

MARYLAND REGION IV ALERT STATUS SYSTEM

Revised September 20, 2011

- 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 EMS Providers." If a question arises in reference to the patients, Medical Control should be contacted.

MARYLAND REGION IV ALERT STATUS SYSTEM

TABLE OF CONTENTS

POLICY STATEMENT	3
DEFINITION SUMMARY	4
PATIENT DISPOSITION SUMMARY	5
GENERAL ALERT POLICES	6
RED ALERT	9
YELLOW ALERT	9
MINI-DISASTER ALERT	10
BLUE ALERT	11
HOSPITAL RE-ROUTE POLICY	12

POLICY STATEMENT

Recognizing the vast geographical area of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) Region IV, Hospitals, Emergency Medical Services (EMS), and Emergency Operation Centers have collaborated to develop this document in an effort to provide solutions that will effectively deal with periods of high Emergency Department (ED) volume.

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

Occasionally, Emergency Departments become too full to accommodate all patients arriving by ambulance. The high volume may be related to critical occupancy within the hospital. 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 and resume accepting ambulance patients.

Hospitals have a duty to evaluate, treat and stabilize life-threatening conditions. Priority I patients (in extremis) would not be governed by this policy. EMS providers who are unclear about the most appropriate destination for the patient should contact medical control.

Definition Summary

REGIONAL HOSPITALS: Atlantic General Hospital, Berlin, Maryland; Peninsula Regional Medical Center, Salisbury, Maryland; Edward McCready Memorial Hospital, Crisfield, Maryland; Dorchester General Hospital, Cambridge, Maryland; Memorial Hospital @ Easton, Easton, Maryland; Kent & Queen Anne's Hospital, Chestertown, Maryland; Union of Cecil County, Elkton, Maryland.

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

Regional Hospitals will receive unstable (Priority I) monitored patients from within its catchment area for initial stabilization. Subsequent transfer to another facility for admission to a monitored bed may be necessary.

Priority II & III ECG monitored patients will bypass.

Non-ECG monitored Priority II and III patient will be accepted. Patients requiring potential admission may need transfer to another facility for admission.

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

REGIONAL HOSPITALS will receive unstable (Priority I) patients from within its catchment area for initial stabilization. Subsequent transfer to another facility for admission to a bed may be necessary.

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 due to extraordinary situations temporarily taxing the EMS system.

PATIENT DISPOSITION SUMMARY

Maryland	Red Alert	Yellow Alert	Mini Disaster	Blue Alert
Priority				
I.	Open	Open	By-pass*	Open
II.	Open	By-pass	By-pass	Open
III.	Open	By-pass	By-pass	Open

OPEN: Indicates the patient should be transported to the closest facility.

BY-PASS: Indicates the patient must by-pass the closest facility.

*: For patients in extremis, contact medical control prior to by-pass.

- 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 EMS Providers." If a question arises in reference to the patients, Medical Control should be contacted.

If you are unclear about the most appropriate destination for the patient, contact medical control.

General Alert Policies

1. **DOCUMENTATION** - It is suggested that REGIONAL HOSPITALS maintain a log of Alert activity. Such a log should include time on and off alert, and the criteria for declaration. Submission of logs is not required.
2. **RESPONSIBILITIES** -
 - a) REGIONAL HOSPITALS shall be responsible for:
 1. Notification of EMRC (877-840-4245) regarding declaration of Alert status.
 2. Making appropriate notification to local dispatch centers/EOC's and area hospitals.
 3. 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/EOC's shall be responsible for:
 1. Notification to all jurisdictions that may transport to the hospital on alert.
 - d) The Region IV Administrator shall be responsible to:
 1. Review monthly alert.
 2. Address problem incidents as they occur and forward all information to the Region IV EMS Advisory Council Hospital Alert Status Committee.
 - e) Region IV EMS Advisory Council Hospital Alert Status Committee shall be responsible for:
 1. Reviewing the Alert reports and making changes to this policy as needed.

