

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 hospital in-house disaster, specifically:

Unstable patients occupy all suitable emergency department (ED) beds and after exhausting all in-house resources, unstable patients cannot immediately be transferred to in-patient beds. The on-call hospital administrator and the lead ED physician have been consulted and agree to the diversion. If the services of a designated specialty care hospital go on diversion the specialty program medical director or On-call specialty care MD must be consulted and agree to the diversion.

Partial Diversion

Loss of a key facility or equipment resource required for care of emergent patients, specifically:

DATE : TIME INITIATED:

Person Initiating: Estimated Duration:

Hospital administrator consulted: Name Time

Lead ED physician consulted: Name Time

If a designated Specialty Care Center: Name of program medical director Time

MED-COM notified: (805-781-4564): Name of person contacted Start Time End Time

REDDINET notice posted - please post both in "messages" and "status" areas: Start Time End Time

Hospitals notified of diversion by landline or EMS radio:

AGCH 805-473-7626 Name of person notified Time

FHMC 805-542-6621 Name of person notified Time

SVRMC 805-546-7652 Name of person notified Time

TCCH 805-434-4553 Name of person notified Time

MMC 805-739-3200 Name of person notified (Shift Leader) Time

Person concluding diversion: Name Time diversion ended:

Form emailed or faxed to EMS Agency @ 788-2517 within 24 hours: Time / Initials

(Remember to notify Med Com and sign off ReddiNet)