MARYLAND EMS
REGION II
SYSTEM STATUS ALERTING POLICY

(Frederick & Washington Counties)

Amended:
March 21, 2007
Revised 12 Jan 2015

Patients destined for specialty care centers would not be governed by these policies and should be transported to facilities as per "Maryland Medical Protocols". If questions arise in reference to these patients, medical consultation should be occur.

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ACKNOWLEDGEMENTS

This policy is the product of a collaborative effort and reflects the contributions of many knowledgeable individuals who shared their time, insights, experiences, and expertise.

Michael Cole, Paramedic
EMS Captain
Frederick County Division of Fire and Rescue Services

David Chisholm, BSN, RN, Paramedic
Asst. Director of EMS
Division of Fire & Emergency Services
Washington County, Maryland

Lila Beaulieu, RN, BSN, MBA
Director of Perioperative Services
Frederick Memorial Hospital

Jesus Cepero, PhD, RN
Director of Emergency Services
Meritus Medical Center

David Stamey, CCEMT-Paramedic
Region II EMS Administrator
MIEMSS

Andrew Pilarski
Director EMRC/SYSCOM
MIEMSS

Bardona Woods, ENP, EMT-P
Chief, Division Fire & Rescue Communications / 911
Division of Fire & Emergency Services
Washington County, Maryland

Region II System Status Alerting Policy

POLICY STATEMENT

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) Region II Office, Region II Hospitals, Region II Emergency Medical Services Operational Programs (EMSOP), and Region II Emergency Operation Centers (EOC) have collaborated to develop this policy in an effort to provide solutions that will effectively deal with periods of high Emergency Department (ED) utilization.

In the interest of public health, safety and welfare, a Regional Policy has been established to provide guidelines governing the redirection/ diversion of EMS providers transporting patients by ambulance to hospitals in the event of high Emergency Department utilization.

Occasionally, Emergency Departments become overwhelmed and are unable to accommodate or effectively care for all patients arriving by ambulance. The high utilization may be related to critical occupancy within the hospital or the Emergency Department. These conditions may result in a hospital requesting to be placed on Alert Status. The Alert Status enables the hospital time to resolve temporary operational delays, return to normal operations and resume accepting patients bring transported by ambulances.

Hospitals have a duty to evaluate, treat and stabilize life-threatening conditions. Patients categorized as Priority I will not be governed by this policy. EMS providers who are unclear about the most appropriate destination for the patient should contact medical control.

QUESTIONS AND RECOMMENDATIONS SHOULD BE DIRECTED TO:
MIEMSS Region II Office
44 N. Potomac Street – Suite 200
Hagerstown, MD 21740
443-691-2409
EMAIL: dstamey@miemss.org

SPECIAL NOTATION TO THE FOLLOWING

- The Red/Yellow alert policies **DO NOT** govern (Priority 1) patients within a hospital's catchment area. These patients will be transported to the closest appropriate facility as per the Maryland Medical Protocols for initial stabilization. If a question arises in reference to these patients, medical consultation should be requested.

- The Red/Yellow alert policies **DO NOT** govern patients destined for transport to trauma and specialty referral centers. These patients should be transported to the closest designated trauma or specialty referral center as per the Maryland Medical Protocols. If a question arises in reference to these patients, trauma consultation should be requested.

- The Red/Yellow alert policies **DO NOT** govern unstable Obstetric (OB) patients, patients in active labor, or OB patients going directly to a hospital's Labor and Delivery Department.

- Pre-hospital providers should be cognizant that bringing a patient to a facility on Red or Yellow alert may result in the utilization of ambulance personnel and /or equipment (cot, monitor, etc.) by the receiving facility for an extended period of time. This has the potential to effect the EMS Operational Program's ability to provide normal services.

PRINCIPLES OF AMBULANCE DIVERSION

- EMS Systems need open, uncomplicated, and unrestrained access to hospitals. In principle, ambulance diversion is against the best interests of the EMS System and the patient.

- Resource hospitals (i.e. trauma, burn, hyperbaric, perinatal, and pediatric centers) have a special obligation to the community, as do geographically isolated hospitals.

- There are times in which hospitals have a shortage of resources that render them temporarily unable to care for additional patients. During those times, it may be in the best interests of the patient to be transported to another hospital. The EMS system may establish a mechanism whereby hospitals can acknowledge their inability to provide optimal care (i.e. alert status). Final determination of patient destination however, must rest with the provider actually caring for the patient. The provider, acting according to medical protocols and with the ability to seek medical consultation, has the most direct knowledge of the patient's condition and conditions effecting transport including road conditions, weather etc.

