

### DIVERSION CHECKLIST

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

- **COMPLETE DIVERSION SHALL BE APPROVED BY EMS AGENCY DUTY OFFICER**
- 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

#### COMPLETE DIVERSION

- 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, the lead ED physician & EMS Duty Officer 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: \_\_\_\_\_

HOSPITAL INITIATING: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Person Initiating: \_\_\_\_\_ Estimated Duration: \_\_\_\_\_  
Name

\* **Hospital administrator consulted:** \_\_\_\_\_  
Name Time

\* **Lead ED physician consulted:** \_\_\_\_\_

\* **EMS AGENCY duty officer consulted (if complete diversion):** \_\_\_\_\_  
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 \_\_\_\_\_  
Phone Name of person notified Time

FHMC 805-542-6621 \_\_\_\_\_  
Phone Name of person notified Time

SVRMC 805-546-7652 \_\_\_\_\_  
Phone Name of person notified Time

TCCH 805-434-4700 \_\_\_\_\_  
Phone Name of person notified Time

MRMC 805-739-3200 \_\_\_\_\_  
Phone Name of person notified- (Shift Leader) Time

Person concluding diversion: \_\_\_\_\_ Time diversion ended: \_\_\_\_\_  
Name

Delivered to EMS Agency within 24 hrs: email PH\_EMSA@co.slo.ca.us or faxed 788-2517 within 24 hours: \_\_\_\_\_ / \_\_\_\_\_  
Time Initials

**(Remember to notify Med Com and sign off ReddiNet)**