Purpose:

A. To delineate the status of receiving hospitals and provide standardized terminology for hospitals that wish to divert patients when the hospital loses key resources.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Procedure:

A. All receiving Facilities:

1. OPEN- Receiving all Patients.
2. ADVISORY- Computed Tomography (CT) scanning not available.

Hospitals have to notify providers of CT scanning unavailability prehospital personnel will transport a non-immediate patient to the next most appropriate facility if the patient has any of the following signs or symptoms:

a. New onset of lateralizing neurological signs.
b. Sudden onset of “worst headache of their life.”
c. Unexplained new altered level of consciousness [Glasgow Coma Scale (GCS) <12] without response to glucose, Glucagon or Naloxone (Head injuries with GCS < 14 and penetrating head injury are covered by trauma protocols and do not need to be covered here).
3. DIVERSION - Receiving only immediate patients, except for patients in active labor should be transported to the facility where the delivery is scheduled.
4. CLOSED TO ALL AMBULANCE TRAFFIC – Closed to ambulance traffic including patients categorized as immediate. Usually occurs when an internal hospital disaster has been declared.

B. Hospitals with Trauma Receiving Designation:

1. OPEN TO TRAUMA PATIENTS - Receiving all critical trauma patients.
2. CLOSED TO TRAUMA PATIENTS- CLOSED TO ALL critical trauma patients.

Critical trauma patients MUST be transported to the next time closest trauma center.

It is expected that hospitals that lose key personnel / equipment needed to care for trauma (i.e. Trauma Surgeon availability, operating room availability, emergency department overload, CT scanner availability, etc.), shall CLOSE to trauma patients until the resource(s) becomes available.