



TITLE: RECEIVING HOSPITAL STATUS

EMS Policy No. **4981**

PURPOSE: The purpose of this policy is to establish requirements for receiving hospitals to maintain and communicate emergency department status.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220; & 1798 et seq.

DEFINITIONS:

- A. "EMResource" means the web based emergency resource management system designed for receiving hospitals and emergency dispatch centers to track availability and facility operations status for patient distribution during Multi-Casualty Incidents and daily operations.
- B. "Receiving Hospital" means a licensed acute care hospital, with a comprehensive or basic emergency permit from the California Department of Public Health, and is approved by the San Joaquin County EMS Agency (SJCEMSA) to participate in the EMS system.
- C. "EMS Duty Officer" means an on call 24/7 employee of the San Joaquin County Emergency Medical Services Agency (SJCEMSA) designated to serve as the alternate San Joaquin County Medical Health Operational Area Coordinator (MHOAC) and empowered to act on behalf of the SJCEMSA.
- D. "WebEOC" means a secure online emergency management and information sharing platform for use by authorized agencies and organizations within the San Joaquin County Operational Area.

POLICY:

- I. The EMS Duty Officer may override a receiving hospital's status if the determined that such a change is necessary to ensure the integrity of the EMS system.
- II. All receiving hospitals and emergency medical dispatch centers in San Joaquin County shall ensure appropriate staff training and familiarity with EMResource™ related to hospital operational status using the following categories:
 - A. Open: Open and fully functional to all patients.
 - B. Advisory: Open with limited functionality that may require prehospital personnel to contact the SJCEMSA designated Base Hospital for proper destination based on one or more of the following:
 - 1. Stroke services limited or unavailable;
 - 2. Trauma services limited or unavailable;
 - 3. STEMI services limited or unavailable;
 - 4. Other limited or unavailable services in the emergency department that potentially affect adequate care of patients from the EMS system.

Effective: July 1, 2024
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Medical Director

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- C. Internal Disaster: Closed to all patients based on an internal hospital event(s) that directly involves the facility and is a threat to staff and/or patients as determined by hospital and/or SJCEMSA. Examples include but are not limited to:
1. On Campus fire or explosion;
 2. On Campus security threat, i.e. assailant, active shooter, bomb threat;
 3. Damaged infrastructure, i.e. building collapse or network/internet failure;
 4. Hazardous material incident;
 5. Loss of main and auxiliary power;
 6. Loss of water supply;
 7. Other event requiring hospital evacuation or sheltering in place.
 8. Other event not listed and in coordination with the EMSA Duty Officer.

III. Maintaining and updating status:

- A. Receiving hospitals shall participate in daily status update requests from the Disaster Control Facility. Update requests may occur via EMResource or by "Blast Phone".
- B. Receiving hospitals shall actively monitor EMResource™ in the emergency department with a visual display and audible alert capability.
Receiving hospitals shall update their facility status immediately:
1. When necessary to communicate changes in their status to the EMS system;
 2. When requested to provide a status update and report on bed availability during an active multi-casualty incident (MCI) or exercise;
- C. Receiving hospitals shall maintain access to the EMResource mobile app, at all times, to ensure continuity of operations during a network/internet failure.

IV. Internal Disaster:

- A. Receiving hospitals that declare a facility status of Internal Disaster are required to submit an updated Hospital Status Report in WebEOC and notify the EMS Duty Officer within 30 minutes.
- B. The Administrator on-call (AOC) of each hospital declaring a facility status of Internal Disaster must immediately communicate directly with the EMS Duty Officer to verify a change in hospital status.
- C. The EMS Duty Officer shall submit a California Medical and Health Situation Report, for all internal disaster occurrences, to the California Department of Public Health Services, the California EMS Authority, and the Regional Disaster Medical Health Coordinator/Specialist.

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