- Diversion policies must be unselective with regard to the patient's ability to pay and conform to COBRA requirements.

- All decisions by a hospital to request ambulance diversion must be made with patient care paramount. A hospital cannot divert patients unless another appropriate hospital exists to receive that patient.

- The goal of this policy is early and reliable notification of a serious patient so the receiving hospital can gather the necessary resources.

- A diversion system must be as simple as possible.

- The criteria for ambulance diversion alert must be a collaborative effort, which is agreed upon by hospitals and EMS system leadership. The ambulance diversion policy must be formalized into a written policy. There must be a clear mechanism for a hospital to request an alert, be placed on an alert, and for an alert to be communicated to the EMS system. Alert notifications must be made in a timely manner.

- When the closest facility is on alert, EMS providers must be honest with the patient and their family. Providers must present factual information when explaining the implications of the alert status and how it may impact the time it takes to be seen by a healthcare professional. They should provide the patient with information regarding which facility(s) are open, the impact of a longer transport on their condition and the transport times to each. In the event that the transport time is greater than the time limits set forth in this document, medical consultation should be obtained prior to initiating transport.

Definition Summary

BLUE ALERT: When an EMS jurisdictional system is temporarily taxed to its limits in providing pre-hospital care and ambulance transportation due to extraordinary situations such as multi-casualty incidents, snow, icing, or flooding or other circumstances that contribute to high demand for ambulance service. The jurisdiction may declare blue alert suspends yellow alert.

CATCHMENT AREA: Geographical area in which the receiving facility is the closest facility.

HOSPITAL RE-ROUTE: When basic or advanced life support units are being held at a hospital emergency department because a bed is unavailable for an extended period of time. Patients should be accepted by the emergency department staff and transferred from the ambulance stretcher to a hospital gurney in a reasonable time frame. This does not replace Yellow Alert, nor does it cancel or override it.

MINI-DISASTER: When a hospital's emergency department experiences an unexpected, in-house physical plant problem such as: water or power outages, hazardous materials incidents, bomb scares or other situations that threaten the life/health of patients and providers. (Critical care overloads are not considered justification for mini disaster.) It may also be called for because of scheduled shut down of key services such as power or oxygen systems or at the request of the Secret Service. While on mini-disaster the hospital will receive no patients regardless of priority.

REGIONAL HOSPITALS: Frederick Memorial Hospital and Meritus Medical Center.

RED ALERT: The hospital has no ECG monitored beds available and requests that patients who are likely to require this type of care, not be transported to their facility. ECG monitored bed is defined as any adult in-patient critical care area including specialty critical care units and telemetry beds. The hospital requests that all priority II and III ECG monitored patients are transported to the next closest appropriate hospital and non-ECG monitored Priority II and III patient will be accepted. Patients requiring potential admission may need transfer to another facility for admission.

HIGHEST JURISDICTIONAL EMS OFFICER: The individual recognized by MIEMSS as the highest jurisdictional EMS official or their designee.

YELLOW ALERT: The Emergency Department temporarily requests that absolutely no Priority II or III patients are transported to their facility. The Emergency Department will receive Priority I patients from within its catchment area for initial stabilization. Yellow alert is initiated because the Emergency Department is experiencing a temporary overwhelming overload such that priority II or III patients may not be managed safely. Subsequent transfer to another facility for admission to a bed may be necessary.

Red Alert Policy

I. DEFINITION - The hospital has no ECG monitored beds available and requests that patients who are likely to require this type of care, not be transported to their facility. ECG monitored bed is defined as any adult in-patient critical care area including specialty critical care units and telemetry beds. The hospital requests that all priority II and III ECG monitored patients are transported to the next closest appropriate hospital. Non-ECG monitored Priority II and III patient will be accepted. Patients requiring potential admission may need transfer to another facility for admission.

II. DOCUMENTATION - It is suggested that REGIONAL HOSPITALS maintain a log of Alert activity. Such a log should include time on and off alert, criteria for declaration, reevaluation time, and criteria for continuation. Submission of logs is not required.

III. RESPONSIBILITIES

A. REGIONAL HOSPITALS shall be responsible for:
   1. Declaring an alert utilizing the CHATS/HC Standard system.
   2. Closely scrutinizing the utilization of the Alert system within their institution.

