

**REGION III
ALERT STATUS SYSTEM**

Approved by the Region III EMS Advisory Council
December 7, 1994

Tentative Implementation Date
April 1, 1995

Revised on July 27, 2005

"The Region III EMS Advisory Council has established a goal to have all patients in a hospital within sixty minutes from the time the ambulance is alerted."

- NOTE -

Patients destined for specialty referral centers would not be governed by these policies and should be transported to facilities as per "Maryland Medical Protocols for CRTs and EMT/Ps." If a question arises in reference to the patients, Trauma Consultation should be contacted.

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Definition Summary

Red Alert: The hospital has no ECG monitored beds available. These ECG monitored beds will include all in-patient critical care areas and telemetry beds.

This facility will receive unstable (Priority I) monitored patients from within its catchment area for initial stabilization. (It is advisable for this facility to be bypassed if another facility that is clear, is only 2 to 3 minutes further.) Subsequent transfer to another facility for admission to a monitored bed may be necessary.

Priority II & III ECG monitored patients will normally bypass unless transport time will be lengthened by more than 15 minutes, as may frequently occur in more rural areas.

Yellow Alert: The emergency department temporarily requests that it receive absolutely no patients in need of urgent medical care.

This facility will receive unstable (Priority I) patients from within its catchment area for initial stabilization. (It is advisable for this facility to be bypassed if another facility that is clear, is only 2 to 3 minutes further.) Subsequent transfer to another facility for admission to a bed may be necessary.

Priority II & III patients will normally bypass unless transport time will be lengthened by more than 15 minutes, as may frequently occur in more rural areas.

Mini-Disaster: The emergency department reports that their facility has, in effect, suspended operation and can receive absolutely no patients due to a situation such as a power- outage, fire, gas leak, bomb scare, etc.. Unless the situation is isolated to the Emergency Department, all other means of patient admissions must be halted prior to Mini- Disaster being implemented.

Blue Alert: Overrides all alerts, except the Mini-Disaster Alert, causing all patients, from within that jurisdiction, to be transported to the closest facility appropriate for the patient's medical needs.

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Patient Disposition Summary

HOSPITAL STATUS

PRIORITY OF PATIENT	RED	YELLOW	RED & YELLOW	RE-ROUTE	BLUE	MINI DISASTER
PRIORITY I	OPEN *	OPEN *	OPEN *	OPEN (With Consult)	OPEN*	BY-PASS
PRIORITY II & III No ECG Monitor	OPEN	BY-PASS@	BY-PASS@	BY-PASS	OPEN	BY-PASS
PRIORITY II & III ECG Monitored	BY-PASS@	BY-PASS@	BY-PASS@	BY-PASS	OPEN	BY-PASS
SPECIALTY REFERRAL PATIENTS	SEE "NOTE"	SEE "NOTE"	SEE "NOTE"	OPEN (With Consult)	SEE "NOTE"	SEE "NOTE"

OPEN - Indicates the patient may be transported to the closest facility

CLOSED - Indicates the patient must by-pass the closest facility

SPECIAL CONDITIONS

@ - Unless the transport time to another hospital would be an additional 15 minutes or more

* - If a hospital is on RED or YELLOW alert and a hospital that is clear is only 2-3 minutes further, it would be advisable to transport to the further hospital

NOTE

Except as noted under "Re-Route", patients destined for a specialty referral center would not be governed by these policies and should be transported as per the "Maryland Medical Protocols for Emergency Medical Services Providers." If a question arises in reference to these patients, physician consultation should be obtained.

