
3. Hospital Diversion

V. Patients Rights

- A. Patients shall be transported to the patient's facility of choice if travel time and services are equivalent to those of the MAR facility, regardless of their ability to pay.
- B. Patients who are alert and oriented shall be advised of all of the available means of transportation to the hospital, based on the chief complaint and condition. This may include private vehicle, taxi, family, etc. The patient shall be provided adequate information to make an informed health care destination decision.

Policy 602 – Schedule A Approved Facilities

(Bold indicates facilities located in Santa Clara County)

<i>Facility</i>	<i>ID</i>	<i>Facility</i>	<i>ID</i>
Dominican Sisters Hospital	DOM	Palo Alto Veterans Hospital	PAV
El Camino Hospital of Mountain View	ECH	Regional Medical Center of San Jose	RSJ
Emergency Psychiatric Services	EPS	Saint Louise Hospital	SLH
Good Samaritan Hospital	GSH	Kaiser - San Jose	STH
Hazel Hawkins Hospital	HHH	Sequoia Hospital	SEQ
Kaiser - Fremont	KFF	Stanford University Hospital	SUH
Kaiser - Santa Clara	KSC	Valley Medical Center	VMC
Kaiser - Redwood City	KRC	Watsonville Community Hospital	WCH
El Camino Hospital of Los Gatos	LGH	Washington Township Hospital	WTH
O'Connor Hospital	OCH		

Approved Services

<i>Service</i>	<i>Facility</i>
Basic Emergency Facility (*Comprehensive)	DOM, ECH, GSH, HHH, KSC, KFF, KRC, LGH, OCH, PAV, RSJ, SEQ, SLH, STH, SUH, VMC* , WCH, WTH
Burn Center	VMC
Psychiatric Receiving Facility	ECH, EPS, PAV, SUH, VMC
Obstetrics	DOM, ECH, GSH, HHH, KSC, KRC, LGH, OCH, RSJ, SEQ, SLH, STH, SUH, VMC, WTH
Primary Stroke Center	ECH, GSH, KSC, OCH, RSJ, STH, SUH, VMC
Sexual Assault Response Team	DOM, VMC , WTH (Adult Only)
STEMI Receiving Center	ECH, GSH, KSC, OCH, RSJ, STH, SUH, VMC
Trauma Center	SUH, VMC, RSJ
Helipad	GSH, KSC, PAV, RSJ, SLH, SUH, VMC



Emergency Medical Services Agency Prehospital Care Manual **Policy 101**

PROVIDER CODES

Effective Date July 27, 2009
Replaces April 10, 2009

Resources
None

I. Purpose

To provide a standard list of commonly understood provider codes for use in charting response and event activity in Santa Clara County.

II. Codes

ACF	Alameda County Fire
AMM	Air Med Modesto
AMR	American Medical Response
ASH	Agnew State Hospital
BSH	Bayshore Ambulance
CAL	California Shock Trauma Air Rescue
CCA	Central Coast Ambulance Service
CDF	CAL FIRE
CFS	San Mateo County Fire
CNT	Santa Clara County Fire Department
CMDR	EMS Commander
CRZ	Santa Cruz County Fire
DIR	EMS Director
DOM	Dominican Hospital
ECH	El Camino Hospital of Mountain View
EMDC	EMS Agency Duty Chief
EMS-3	EMS Agency Staff
EMS-4	EMS Agency Staff
EMS-5	EMS Agency Staff
EMS-6	EMS Agency Staff
EMS-7	EMS Agency Staff
EMS-8	EMS Agency Staff
EMS-9	EMS Agency Staff
EPS	Emergency Psychiatric Services
GIL	Gilroy Fire Department

GMS	Golden State Medical Services
GSH	Good Samaritan Hospital
HHH	Hazel Hawkins Hospital
KFF	Kaiser Permanente Medical Center Fremont
KRC	Kaiser Permanente Medical Center Redwood City
KSC	Kaiser Permanente Medical Center Santa Clara
LGH	El Camino Hospital of Los Gatos
LIF	Stanford Life Flight
LSP	Louise Packard Children's Hospital
MFM	Medi-Flight Modesto
MLP	Milpitas Fire Department
MOF	NASA-Ames Fire Department
MTV	Mountain View Fire Department
NOR	NORCAL Ambulance Service
OCH	O'Connor Hospital
PAF	Palo Alto Fire Department
PAV	Palo Alto Veterans Administration Hospital
POM	Priority One Medical
RCH	REACH Air Medical Services
ROY	Royal Ambulance Service
RSJ	Regional Medical Center of San Jose
SBN	San Benito Fire
SEQ	Sequoia Hospital
SJS	San Jose Fire Department
SLH	St. Louise Regional Hospital
SMG	San Mateo County General Hospital
SNC	Santa Clara Fire Department
SNY	Sunnyvale Department of Public Safety
SPV	Spring Valley Volunteer Fire Department
STH	Kaiser Permanente San Jose Medical Center
SUH	Stanford University Medical Center
SVA	Silicon Valley Ambulance Service
UTC	United Technology Corporation
VMC	Santa Clara Valley Medical Center
WCH	Watsonville Community Hospital
WMA	Westmed Ambulance



Emergency Medical Services Agency Santa Clara County Acute Care Hospitals EMS-804

Hospitals

El Camino Hospital of Los Gatos

815 Pollard Road
Los Gatos, CA 95032-1438
(408) 378-6131

El Camino Hospital of Mountain View

2500 Grant Road
Mountain View, CA 94039
(650) 940-7000

Good Samaritan Hospital

2425 Samaritan Drive
San Jose, CA 95124
(408) 559-2011

Kaiser Santa Clara Medical Center

700 Lawrence Expressway
Santa Clara, CA 95051
(408) 851-5312

Kaiser San Jose Medical Center

250 Hospital Parkway
San Jose, CA 95119
(408) 972-3000

O'Connor Hospital

2105 Forest Ave
San Jose, CA 95128
(408) 947-2500

Palo Alto Veterans Hospital

3801 Miranda Avenue
Palo Alto, CA 94304-1290
(650) 493-5000

Regional Medical Center of San Jose

225 N. Jackson Ave
San Jose, CA 95116
(408) 259-5000

Saint Louise Hospital

9400 No Name Uno
Gilroy, CA 95020
(408) 848-2000

Santa Clara Valley Medical Center

751 S. Bascom Ave
San Jose, CA 95128
(408) 885-5000

Stanford University Hospital

300 Pasteur Drive
Palo Alto, CA 94305
650-723-4000