



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

<b>General Order Number:</b> 05-09	<b>Effective Date:</b> January 2010
<b>Division:</b> Emergency Medical	
<b>Chapter:</b> Hospital Diversion	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor	<b>Revision Date:</b> N/A

## **POLICY**

This General Order describes the “MIEMSS Hospital Alert Status System.” EMS providers struggle to deal with the Alert Status of area hospitals. This system was developed to allow both receiving facilities and EMS systems to render the best quality care to all patients in the timeliest manner. EMS providers must have a working knowledge of this system to ensure transportation decision making is in the best interest of the patient, the EMS system, and the healthcare system

## **DEFINITIONS**

**Red Alert** – The hospital has no electrocardiogram (ECG) monitored beds available and requests patients who are likely to require this type of care, not be transported to their facility.

**Yellow Alert** – The hospital’s emergency department (ED) is overwhelmed by the amount of beds or level of staffing available to safely manage incoming priority 2 or 3 patients.

**Blue Alert** – The EMS jurisdiction is taxed to its limits due to extraordinary conditions such as multi-casualty incidents, snow, icing, or flooding.

**Mini Disaster** – The hospital is experiencing emergency physical plant problems such as electrical, water or oxygen failure, or a hazardous material, security or bomb incident.

**Re-Route** – The EMS jurisdiction chooses to have all EMS units diverted from a particular hospital. Diversion is necessary due to EMS units being unable to transfer care to the emergency department (ED) in a timely manner. Timely is defined to be within 20-30 minutes.

**Trauma Bypass (Fly By)** – A facility is unable to function as a trauma center due to capacity or staffing issues.

## **PROCEDURES / RESPONSIBILITIES**

### **1. General Considerations**

The Transportation Decision Making Model is described in General Order 05-01 – EMS Operations. The Alert Status of the receiving facilities is only one factor that must be managed in this critical decision making process.

- Priority 1 patients shall be transported to the closest appropriate facility regardless of the alert status.



- All of the closest facilities within a 20 minute drive time are on equal alert status, the provider will disregard the alert status and transport to the closest facility.
- It is preferential to transport to a facility on “Red Alert” than a facility on “Yellow Alert.”
- Any provider transporting to a facility against an alert status shall consult with the receiving facility to advise ED staff the exact reason transport was continued to their facility.  
*Communication is often the key factor in mutual understanding.*

## 2. Red Alert

A facility goes on Red Alert when there are no inpatient cardiac monitored beds in the hospital into which a patient can be admitted. Therefore, the emergency department cannot take a patient that requires ECG monitoring. This status does not necessarily describe the condition of the ED. The definition of a patient that requires ECG monitoring is based upon the pre-hospital definition, not the receiving hospital's definition.

### Basic Life Support Considerations

- If a Basic Life Support (BLS) unit is transporting a patient, it should be a patient that EMS has defined as not needing ECG monitoring.
- On the occasion that a BLS unit is transporting an Advanced Life Support (ALS) patient because of proximity to the hospital or the patient's condition warrants not waiting on the scene for and ALS unit, the closest hospital should **not** be bypassed.
- BLS units should not bypass a hospital solely based upon their “Red Alert” status.
- There should not be many circumstances when a BLS unit bypasses a hospital on “Red Alert.”

### Advanced Life Support Considerations

- ALS units should take into consideration the patient's best interest when deciding to bypass a hospital that is on “Red Alert.” ALS personnel should use their knowledge and training when determining if ECG monitoring would be beneficial to the patient.

## 3. Yellow Alert

A facility goes on “Yellow Alert” when it is requesting that no Priority 2 or 3 patients be transported to that facility. This type of alert is initiated because the ED is experiencing a temporary overwhelming overload such that priority 2 and priority 3 patients may not be managed safely. If a hospital is on “Yellow Alert”, it is saying that patients will have to wait for treatment and care resulting in extended time in the ED. In most cases, it is best for the patient to go to another hospital that is better able to handle the patient's needs.



