

**REGION III
ALERT STATUS SYSTEM**

Approved by the Region III EMS Advisory Council
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April 1, 1995

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March 28, 2023

RED ALERT POLICY

1. **DEFINITION** - The hospital has no ECG-monitored beds available and requests that patients 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. The Council includes 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 alerts and the criteria for declaration. Submission of records is not required.
3. **RESPONSIBILITIES** -
 - 3.1 Hospitals shall be responsible for the following:
 - 3.2 Closely scrutinizing the utilization of the Red Alert system within their institution.
 - 3.3 EMRC shall be responsible for the following:
 - 3.4 Receiving declarations and terminations of Red Alerts and making appropriate notifications.
 - 3.5 Tracking the time used.
 - 3.6 Immediately notify the Region III Administrator of any problem incidents.
 - 3.7 The Region III Administrator shall be responsible to:
 - 3.7.1 Review monthly by-pass statistics and send monthly reports to the CEO and Emergency Department directors at each facility.
 - 3.7.2 Address problem incidents as they occur and forward all information to the Region III Council.
 - 3.7.3 The Region III Council shall be responsible for:
 - 3.7.4 Reviewing the Red Alert reports and making changes to this policy as needed.
 - 3.7.5 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 the hospital console.
 - 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 its log sheet and 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 clinicians 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 and 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 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 clinician shall transport the patient to the nearest of the two hospitals.
 - 7.1 Prehospital clinicians shall make every effort to avoid those facilities that have declared a Red Alert. For example, if a third facility is not on Red Alert and is within reasonable proximity, the prehospital clinician should consider transporting to that third facility.
8. **PROBLEM INCIDENT** - EMRC should be immediately advised of any problem incident(s).
 - 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 and investigate the problem with the involved facility(s) and jurisdiction(s) 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 report its findings to the Region III and State EMS Medical Directors.

YELLOW ALERT POLICY

1. **DEFINITION** - The Emergency Department temporarily requests that no Priority II or Priority III patients be transported to their facility. A yellow alert is initiated because the Emergency Department is experiencing a temporary overload, so priority II or III patients may not be managed safely. This alert should be utilized for unplanned or unexpected incidents and may be at most 8 hours for each event to 8 hours for any 24 hours beginning at 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 alerts and the criteria for declaration. Submission of 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 clinicians 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 clinician shall transport the patient to the first and/or closest hospital.
- 5.1 Prehospital clinicians shall make every effort to avoid those facilities that have declared a Yellow Alert. For example, if there is a third facility that a third facility is not on Yellow Alert and is within reasonable proximity, the prehospital clinician should consider transporting to that third facility.

6. **RESPONSIBILITIES**

- 6.1 Hospitals shall be responsible for the following:
 - 6.1.1 Closely scrutinizing the utilization of the Yellow Alert system within their institution.
- 6.2 EMRC shall be responsible for the following:
 - 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 notify 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 each facility's CEO and Emergency Department directors.
 - 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 the 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.

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 and investigate the problem with the involved facility(s) and jurisdiction(s) 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.

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.

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.

HOSPITAL RE-ROUTE BEST PRACTICES

These best practices provide guidelines for emergency medical services (EMS) and emergency medical dispatch (EMD) personnel when a basic or advanced life support unit is held at a hospital emergency department because a bed is unavailable. Patients awaiting triage or bed assignment are the legal responsibility of the receiving facility. They shall be transferred from the ambulance stretcher to a hospital chair, wheelchair, or stretcher in a reasonable time frame.

These best practices do not replace Yellow or Red alerts. For example, if a hospital is on Yellow or Red Alert before a hospital Re-Route is declared, it will remain on Yellow or Red Alert after the cancellation of the Re-Route.

The goal of a Re-Route hospital status is regional awareness of the respective hospital's challenges in off-loading patients and the activation of local jurisdictional policies for addressing delayed patient transfer times.

1. **Reasonable Time Frame** is defined as twenty (20) minutes from the arrival of the patient at the emergency department to the placement of the patient either in a chair, wheelchair or on a hospital stretcher.
2. **Delayed Ambulance Responsibilities**
If the patient has not been placed and transferred within the reasonable time frame, and it does not appear that such placement will happen within the next ten (10) minutes, EMS clinicians should:
 - 2.1 Attempt to confirm with the E. D. Charge Nurse an anticipated time frame for transferring the patient.
 - 2.2 The EMS clinician should contact their medical duty officer or follow their respective organizational policy for placing the hospital on re-route status.
 - 2.4 EMS Clinicians should attend to patients at all times as necessary until care is transferred to the appropriate hospital staff.
 - 2.5 Assist the hospital staff, if possible and appropriate, in clearing a bed for your patient.
 - 2.6 Maintaining a professional demeanor and striving to avoid direct conflicts with hospital staff, patients, or patients' families regarding the delay.
3. **Responsibilities of Units Potentially Destined for Hospital on Re-Route**
 - 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.
 - 3.3 If the two closest hospitals are on Re-Route, the EMS clinician should take direction from their local EMS official regarding the appropriate destination unless jurisdictional policies dictate specific protocols that supersede this section.
 - 3.4 EMS clinicians should make every effort to avoid those facilities that are on Re-Route. For example, if a third facility is not on Re-Route and is within reasonable proximity, the EMS clinician should consider transporting to that third facility.
4. **Ending Re-Route Status**
 - 4.1 The last ambulance to leave the respective hospital can notify their local dispatch center; or,

4.2 Local jurisdictional policy can guide decision-making for an appropriate time for status termination.

4.3 Removing a hospital from reroute shall be at the jurisdiction's discretion that placed the facility on reroute.

5. **Local Dispatch Center Responsibilities**

When contacted about a Re-Route status change, the Local Dispatch Center should:

5.1 Notify the proper Local EMS Officials of the status change

5.2 Change the hospital's Re-Route status.

5.3 Advise their EMS clinicians of the hospital's status, similar to other hospital status changes.

5.4 Notify the Emergency Medical Resource Center (EMRC) of the hospital's Re-Route status change.

5.5 Jurisdictional policies for addressing delayed patient transfer times should be triggered.

6 **EMRC Responsibilities**

When notified of hospital Re-Route status changes, EMRC should:

6.1 Update the appropriate statewide electronic hospital status system.