PURPOSE:

The purpose of this policy is to establish requirements for receiving hospitals to maintain and communicate emergency department status on a region wide basis.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.152, 1797.153, 1797.220; 1798

DEFINITIONS:

A. “Control Facility” or “CF” means a base hospital or other entity designated by the LEMS with the responsibility for the dispersal of patients during a multi-casualty incident (MCI).

B. “Diversion” means the closure of a hospital’s emergency department from receiving ambulance patients including all specialty services.

C. “HAVBED” means the national Hospital Available Beds for Emergencies and Disasters system developed by the U.S. Department of Health and Human Services.

D. “Local EMS Agency” or “LEMSA” means the agency, department, or office having primary responsibility for administration of emergency medical services in a county and which is designated pursuant to Health and Safety Code Section 1797.200.

E. “MHOAC” means the Medical Health Operational Area Coordinator as defined in Health and Safety Code Section 1797.153.

F. “OES Mutual Aid Region IV” or “OES Region IV” means the counties of Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, Yolo.

G. “Receiving Hospital” means a licensed acute care hospital with a comprehensive, basic, or standby emergency permit that is approved by the local EMS agency to participate in the EMS system.

H. “RDMHC” means the Regional Disaster Medical Health Coordinator as defined in Health and Safety Code Section 1797.152.

POLICY:

I. All receiving hospitals in OES Region IV shall on a daily basis utilize the EMSResource™ regional communication system and continually maintain the receiving hospital’s emergency department status using the following categories:

A. Open: Open to all patients.
B. Advisory: Full hospital services not available based on one or more of the
following:
1. Computerized Tomography (CT) unavailable;
2. Contact CF for major trauma patient destination, use as specified by LEMSA policy;
3. Main power outage using auxiliary power;
4. STEMI services unavailable;
C. Diversion: Closed to ambulance traffic as specified by LEMSA policy.
D. Trauma Diversion: Closed to major trauma patients as specified by LEMSA policy.
E. Internal Disaster: Closed to all patients based on one or more of the following:
   1. Campus fire or explosion;
   2. Campus security threat, i.e. assailant, active shooter, bomb threat;
   3. Damaged infrastructure, i.e. building collapse or potential building collapse;
   4. Hazardous material incident – sheltering in place;
   5. Loss of main and auxiliary power;
   6. Loss of water supply;
   7. Other event requiring hospital evacuation;
   8. Other event requiring sheltering in place.

II. Maintaining EMResource™:
   A. Receiving hospitals shall actively monitor EMResource™ in the emergency department with a visual display and audible alerting.
   B. Receiving hospitals shall update their facility status:
      1. Each morning at 0800 hours;
      2. When necessary to communicate changes in their status to the EMS system;
      3. When requested to provide a status update and report on availability during an MCI or exercise;
      4. When requested to provide a status update and report on availability during an active HAvBED poll or exercise.
      5. As additionally required by LEMSA policy.

III. Internal Disaster:
   A. Receiving hospitals that post a facility status of Internal Disaster are required to submit an updated Hospital Status Report in accordance with LEMSA policy.

IV. Accountability:
   A. LEMSAAs should develop policies to facilitate the implementation of this policy.