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Red Alert Policy

1. **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 bed. It is the Council's intention to include specialty critical care units and telemetry beds in the definition. The hospital requests that all priority II and III ECG monitored patients be transported to the next closest appropriate hospital.
2. **DOCUMENTATION** - It is suggested that each hospital maintain a log of Red Alert activity. Such a log should include time on and off alert, and the criteria for declaration. Submission of logs are not required.
3. **RESPONSIBILITIES** -
 - 3.1 Hospitals shall be responsible for:
 - 3.1.1 Closely scrutinizing the utilization of the Red Alert system within their institution.
 - 3.2 EMRC shall be responsible for:
 - 3.2.1 Receiving declarations and terminations of Red Alerts and making appropriate notifications.
 - 3.2.2 Tracking the time used.
 - 3.2.3 Immediately notifying the Region III Administrator of any problem incidents.
 - 3.3 The Region III Administrator shall be responsible to:
 - 3.3.1 Review monthly by-pass statistics and send monthly reports to the CEO and Emergency Department directors at each facility.
 - 3.3.2 Address problem incidents as they occur and forward all information to the Region III Council.
 - 3.4 The Region III Council shall be responsible for:
 - 3.4.1 Reviewing the Red Alert reports and making changes to this policy as needed.
 - 3.4.2 Reviewing any problem incidents and recommending any appropriate actions or changes to this policy as needed (see section 8).
4. **DECLARATION OF RED ALERT** - When required, a Red Alert will be declared by utilizing the following method:
 - 4.1 The hospital concerned will notify EMRC via hospital console.

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- 4.2 EMRC will:
 - 4.2.1 Note the time on their log.
 - 4.2.2 Notify the appropriate jurisdictions,
 - 4.2.3 Track the time used.

5. **TERMINATION OF A RED ALERT** - This shall be accomplished by the following method:
 - 5.1 The facility shall notify EMRC via the hospital console.
 - 5.2 EMRC will note the time of termination on their log sheet then notify the appropriate jurisdictions of the change.

6. **OVERRIDE** - A Red Alert will be automatically disregarded if any of the following conditions occur:
 - 6.1 A Blue Alert is declared in a respective jurisdiction. (Prehospital providers should be cognizant of the stresses placed on a facility while on Red 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.)
 - 6.2 A Priority I ECG monitored patient from the hospital's normal catchment area requires transport. The hospital will receive these Priority I patients for initial stabilization then be transferred to another facility for admission as necessary. If a hospital is on Red Alert and a hospital that is clear is 2-3 minutes further, It may be advisable to transport to the further facility.
 - 6.3 The diversion of an ECG monitored Priority II or III patient would add an additional 15 minutes to the transport time. This may frequently occur in the more rural areas of the region.
 - 6.4 A particular facility is closer to an on-the-scene ambulance when an adjacent facility is also on Red Alert.

7. **RED ALERT AT ADJACENT FACILITIES** - If the two closest hospitals are on Red Alert, the prehospital provider shall transport the patient to the first and/or closest hospital.
 - 7.1 Prehospital providers shall make every effort to avoid those facilities that have declared a Red Alert. For example, if there is a third facility that is not on Red Alert and is within reasonable proximity, the prehospital provider should consider transporting to that third facility.

8. **PROBLEM INCIDENT** - EMRC should be advised of any problem incident(s) immediately.
 - 8.1 EMRC will immediately notify the Region III Administrator of any problem incident(s).

- 8.2 The Region III Administrator will document the problem incident, investigate the problem with the involved facility(s) and jurisdiction(s) in order to reach a suitable, timely resolution.
- 8.3 The Region III Administrator will consolidate the findings and forward them to the Region III Council.
- 8.4 The Region III Council will review the findings, recommend actions and make appropriate determinations as necessary.
- 8.5 The Region III Council will submit a report of its findings to the Region III and State EMS Medical Directors.