B. EMRC shall be responsible for:
   1. Receiving declarations and termination of Alerts.
   2. Tracking the time used.

C. The local dispatch centers/EOCs shall be responsible for:
   1. Receiving declarations and termination of Alerts via the CHATS/HC Standard system.
   2. Notification to appropriate out of state jurisdictions that may transport to the hospital on alert.

D. The Region II Administrator shall be responsible for:
   1. Reviewing monthly alert statistics for the region.
   2. Addressing problem incidents as they occur and forward all information to the Mid Maryland EMS Advisory Council.

E. Mid Maryland EMS Advisory Council shall be responsible for:
   1. Reviewing the Alert reports and statistics and recommending changes.

IV. DECLARATION OF ALERT - When required, an Alert will be declared by utilizing the following method:

A. REGIONAL HOSPITALS will utilize the CHATS/HC Standard system to declare an alert status.

B. Local dispatch centers/EOC will notify all jurisdictions outside the state of Maryland that may transport to the hospital on alert.

1. Frederick County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

2. Washington County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

V. OVERRIDE - An Alert will be automatically disregarded if any of the following conditions occur:

A. A Blue Alert is declared in a respective jurisdiction. Pre-hospital providers should be cognizant of the stresses placed on a facility while on Alert and should make every effort to bypass this facility even though a Blue Alert is in effect unless this would be detrimental to the patient or ambulance availability.

B. A Priority I patient from REGIONAL HOSPITAL'S normal catchment area. REGIONAL HOSPITALS will receive these patients for initial stabilization. They then may be transferred to another facility for admission as necessary.

C. If transport time would exceed 15 minutes **beyond normal transport time to closest facility**.

D. If the two closest hospitals are on similar Alert, the prehospital provider shall transport the patient to the first and/or closest hospital regardless of Alert status. Prehospital providers shall make every effort to avoid those facilities that have declared an Alert. For example, if there is a third facility that is not on Alert and is within reasonable proximity, the prehospital provider should consider transporting to that third facility.

VI. MAXIMUM DURATION - Red Alert status should be re-evaluated every 4 hours. Realizing the increased burden placed on EMS by the alert, every effort should be made to terminate the alert as soon as possible. Regional Hospitals must notify EMRC and the local dispatch center of the re-evaluation decision to continue or terminate the alert. **4 hours allowed then the alert must be re-evaluated**

VII. TERMINATION OF AN ALERT - This shall be accomplished by the following method:

A. REGIONAL HOSPITALS shall notify EMRC, the local dispatch center/EOC utilizing the CHATS/HC Standard system.

B. Local dispatch centers/EOCs will notify the appropriate out of state jurisdictions of the change.

Yellow Alert Policy

I. DEFINITION - The Emergency Department temporarily requests that absolutely no Priority II or Priority III patients be transported to their facility. Yellow alert is initiated because the Emergency Department is experiencing a temporary overwhelming overload such that priority II or III patients may not be managed safely.

II. DOCUMENTATION - It is suggested that REGIONAL HOSPITALS maintain a log of Alert activity. Such a log should include time on and off alert, criteria for declaration, reevaluation time, and criteria for continuation. Submission of logs is not required.

III. RESPONSIBILITIES

C. REGIONAL HOSPITALS shall be responsible for:
   1. Declaring an alert utilizing the CHATS/HC Standard system.
   2. Closely scrutinizing the utilization of the Alert system within their institution.

D. EMRC shall be responsible for:
   1. Receiving declarations and termination of Alerts.
   2. Tracking the time used.

E. The local dispatch centers/EOCs shall be responsible for:
   1. Receiving declarations and termination of Alerts via the CHATS/HC Standard system
   2. Notification to appropriate out of state jurisdictions that may transport to the hospital on alert.

F. The Region II Administrator shall be responsible for:
   1. Reviewing monthly alert statistics for the region.
   2. Addressing problem incidents as they occur and forward all information to the Mid Maryland EMS Advisory Council.

G. Mid Maryland EMS Advisory Council shall be responsible for:
   1. Reviewing the Alert reports and statistics and recommending changes.

IV. DECLARATION OF ALERT - When required, an Alert will be declared by utilizing the following method:

A. REGIONAL HOSPITALS will utilize the CHATS/HC Standard system to declare an alert status.

B. Local dispatch centers/EOC will notify all jurisdictions outside the state of Maryland that may transport to the hospital on alert.

