

Detroit East Medical Control Authority
System Protocols
EMERGENCY FACILITY REROUTING

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Michigan Public Act 368 of 1978, revised part 209, authorizes local medical control authorities to "...establish written protocols for the practice of life support agencies and licenses emergency medical services personnel within its region." To ensure the availability of patient care effective 1/1/04, Detroit East Medical Control Authority passed a resolution that ambulance diversion will only be considered in extreme circumstances. These are defined as

- Facility-specific loss of CT scanner capability, loss of x-ray capability or lack of operating room capabilities
- Facility specific in-house disaster such as a extensive fire, flooding or loss of electrical power

Ambulance diversion is **not** to be initiated because of

- Lack of staffing
- Lack of in-patient beds
- Overcrowding of the emergency department
- City-wide actual disaster

Emergency departments on diversion status will use all available resources to rectify situations causing diversion in order to return to full receiving status as soon as possible.

Extremely unstable patients (Code 1) will not be diverted and will be brought to the closest appropriate facility in accordance with existing section 8-2 (transportation guidelines).

Procedure

1. Emergency department determines they have an extreme circumstance as defined above and determines that diversion is necessary.
2. Emergency department charge individual or designee contacts EMS dispatch and relays type of diversion being initiated and estimated duration of diversion.
3. EMS dispatch will contact the Chief of EMS. The Chief of EMS in conjunction with the Medical Director or Deputy Medical Director will determine whether rerouting can occur.
4. The Emergency department will notify EMS as soon as the extreme circumstance is resolved and they are able to receive patients.