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Yellow Alert Policy

1. **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. This alert should be utilized for unplanned or unexpected incidents and may not exceed 8 hours for each event to a total of 8 hours for any 24 hour period beginning at 12 am (midnight).
2. **DOCUMENTATION** - It is suggested that each hospital maintain a log of Yellow Alert activity. Such a log should include time on and off alert, and the criteria for declaration. Submission of logs is not required. EMRC will maintain a computerized log of all activity.
3. **MAXIMUM DURATION** - Yellow Alert may not exceed 8 hours during any 24 hour period beginning at 12 am (midnight).
 - 3.1 EMRC will maintain the time records and verify yellow alert status every 2 hours. Exceeding the 8 hour threshold shall be documented as an occurrence.
 - 3.2 EMRC will remind hospitals of the maximum allowable duration section of this policy when the 8 hour threshold has been reached within a 24-hour period beginning at 12 a.m. (midnight).
4. **OVERRIDE** - A Yellow Alert will be automatically disregarded if any of the following conditions occur:
 - 4.1 A Blue Alert is declared in a respective jurisdiction. (Prehospital providers should be cognizant of the stresses placed on a facility while on Yellow 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.)
 - 4.2 A Priority I patient from the hospital's normal catchment area requires transport. The hospital will receive these Priority I patients for initial stabilization then be transferred to another facility for admission as necessary. If a hospital is on yellow alert and a hospital that is clear is 2-3 minutes further, it may be advisable to transport to the further facility.
 - 4.3 The diversion of a Priority II or III patient would add an additional 15 minutes to the transport time. This may frequently occur in the more rural areas of the region.
 - 4.4 A particular facility is closer to an on-the-scene ambulance when an adjacent facility is also on Yellow Alert
5. **YELLOW ALERT AT ADJACENT FACILITIES** - If the two closest hospitals are on Yellow Alert, the prehospital provider shall transport the patient to the first and/or closest hospital.
 - 5.1 Prehospital providers shall make every effort to avoid those facilities that have declared a Yellow Alert. For example, if there is a third facility that is not on Yellow Alert and is within reasonable proximity, the prehospital provider should consider transporting to that third facility.
6. **RESPONSIBILITIES**

6.1 Hospitals shall be responsible for:

- 6.1.1 Closely scrutinizing the utilization of the Yellow Alert system within their institution.
- 6.2 EMRC shall be responsible for:
 - 6.2.1 Receiving declarations and terminations of Yellow Alerts.
 - 6.2.2 Tracking the time used.
 - 6.2.3 Notifying the appropriate jurisdictions of changes in alert statuses.
 - 6.2.4 Immediately notifying the Region III Administrator of any problem incidents.
- 6.3 The Region III Administrator shall be responsible to:
 - 6.3.1 Review monthly by-pass statistics and occurrences and send monthly reports to the CEO and Emergency Department directors at each facility.
 - 6.3.2 Address problem incidents as they occur and forward all information to the Region III Council.
- 6.4 The Region III Council shall be responsible for:
 - 6.4.1 Reviewing the Alert reports and making changes to this policy as needed.
 - 6.4.2 Reviewing any problem incidents and recommending any appropriate actions or changes to this policy as needed (see section 8).
- 7. **DECLARATION OF A YELLOW ALERT** - When required, a Yellow Alert will be declared by utilizing the following method:
 - 7.1 The hospital concerned will notify EMRC via hospital console. The time and reason will then be appropriately noted on the log sheet.
 - 7.2 EMRC will:
 - 7.2.1 Notify the appropriate jurisdiction(s) of the declared Yellow Alert.
 - 7.2.2 Note the time on their log sheet.
 - 7.2.3 Track the time used.
- 8. **TERMINATION OF A YELLOW ALERT** - This shall be accomplished by the following method:
 - 8.1 The facility shall notify EMRC via the hospital console.

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- 8.2 EMRC will:
 - 8.2.1 Note the time of termination on their log sheet.
 - 8.2.2 Notify the appropriate jurisdictions of the termination.

- 9. **PROBLEM INCIDENT** - EMRC should be advised of any problem incident(s) immediately.
 - 9.1 EMRC will immediately notify the Region III Administrator of any problem incident(s).
 - 9.2 The Region III Administrator will document the problem incident, investigate the problem with the involved facility(s) and jurisdiction(s) in order to reach a suitable and timely resolution.
 - 9.3 The Region III Administrator will consolidate the findings and forward them to the Region III Council.
 - 9.4 The Region III Council will review the findings, recommend actions and make appropriate determinations as necessary.
 - 9.5 The Region III Council will submit a report of its findings to the State EMS Medical Director.

