



County of San Diego

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IMPLEMENTATION OF “COUNTY AMBULANCE DIVERSION”

The county’s emergency healthcare delivery system has experienced periodic significant strain during the COVID-19 pandemic. To preserve critical resources and the ability to provide emergency healthcare to the county’s residents and visitors, the County of San Diego EMS Medical Director has re-activated **County Ambulance Diversion**. Hospital-initiated ambulance diversion for ED Saturation¹ remains deactivated. See the communications dated [January 12, 2022](#) and [January 26, 2022](#) for reference.

San Diego County EMS-initiated diversion, termed County Ambulance Diversion, is implemented effective 0800 February 10, 2022. The EMS Duty Officer may place a hospital on County Ambulance Diversion when there are signs of critical facility resource strain. These metrics include prolonged *Ambulance Hospital Time*² and other indicators of healthcare facility overload.

County Ambulance Diversion may not be requested or declared by a hospital, for any reason. Once initiated by the EMS Duty Officer, County Ambulance Diversion:

- Remains in place for two hours, and is then revoked (hospital returns to open status)
- May not be immediately extended
- Does not apply to patients with immediate life threats³ and those meeting [T-460/T-460A](#) Trauma Patient Criteria, including Special Considerations patients
 - As per T-460, Special Considerations patients may be directed to a:
 - Trauma Center, regardless of diversion status, or
 - to an open non-designated trauma center hospital (with BHO)

¹ Per [County EMS Policy S-010](#), ED saturation is defined as “a sudden, unanticipated, temporary inability to receive any additional 9-1-1 patients due to critical lack of ED capacity”

² *Ambulance Hospital Time* is defined as the interval between ED arrival and return to service

³ Immediate life threats are defined in [County EMS Policy S-010](#) as:

- non-traumatic cardiac arrest,
- unresolved anaphylaxis,
- patients who are unable to be effectively ventilated with a bag-valve-mask (BVM) (unmanageable airway), or
- uncontrolled non-traumatic hemorrhage

- Requires diversion of ALL other incoming 9-1-1 ambulances (Paramedic and EMT-staffed), including those patients meeting criteria for transport to STEMI and stroke centers or labor & delivery
- May be simultaneously applied to four or fewer hospitals
 - Should more than four hospitals meet the criteria for County Ambulance Diversion, the EMS Duty Officer may unilaterally end any or all hospitals' County Ambulance Diversion status for as long as necessary to optimize the county's EMS Delivery System

Facility ED Managers (or designee) must complete a report for any patient transported to a hospital on County Ambulance Diversion. Documentation shall be provided to the assigned Base Hospital within 12 hours of patient arrival. This report shall include patients with immediate life threats and those meeting [T-460/T-460A](#) criteria. The assigned Base Hospital staff shall enter the case into the County EMS QA/QI process using a PAC Report.

Base Hospitals who direct or permit a 9-1-1 ambulance to transport a patient to a hospital on diversion:⁴

- Must report each occurrence to the EMS Duty Officer in real-time (619-588-0397)
- Shall submit each incident for review through the County EMS QA/QI process

Following consultation with the Health Services Capacity Task Force Operational Core Group and the Emergency Care Committee's Executive Board, effective 0800 February 10, 2022, County Ambulance Diversion is implemented. County Ambulance Diversion metrics will be continuously monitored and adjusted as indicated. Other elements of [County EMS Policy S-010](#) including specialty diversion and internal disaster diversion remain in full force and effect. Comments or questions from our partners may be submitted via EMSNotifications@sdcountry.ca.gov.

Thank you to all our healthcare partners for the outstanding care you provide to our patients, day in and day out. We recognize and appreciate your dedication during the special conditions of this pandemic.

Respectfully,



San Diego County Emergency Medical Services Office
San Diego County Fire

cc: Eric McDonald, MD, MPH, Chief Medical Officer
Wilma Wooten, MD, MPH, Public Health Officer
Jeff Collins, Director
Andy Parr, EMS Administrator

⁴When the diversion is due to an Internal Disaster declaration, the Base Hospital is required to **redirect all ambulances** to other facilities, including patients meeting trauma criteria and those with immediate life threats. Internal Disaster is defined in S-010 as "a hospital cannot accept any patients through the 9-1-1 system because of a critical disruption of the ability to provide medical services (e.g., due to structural failures, infrastructure disruptions, or health and safety threats)."