1. Frederick County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

2. Washington County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

V. OVERRIDE - An Alert will be automatically disregarded if any of the following conditions occur:

A. A Blue Alert is declared in a respective jurisdiction. Pre-hospital providers should be cognizant of the stresses placed on a facility while on Alert and should make every effort to bypass this facility even though a Blue Alert is in effect unless this would be detrimental to the patient or ambulance availability.

B. A Priority I patient from REGIONAL HOSPITAL'S normal catchment area. REGIONAL HOSPITALS will receive these patients for initial stabilization. They then may be transferred to another facility for admission as necessary.

C. If transport time would exceed 15 minutes **beyond normal transport time to closest facility**.

D. If the two closest hospitals are on similar Alert, the prehospital provider shall transport the patient to the first and/or closest hospital regardless of Alert status. Prehospital providers shall make every effort to avoid those facilities that have declared an Alert. For example, if there is a third facility that is not on Alert and is within reasonable proximity, the prehospital provider should consider transporting to that third facility.

VI. MAXIMUM DURATION - Yellow Alert status should be re-evaluated every 4 hours. Realizing the increased burden placed on EMS by the alert, every effort should be made to terminate the alert as soon as possible. Regional Hospitals must notify EMRC and the local dispatch center of the re-evaluation decision to continue or terminate the alert. **4 hours allowed then the alert must be re-evaluated**

VII. TERMINATION OF AN ALERT - This shall be accomplished by the following method:

A. REGIONAL HOSPITALS shall notify EMRC, the local dispatch center/EOC utilizing the CHATS/HC Standard system.

B. Local dispatch centers/EOCs will notify the appropriate out of state jurisdictions of the change.

Mini-Disaster Alert

I. DEFINITION - A Mini-Disaster Alert may be called when a REGIONAL HOSPITAL'S emergency department experiences an unexpected in-house safety hazard or physical plant problem, specifically:

A. Emergency situations that contribute to a hospital's emergency department capability being placed in jeopardy, such as: water main ruptures in the emergency department, electrical/power outages prohibiting operating room usage, bomb scares, etc.

B. Critical care overloads are **not** considered justification for a Mini-Disaster Alert.

C. Unless the situation is isolated to the Emergency Department, all other means of admitting patients to the hospital must be halted prior to the initiation of Mini-Disaster Alert. This includes all elective and scheduled admissions.

D. It may also be called for because of scheduled shut down of key services such as power or oxygen systems or at the request of the Secret Service. While on mini-disaster alert the hospital will receive no patients regardless of priority.

II. DECLARATION OF ALERT - When required, an Alert will be declared by utilizing the following method:

A. REGIONAL HOSPITALS will utilize the CHATS/HC Standard system to declare an alert status .

B. Local dispatch centers/EOC will notify all jurisdictions outside the state of Maryland that may transport to the hospital on alert.

1. Frederick County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

2. Washington County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

III. MAXIMUM DURATION – Mini disaster status should be re-evaluated every 4 hours. Realizing the increased burden placed on EMS by the alert, every effort should be made to terminate the alert as soon as possible. Regional Hospitals must notify EMRC and the local dispatch center of the re-evaluation decision to continue or terminate the alert.

IV. TERMINATION OF AN ALERT - This shall be accomplished by the following method:

A. REGIONAL HOSPITALS shall notify EMRC, the local dispatch center/EOC utilizing the CHATS/HC Standard system.

B. Local dispatch centers/EOCs will notify the appropriate out of state jurisdictions of the change.

V. DOCUMENTATION – The initiating Regional Hospital must submit written justification for the Mini-Disaster Alert to the Region II MIEMSS Administrator within 48 hours. Quarterly statistics will be shared with Region II Council.

Blue Alert Policy

I. **DEFINITION** - When a jurisdictional EMS system is temporarily taxed to its limits in providing pre-hospital care and ambulance transportation due to extraordinary situations, the individual EMS jurisdiction may request to be placed on "Blue Alert Status."

A. Declaration of the Blue Alert Status will allow for the temporary suspension of all alerts except mini disasters by jurisdictional EMS systems due to temporary, extraordinary situations such as heavy snow, icing conditions, flooding, and other significant circumstances that contribute to a notably high demand for ambulance services.

