

Emergency Room Diversion and Trauma Override

1. **Total Diversion**-The determination to place SFGH Emergency Department (ED) on Total Diversion will occur if the ED has insufficient space or staffing to safely accommodate additional patients. When all ED beds are occupied and Zone 1 meets or exceeds 12 patients, the Administrator-on-Duty, the Charge Nurse and the Attending in Charge will confer to discuss the need for Total Diversion. Total Diversion will also be considered when there are less than 12 patients in Zone 1 if one or more of the patients in Zone 1 are critical care patients, 900 Trauma Activations, or victims of a Multi-casualty Incident. Total diversion may also be required in the event of SFGH facility failure (i.e. Power Failure, Fire, Flood, hazardous material incident, etc.). Total diversion does not include Level 1 Trauma patients or patients meeting EMSA defined specialty care triage criteria (i.e., STAR, STEMI, Burns, Reimplantation, Obstetrics, Acute Medical Pediatric, incarcerated patients or in police custody).
2. **EMS Diversion Suspension** EMS will suspend diversion to all receiving facilities for six hours when three or more emergency departments are on divert at the same time.
3. **Trauma Override**—When diversion for all hospitals is suspended by the San Francisco EMSA, SFGH may maintain the diversion status of non-trauma patients and continue to receive specialty care patients using the Trauma Override option (Policy 5020). Patients meeting trauma center and specialty care criteria will continue to be transported to SFGH. SFGH is responsible for implementing a trauma over-ride policy and reporting all trauma override events within three (3) business days of the event to the EMS Agency.
4. **Off Diversion** – The decision to go off Total Diversion will be re-assessed hourly by the Administrator-on-Duty, Charge Nurse, and the Attending in Charge hourly after the ED initiates Total Diversion