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Blue Alert Policy

1. **DEFINITION** - When a jurisdictional EMS system is temporarily taxed to its limits in providing prehospital care and ambulance transportation due to extraordinary situations, the individual EMS jurisdiction may request to be placed on "Blue Alert Status."
 - 1.1 Declaration of a Blue Alert will allow for the temporary suspension of the Red, and Yellow alert status by jurisdictional EMS systems due to temporary, extraordinary situations such as heavy snow, icing conditions, flooding, and other significant inclement circumstances that contribute to a notably high demand for ambulance services.
2. **DECLARATION OF A BLUE ALERT** - When required, a Blue Alert may be declared by utilizing the following method:
 - 2.1 The decision to request being placed on this status must be made by the jurisdiction's senior EMS officer or his designee.
 - 2.2 To initiate the request to go on or off Blue Alert Status, the requesting jurisdiction's Central Alarm, EOC, or Communications Center will contact the EMRC.
 - 2.3 If the EMRC workload permits, they will notify the respective hospitals affected, when the Blue Alert is called.
3. **DURATION OF ALERT** - Once a Blue Alert is called, the Blue Alert Status will continue until the jurisdiction contacts the EMRC to cancel it.
 - 3.1 When a Blue Alert Status has been terminated by the jurisdiction, the EMRC, if workload permits, will notify the hospital that the Blue Alert has ended.
 - 3.2 While on Blue Alert, ALL PATIENTS will be transported to the closest appropriate hospital, regardless of the patients' priority status or hospital alert status.
4. **DOCUMENTATION** - Any jurisdiction that declares a Blue Alert must explain in writing to the Region III EMS Advisory council the need for the declaration.

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Mini-Disaster Alert Policy

1. **DEFINITION** - A Mini-Disaster Alert will be called when a hospital's emergency services experiences an unexpected, in-house physical plant problem, specifically:
 - 1.1 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.
 - 1.2 Critical care overloads are not considered justification for a Mini-Disaster Alert.
 - 1.3 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.
2. **DECLARATION OF A MINI-DISASTER ALERT** - When required, a Mini-Disaster Alert may be declared by using the following method:
 - 2.1 To initiate the request to go on or off Mini- Disaster status, the requesting hospital will contact the EMRC.
 - 2.2 EMRC will contact the Region III Administrator for approval of the Mini-Disaster Alert
 - 2.3 The EMRC will then notify the affected jurisdictions.
3. **DURATION OF ALERT** - Once a Mini-Disaster is called this alert status will continue until the hospital contacts the EMRC to terminate the alert.
 - 3.1 When a Mini-Disaster has been terminated by the hospital, the EMRC will notify the affected jurisdictions and the Region III Administrator.
 - 3.2 While on Mini-Disaster Alert, the hospital will not receive any patients transported by ambulance, regardless of the patients' priorities.
4. **DOCUMENTATION** - Any hospital that declares a Mini-Disaster Alert must explain in writing to the Region III EMS Advisory Council the need for the alert.

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**HOSPITAL RE-ROUTE POLICY
Approved 12/1/99
Implement By 12/17/99 at 12:01 AM**

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.

1. **Reasonable Time Frame** is defined as twenty (20) minutes from the arrival of the patient at triage, to the placement of the patient either in a wheelchair or on a hospital stretcher.

2. **Delayed Medic Unit Responsibilities**

If the patient has not been placed in a wheelchair or on a hospital gurney within the twenty (20) minute time frame, and it does not appear that such placement will happen within the next ten (10) minutes, EMS Personnel shall:

2.1 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 proceed with "2.2." below.