II. **DECLARATION OF AN ALERT** - When required, the Alert may be declared by utilizing the following method:

A. The Highest Jurisdictional EMS Officer or designee must make the decision to request being placed on this status.

B. To initiate the request to go on or off this Alert Status, the requesting Senior Jurisdictional EMS Officer or designee will utilize the CHATS/HC Standard system to place the jurisdiction on Blue Alert.

C. The Local dispatch centers/EOCs will notify the respective hospital affected, when the Alert is called.

D. Local dispatch centers/EOC will notify all appropriate out of state jurisdictions that may transport to the hospital on alert.

1. Frederick County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions
2. Washington County
    a) Pennsylvania Jurisdictions
    b) Virginia Jurisdictions
    c) West Virginia Jurisdictions

E. The Local dispatch centers/EOCs will then notify Region II Administrator.

F. While on Blue Alert, <u>ALL PATIENTS</u> will be transported to the closest appropriate hospital, regardless of the patients' priority status or hospital alert status.

III. **MAXIMUM DURATION** – Blue alert will continue until the jurisdiction cancels it.

IV. **DURATION OF ALERT** - Once an Alert is called, the Alert Status will continue until the jurisdiction cancels the alert via the CHATS/HC Standard System.

A. When an Alert Status has been terminated by the jurisdiction, the Local dispatch centers/EOCs will notify the Region II Administrator that the Alert has ended.

V. **DOCUMENTATION** – The initiating jurisdictional official must submit written justification for the Blue Alert to the Region II MIEMSS Administrator within 48 hours. Quarterly statistics will be shared with Mid Maryland EMS Advisory Council.

Hospital Re-Route Policy

I. **DEFINITION** - This policy provides guidelines for both emergency medical services (EMS) and emergency medical dispatch (EMD) personnel when a basic or advanced life support unit is being held at a hospital emergency department because a bed is unavailable. Patients should be accepted by the emergency department staff and transferred from the ambulance stretcher to a hospital gurney in a reasonable time frame.

This policy does not replace Yellow Alert, nor does it cancel or override it. If a hospital is on Yellow Alert prior to a hospital "Re-Route" being declared, it will remain on Yellow Alert after the cancellation of the "Re-Route" or until the Yellow Alert is cancelled by the hospital.

II. **Reasonable Time Frame -** is defined as thirty (30) minutes from the arrival of the patient at triage, to the placement of the patient either in a wheelchair or on a hospital stretcher.

III. **Delayed EMS Unit Responsibilities** – If the patient has not been placed in a wheelchair or on a hospital gurney within the thirty (30) minute time frame, and it does not appear that such placement will happen within the next fifteen (15) minutes:

A. EMS personnel will contact the E.D. Charge Nurse to discuss if they will be able to place the patient within another 10 minutes. If this will not be possible, EMS Personnel will contact the Senior Jurisdictional EMS Officer or on duty EMS Supervisor. During this time, the EMS Personnel must remain with the patient at all times and continue patient care as necessary until the patient has been transferred to a hospital wheelchair or stretcher. A patient turnover report must be given to the person assuming responsibility for the patient prior to discontinuing pre-hospital care.

B. The Senior Jurisdictional EMS Officer or on duty EMS Supervisor will contact the E.D. Charge Nurse and discuss ways to correct the back up of EMS patients. If no corrective action can be found that would resolve the problem within 10 minutes, the Senior Jurisdictional EMS Official or on duty EMS Supervisor may place the facility on Re-Route.

C. The individual placing the facility on Re-Route will notify their Local Dispatch Center that the hospital is placed on "Re-Route".

D. The Senior Jurisdictional EMS Officer and on site EMS personnel should assist the hospital staff in any way that will assist in clearing a bed for your patient. This should be done at the direction of the hospital staff.

E. All personnel are reminded to maintain a professional demeanor and avoid direct conflicts with hospital staff, patients, or patients' family regarding the delay.

IV. **Responsibilities of EMS Units Potentially Destined for Hospital on "Re-Route"**

A. Re-Route all priority 2 and 3 patients to the next closest hospital if applicable.

B. Take Priority 1 patients to the closest appropriate hospital unless otherwise directed by a consulting physician.

1. Advise the consulting physician of the closest hospital's Re-Route status due to a lack of beds in the emergency department.
2. Follow the consulting physician's directions.

C. Patients requiring transport to a specialty referral center (WCH – trauma center) located at a hospital on "Re-Route" should be taken to a hospital as directed by a consulting physician.