#### 4. Blue Alert

The EMS System may utilize a “Blue Alert” status when the emergency services delivery system is taxed to its limits due to extraordinary situations such as storms, MCI’s etc. A “Blue Alert” can only be declared by the Prince Georges County Fire/EMS Department’s EMS Duty Officer. “Blue Alert” status will remain in effect until the EMS Duty Officer cancels it.

- A “Blue Alert” status suspends all “Yellow” or “Red Alert” statuses that have been declared by any hospital.
- EMS providers will transport patients to the closest appropriate facility unless the hospital is on “Re-Route Alert.”

#### 5. Mini-Disaster Alert

A “Mini-Disaster” Alert will be called when a hospital’s ED experiences an unexpected, in house, physical plant problem such as: water or power outages, hazardous materials incidents, bomb scares or other situations which threatens the life or health of patients and providers. This alert may also be in place due to a scheduled shut down of key services such as power or oxygen delivery systems or at the request of the Secret Service. Critical Care overloads are not considered justification for a “Mini-Disaster Alert”.

- While on “Mini-Disaster Alert,” the hospital will receive **no** patients from the EMS system regardless of priority.

#### 6. Re-Route Alert

The EMS System’s access to a hospital’s ED must be open, uncomplicated, and unrestrained. “Re-Route” was established as a system response to patient surge and overload in an emergency department. “Re-Route” status does not change the “Red/Yellow” alert status of a hospital and does not override acceptance of a patient to a specialty referral center at the facility.

- Priority 2 and Priority 3 patients should be transported to the next closest appropriate hospital.
- Priority 1 patients should be transported to the closest appropriate facility unless otherwise directed by a consulting physician. The consulting physician must be advised of the closest hospital’s “Re-Route” status. Further direction for transport should be given by the consulting physician.
- If two adjacent hospitals are on “Re-Route,” EMS providers should obtain direction from the EMS Duty Officer.
- Obtain consultation to obtain direction on transport to specialty referral centers, if “Re-Route” is a factor.



## Requesting Re-Route

Any receiving facility in Prince George's County may be placed on "Re-Route" by the Prince Georges County Fire/EMS Department's EMS Duty Officer. "Re-Route" is generally used when EMS providers are unable to transfer care to the ED in a timely manner thus diminishing the ability of the EMS System to respond to emergency incidents.

- EMS providers must remain with their patient(s) at all times providing and documenting patient care until the patient has been transferred to a hospital bed, or chair, under the direct supervision of hospital staff.
- If an EMS provider is unable to arrange a timely transfer of care to ED staff (excess of 20-30 minutes) he/she should contact the ED Charge Nurse.
- If ED staff is still unable to assume care of the patient after ten (10) minutes, the EMS provider should notify the EMS Duty Officer.
- The EMS Duty Officer will contact the ED Charge Nurse to discuss the status of the delay and any progress.
- The EMS Duty Officer should consider "Re-Route" for any facility that is holding three (3) or more emergency transport vehicles with a wait of 30 minutes or greater.
- Those units held at the facility will be notified they facility has been placed on "Re-Route" by the EMS Duty Officer.
- It is the responsibility of the last EMS unit detained at the "Re-Route" hospital to notify the EMS Duty Officer when they have transferred care and are able to clear the facility.
- When the last unit returns to service, the EMS Duty Officer shall re-contact the ED Charge Nurse to consider lifting the "Re-Route" status.

Should a hospital needing "Re-Route" be within an adjacent EMS jurisdiction, the EMS Duty Officer shall coordinate with the respective jurisdiction EMS Operational Program.

## 7. Trauma Bypass (Fly By)

- The trauma center will notify Emergency Medical Regional Communications (EMRC) that they are on or off "Trauma Bypass (Fly By)" status.
- EMS providers should transport trauma patients to the next closest Trauma Center.
- For patients in cardiopulmonary arrest or with unstable airway issues consideration should be made to transport patients to the nearest emergency department.

## REFERENCES

MIEMSS Region V Alert Status System

## FORMS / ATTACHMENTS

N/A