

Initial Date: 9/2004

Revised Date: 01/27/2023

Section: 8-3

Transport Destination and Diversion

Purpose: To define the decision-making process regarding EMS destination.

I. Transport Destination Decisions

- A. In matters of imminent threat to life or limb, transport to the closest appropriate facility.

Closest appropriate is a facility capable of providing definitive care or, if definitive care is not readily available, resuscitative care for the patient's condition in consultation with on-line medical control or as defined by MCA specific protocol.

- B. Patients that are stable will be transported according to the following ranking given below unless the patient becomes unstable during transport:

1. Patient request
2. Family request
3. Patient's personal physician request

- C. No other individuals are permitted to determine destination of patient without prior approval of on-line medical control: (police, fire, bystander physician, etc.)



- D. Exception: If transportation to the requested facility removes the EMS vehicle from the service area for an extended time, Consult medical control and an alternative may be considered

II. Transportation Procedure

- A. Priority 3 patients (medical or trauma): Shall be transported to an Emergency Facility of the patient's or patient's family choice

- B. Priority 1 and 2 (medical) Patients: shall be transported to the closest appropriate facility, based on the following guidelines:

- C. ST Elevation Myocardial Infarction (STEMI)

1. Transport to a facility capable of interventional cardiac care.

- D. Return of Spontaneous Circulation (ROSC)

1. Transport to a facility capable of interventional cardiac care. Notify receiving facility, as soon as possible and give ETA.

- E. Stroke



1. Notify closest MCA approved stroke center as soon as possible if Cincinnati Stroke Scale or other validated MCA approved stroke scale is abnormal with "Stroke Alert" and ETA

- F. Trauma Patients – follow **Adult and Pediatric Trauma Triage-Treatment Protocol**

1. A patient may be transported to a Provider Based Emergency department if they are:
 - i. Priority 3 patient who requests transport to the Provider Based Emergency department.
 - ii. A stable patient (priority 2) who has been approved by medical direction for transport to a Provider Based Emergency department.


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- iii. An unstable Priority 1 patient who is unstable for transport to an acute care facility where the Provider Based Emergency department can provide additional care not available in the ambulance (the primary example is a patient being transported by an ALS unit with an airway that cannot be secured or maintained by EMS personnel).
 - iv. A trauma patient with minor injuries such as sprains and minor fractures without deformity or without high velocity mechanism who requests transport to the Provider Based Emergency Department.
- G. Documentation of destination will be the reason the facility was chosen (specialty care, trauma center). Closest facility will only be indicated when the facility is geographically the closest facility.

III. Patient Diversions

- A. Once the decision is made to transport a patient to a facility, the patient may be diverted to another facility if:
 - 1. On-line medical control for the initially selected destination requests diversion to another facility. A receiving facility may not refuse a patient unless it does not have the staff or resources to accept the patient.
 - 2. The patient experiences an imminent threat to life or clinical deterioration and, in the medical judgment of the EMS personnel, the patient should be diverted to the closest appropriate facility.
 - i. Documentation of the reason for the diversion shall be included in the EMS patient care record.
- B. Immediate on-line medical direction shall be established with the newly chosen receiving facility.
- C. If EMS personnel determine diversion is necessary, contact the initial receiving facility as quickly as possible to inform it of the diversion.,.
- D. Patients requesting transport to a facility, which is currently on diversion, should be advised of the diversion and that the appropriate resources to care for them are not currently available at that institution. An alternative facility destination should be requested from the patient.
 -  1. If the patient persists in the request of the facility currently on diversion, contact medical control.

Note: Each facility has the authority to develop and administer written policies concerning the temporary closing of emergency departments, however a facility on diversion must notify the MCA of the diversion status. By statute, the medical control authority, based on needs of the EMS system, may determine the destination of the patient thus overriding the diversion status.

MCA Name:

MCA Board Approval Date:

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