1. Have the Local dispatch centers/EOCs place both the intended Specialty Center and receiving emergency department on line.
2. Advise the consulting physician of the closest hospital's "Re-Route" status due to a lack of beds in the emergency department.
3. Follow the consulting physician's directions.

D. Advise the patient of the reason for their Re-Route only if they ask, or specifically request transport to the hospital in question.

1. If the patient refuses transport to the next closest hospital, contact the hospital in question via medical consult, inquire as to the length of the wait before a bed or wheelchair will be available, and advise the patient.
2. If the patient still refuses transport to the next closest hospital, transport the patient to the hospital on "Re-Route". Advise the hospital of your ETA and the patient's chief complaint or injury.

V. **DECLARATION OF ALERT** - When required, an Alert will be declared by utilizing the following method:

A. Local dispatch centers/EOC will notify the re-route hospital, EMRC, REGIONAL HOSPITALS, commercial ambulance companies and all jurisdictions that may transport to the hospital on alert.

1. Frederick County
    a) Carroll County
    b) Washington County
    c) Montgomery County
    d) Pennsylvania Jurisdictions
    e) Virginia Jurisdictions
    f) West Virginia Jurisdictions

2. Washington County
    a) Allegany
    b) Frederick
    c) Pennsylvania Jurisdictions
    d) Virginia Jurisdictions

e) West Virginia Jurisdictions

B. Immediately notify the Region II Administrator of alert status.

VI. The Last Delayed Unit to Clear a Hospital On Re-Route Shall:

A. If the last unit from the jurisdiction that placed the hospital on re-route is not the last unit to clear, then it will be the responsibility of the Senior Jurisdictional EMS Officer, or designee, to contact the hospital on re-route every 60 minutes to determine the need to keep the hospital on re-route status. When both parties agree the re-route status will be cancelled by the Senior Jurisdictional EMS Officer, or designee, at the Local dispatch centers/EOCs.

VII. EMRC Responsibilities – When notified of hospital "Re-Route" status changes, EMRC will be responsible for:

A. Receiving declarations and termination of Alerts

B. Tracking the time used.

C. EMRC will enter changes in status to the County and Hospital Alert Tracking System (CHATS).

D. If time allows, confirm that the hospital is aware of their "Re-Route" status change.

VIII. **TERMINATION OF AN ALERT** - This shall be accomplished by the following method:

A. REGIONAL HOSPITALS shall notify EMRC, the local dispatch center, and commercial ambulance companies.

B. Local dispatch centers/EOCs will notify the appropriate jurisdictions of the change.

IX. **Documentation -** All basic and advanced life support units being held at a hospital for forty five (45) minutes (or more) will forward a "Re-Route" Report to the local Senior Jurisdictional EMS officer. This report should include:

A. Hospital.

B. Date.

C. Maryland Ambulance Information System (EMAIS) or County incident number.

D. Times from arrival to release.

E. Patient's chief complaint or injury.

F. Name of nurse-in-charge during your delay.

G. All concerns or complaints regarding this policy will be directed in writing to the local Senior Jurisdictional EMS Officer or designee.

X. **"Re-Route" At Adjacent Facilities**

A. If the two closest hospitals are on "Re-Route", the pre-hospital provider shall take direction from their Senior Jurisdictional EMS Officer or designee as to the appropriate destination.

B. Pre-hospital providers shall make every effort to avoid those facilities that are on "Re-Route". For example, if there is a third facility that is not on "Re-Route" and is within reasonable proximity, the pre-hospital provider shall consider transporting to that third facility.

C. The Senior Jurisdictional EMS Officer or designee may cancel the "Re-Route" for any cause regardless of units that are still delayed.

APPENDIX

To notify EMRC of all types of alerts and trauma bypass call 1-877-840-4245.

Region II System Status Alerting Policy

David E. Chisholm RN, BSN, CEN, EMT P
Assistant Director - EMS Operations
Washington County Government
Division of Emergency Services

3/20/15
Date

Jesus Cepero, PhD, RN
CNO/ COO
Meritus Medical Center

3-24-2015
Date

Michael Cole, EMT-P
EMS Captain
Frederick County Division of Fire and Rescue

3/20/15
Date

Lila Beaulieu, RN,BSN,MBA, NE-BC
Director of Perioperative Services
Frederick Memorial Hospital

3/20/15
Date

David Stamey, CCEMT-P
Region II Administrator
Maryland Institute for EMS Systems

25 Mar 15
Date