2. Communicating any changes to this policy with the Director's of Emergency Departments.
3. **DECLARATION OF ALERT** - When required, an Alert will be declared by utilizing the following method:
 - a) REGIONAL HOSPITALS notify EMRC (877-840-4245) and local dispatch center of alert.
 - b) Local dispatch centers/EOC's will notify all jurisdictions that may transport to the hospital on alert.
4. **TERMINATION OF AN ALERT** - This shall be accomplished by the following method:
 - a) REGIONAL HOSPITALS shall notify EMRC (877-840-4245) and local dispatch center of termination.
 - b) Local dispatch centers/EOC's will notify the appropriate jurisdictions of the change.
5. **OVERRIDE** - An Alert will be automatically disregarded if any of the following conditions occur:
 - a) A Blue Alert is declared in a respective jurisdiction.
 - b) A Priority I ECG monitored patient from REGIONAL HOSPITAL's normal catchment area requires transport. REGIONAL HOSPITALS will receive these Priority I patients for initial stabilization then be transferred to another facility for admission as necessary.
 - c) 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.
 - d) If transport time would exceed 15 minute beyond normal transport time to closest facility. AGH is an exception to this with a 30 minute allowable transport time.
 - e) If total transport time to the secondary facility exceeds 30 minutes, the patient will be transported to the nearest facility regardless of the Alert Status.

- f) 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

Red Alert Policy

DEFINITION - REGIONAL HOSPITALS 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 critical care bed. This includes specialty critical care units and telemetry beds in the definition. REGIONAL HOSPITALS requests that all priority II and III ECG monitor patients are transported to the next closest appropriate hospital. Non-ECG monitor Priority II and III patients will be accepted.

Yellow Alert Policy

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 2 hours for each event to a total of 6 hours for any 24 hour period beginning at 12 am (midnight).

1. **MAXIMUM DURATION** - Alert will not extend beyond 2 hours for each incident up to 6 hours during any 24 hour period beginning at 12 am (midnight).
2. Hospital alert status will automatically be terminated after two hours. If the hospital needs to continue Yellow Alert, another systems notification will be necessary.

Mini-Disaster Alert

DEFINITION - A Mini-Disaster Alert may be called when a REGIONAL HOSPITAL's emergency services experiences an unexpected, in-house 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.
1. **DECLARATION AND TERMINATION OF A MINI-DISASTER ALERT** - When required, a Mini-Disaster Alert may be declared by using the following method:
- a) To initiate the request to go on or off Mini-Disaster status, REGIONAL HOSPITALS will contact EMRC (877-840-4245) and local dispatch centers/EOC's.
 - b) The Local dispatch centers/EOC's will then notify the affected jurisdictions.
2. **DURATION OF ALERT** - Once a Mini-Disaster is called this alert status will continue until the hospital contacts EMRC (877-840-4245) to terminate the alert.
- a) When a Mini-Disaster has been terminated by the hospital, EMRC will contact the Local dispatch centers/EOC's to notify the affected jurisdictions.
 - b) While on Mini-Disaster Alert, the hospital will not receive any patients transported by ambulance, regardless of the patients' priorities. However, medical control should be contacted for patients in extremis.

Blue Alert Policy

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."

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.

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

- a) The jurisdiction's senior EMS officer or his 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 jurisdiction's Central Alarm, EOC, or Communications Center will contact the Local dispatch centers/EOC's.
- c) Local dispatch center/EOC's will contact EMRC.
- d) The Local dispatch centers/EOC's will notify the respective hospitals affected, when the Alert is called.

DURATION OF ALERT - Once an Alert is called, the Alert Status will continue until the jurisdiction contacts the Local dispatch centers/EOC's to cancel it.

- a) When an Alert Status has been terminated by the jurisdiction, the Local dispatch centers/EOC's will notify the hospital that the Alert has ended.
- b) While on Alert, ALL PATIENTS will be transported to the closest appropriate hospital, regardless of the patients' priority status or hospital alert status.

HOSPITAL RE-ROUTE POLICY

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 (Region IV Only)** – 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 (10) minutes, EMS Personnel shall:
 - a. 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 "2b" below.
 - b. Advise the E.D. Charge Nurse that you must begin the process to place the hospital on "Re-Route".
 - c. Notify their Local Dispatch Center that the hospital is placed on "Re-Route".
 - d. 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.
 - e. 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.
 - f. Maintain a professional demeanor and avoid direct conflicts with hospital staff, patients, or patients' family regarding the delay.

