County of San Luis Obispo Public Health Department Policy 154 Attachment A

Division: Emergency Medical Service Agency Effective Date: 04/15/2017

## **DIVERSION CHECKLIST**

## REASON FOR DIVERSION/NOTIFICATION (check all that apply): COMPLETE DIVERSION

•	DIVERSION WILL BE IN EFFECT FOR A MAXIMUM OF TWO
	(2) HRS.

- IF EXTENDED, UPDATE ALL FACILITIES BY LANDLINE OR REDDINET
- NOTIFICATION OF DIVERSION COMPLETION WILL BE COMMUNICATED BY LANDLINE OR REDDINET

	A declared nospital in-nouse disaster, specifically:						
	Unstable patients occupy all suitable emergency department (ED) beds and after exhausting all in-house resunstable patients cannot immediately be transferred to in-patient beds. The on-call hospital administrator a lead ED physician have been consulted and agree to the diversion.* If the services of a designated space hospital go on diversion the specialty program medical director or On-call specialty care MD in consulted and agree to the diversion. **						
Partial	Diversion						
	Loss of a key facility or equipment	resource required for care of e	mergent patients, specifi	cally:			
HOSPI	TAL INITIATING:	DATE:	TIME:		_		
oerson	Initiating:	Estimated Dur	ration:		_		
	ital administrator consulted:						
			Name		Time		
Lead ED physician consulted:							
If a d	esignated Specialty Care Center:						
		Name	of program medical director		Time		
MED-C	OM notified: (805-781-4564):	Name of person contact	ted	Start Time	End Time		
				our mio	Life Time		
	NET notice posted – please post bo als notified of diversion by landline or	<u> </u>	neas.	Start Time	End Time		
·	·	LING TAUIO.					
AGCH	805 -473-7626	Name of person notified			Time		
HMC	805-542-6621						
	Phone	Name of person notified			Time		
SVRMO	C <u>805-546-7652</u> Phone	Name of person notified			Time		
roou.		name of person inclined					
ГССН	805- 434-4553 Phone	Name of person notified			Time		
имс	805-739-3200						
	Phone	Name of person notified- (Shift	t Leader)		Time		

(Remember to notify Med Com and sign off ReddiNet)