2.2 Advise the ED Charge nurse that you must begin the process to place the hospital on "Re-Route"

2.3 Notify their Local Dispatch Center that the hospital is placed on "Re-Route."

2.4 Remain with your patient at all times and continue patient care as necessary until the patient has been transferred to a hospital wheelchair or gurney. Report must be given to the person assuming responsibility for the patient.

2.5 Assist the hospital staff in any way that will assist in clearing a bed for your patient. This will expedite your patient's transfer from your stretcher.

2.6 Maintain a professional demeanor and avoid direct conflicts with hospital staff, patients, or patients' family regarding the delay.

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3. Responsibilities of Units Potentially Destined for Hospital on “Re-Route”

When a basic or advanced life support unit is advised of a hospital “Re-Route,” they will:

- 3.1 Re-route all priority 2 and 3 patients to the next closest hospital.
- 3.2 Take Priority 1 patients to the closest appropriate hospital unless otherwise directed by a consulting physician.
 - 3.2.1 Advise the consulting physician of the closest hospital’s re-route status due to a lack of beds in the emergency department.
 - 3.2.2 Follow the consult physician’s direction.
- 3.3 Patients requiring transport to a specialty referral service located at a hospital on “Re-Route” should be taken to a hospital as directed by a consulting physician.
 - 3.3.1 Have EMRC place both the intended Specialty Center and receiving emergency department on line.
 - 3.3.2 Advise the consulting physician of the closest hospital’s “Re-Route” status due to a lack of beds in the emergency department.
 - 3.3.3 Follow the consult physician’s direction.
- 3.4 Advise the patient of the reason for their re-route only if they ask, or specifically request transport to the hospital in question.
 - 3.4.1 If the patient refuses transport to the next closest hospital, contact the hospital in question via EMRC. Inquire as to length of the wait before a bed or wheelchair will be available, and advise the patient.
 - 3.4.2 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.

4. The Last Delayed Unit To Clear A Hospital On Re-Route Shall:

- 4.1 Advise their Local Dispatch Center they are clearing the hospital and no other units are still delayed; and
- 4.2 Request the hospital’s “Re-Route” status be removed

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5. Local Dispatch Center Responsibilities

When contacted by their units about a “Re-Route” status change the Local Dispatch Center shall:

- 5.1 Notify the proper Local EMS Officials of the status change
- 5.2 Change the hospital’s “Re-Route” status.
- 5.3 Advise all their EMS personnel of the hospital’s status in the same manner as any other hospital status change.
- 5.4 Notify the Emergency Medical Resource Center (EMRC) of the hospital’s “Re-Route” status change.

6 EMRC Responsibilities

When notified of hospital “Re-Route” status changes, EMRC will:

- 6.1. Notify all appropriate Local Dispatch Centers that a hospital’s “Re-Route” status change was requested by the posting jurisdiction.
- 6.2. If time allows, confirm that the hospital is aware of their “Re-Route” status change.

7. Documentation

All basic and advance life support units being held at a hospital for thirty (30) minutes (or more) will forward a “Re-Route” Report to the Local EMS Official. This report should include:

- 7.1 Hospital
- 7.2 Date
- 7.3 Maryland Ambulance Information System (MAIS) or County runsheet number
- 7.4 Times from arrival to release
- 7.5 Patient’s chief complaint or injury
- 7.6 Name of nurse-in-charge during your delay.

- 7.7 EMRC will enter changes in status to the County and Hospital Alert Tracking System (CHATS).
- 7.8 All concerns or complaints regarding this policy will be directed in writing to the Local EMS Official or designee.

8 Re-Route” At Adjacent Facilities

- 8.1 If the two closest hospitals are on “Re-Route”, the prehospital provider shall take direction from their local EMS official as to the appropriate destination.
- 8.2 Prehospital 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 prehospital provider should consider transporting to that third facility.
- 8.3 The Local EMS Official may cancel the “Re-Route” for any cause regardless if units are still delayed.