3. **Delayed Medic Unit Responsibilities (Region III Anne Arundel Medical Center Only)** – 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 (10) minutes, EMS Personnel shall:
 - a. 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 “2b” below.
 - b. Advise the E.D. Charge Nurse that you must begin the process to place the hospital on “Re-Route”.
 - c. Notify AAFD Fire Alarm that the hospital is placed on “Re-Route”. AAFD will place AAMC on Re-Route via SYSCOM. You can contact AAFD Fire Alarm via the red phone in the E.D. by dialing 8276.
 - d. 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.
 - e. 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.
 - f. Maintain a professional demeanor and avoid direct conflicts with hospital staff, patients, or patients’ family regarding the delay.
4. **Responsibilities of 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 service (PRMC – trauma center) located at a hospital on “Re-Route” should be taken to a hospital as directed by a consulting physician.
 - 1. Have the PSAP 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.

5. The Last Delayed Unit to Clear a Hospital On Re-Route Shall (Region IV Only):

- a. Advise their Local Dispatch Center they are clearing the hospital and no other units are still delayed; and
- b. Request the hospital’s “Re-Route” status be removed.
- c. 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 local Highest Ranking Jurisdictional EMS Official, 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 local Highest Ranking Jurisdictional EMS Official, or designee, at the Local PSAP.

6. The Last Delayed Unit to Clear a Hospital On Re-Route Shall (Region III Anne Arundel Medical Center Only):

- a. Once the last patient waiting for a bed has been transferred to a bed, the providers are to make contact with fire alarm and ask if there are any pending units coming to AAMC. Then the providers are to contact the charge nurse in the Emergency Department and determine a mutually agreed upon and appropriate time to take the hospital off reroute; based on the information given by fire alarm.
 - b. Re-contact fire alarm and advise them of the decision on what time to remove the “Re-Route” status.
 - c. 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 jurisdiction still remaining to contact AAFD Fire Alarm. **IMPORTANT – You must notify the crews remaining at the hospital that it will be their responsibility to change the hospital’s status. AAFD Communications Division does not have a way to track Region IV units’ status and it is critical that their units change the status if we are not the last unit to leave.**
7. **PSAP Responsibilities** – When contacted by their units about a “Re-Route” status change the Local Dispatch Center shall:
 - a. Change the hospital’s “Re-Route” status.
 - b. Advise all their EMS personnel of the hospital’s status in the manner as any other hospital status change.
 - c. Notify the Emergency Medical Resource Center (EMRC) of the hospital’s “Re-Route” status change.
8. **EMRC Responsibilities** – When notified of hospital “Re-Route” status changes, EMRC will:
 - a. Notify all appropriate Local Dispatch Centers that a hospital’s “Re-Route” status change was requested by the posting jurisdiction.
 - b. If time allows, confirm that the hospital is aware of their “Re-Route” status change.
9. **Documentation** - All basic and advanced life support units being held at a hospital for thirty (30) minutes (or more) will forward a “Re-Route” Report to the local Highest Ranking Jurisdictional EMS Official. This report should include:
 - a. Hospital.

- b. Date.
- c. Maryland Ambulance Information System (MAIS) 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. EMRC will enter changes in status to the County and Hospital Alert Tracking System (CHATS).
- h. All concerns or complaints regarding this policy will be directed in writing to the local Highest Ranking Jurisdictional EMS Official or designee.

10. "Re-Route" At Adjacent Facilities

- a. If the two closest hospital are on "Re-Route", the prehospital provider shall take direction from their local Highest Ranking Jurisdictional EMS Official as to the appropriate destination.
- b. 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 shall consider transporting to that third facility.
- c. The local Highest Ranking Jurisdictional EMS Official may cancel the "Re-Route" for any cause regardless of units are still delayed.
 - 1. The local Highest Ranking Jurisdictional EMS Official defined as highest jurisdictional official or his/her designee.