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**MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

DATE: February 1, 2023

TO: Ambulance Providers
Emergency Receiving Centers (ERCs)
ERC Medical Directors
Base Hospital Coordinators
911 Service Providers
Mobile Intensive Care Nurses (MICNs)
Control One Supervisors

SUBJECT: EXTENSION OF CURRENT OCEMS POLICIES AND DIRECTIVES FOR
MANAGING INCREASING APOTs AND DIVERSION HOURS

The surge in demand for EMS services, which began toward the end of May 2022, has not abated. This surge is reflected in increasing APOTs and diversion hours. Some initial management strategies, implemented in policies, that were designed to address this surge proved insufficient. Therefore, additional OCEMS directives were issued on what was initially believed to be a temporary basis. However, the high demand for EMS services persists and may continue indefinitely. Therefore, to maintain effective 911 EMS coverage for the County, an extension of these directives is now necessary.

Effective immediately, the following policies and directives will be in effect until further notice. The interventions included in policies are stated here as well, permitting this document to include available options for action. When considering use of the 90% APOT gauges found on the EMS website, please use the 12-hour gauges when possible.

- Placement of hospitals on 2-hour diversion by EMS Duty Officer if a hospital has a 90% APOT > 60 minutes and a current ambulance is being held in the ED for > 60 minutes. Activate by calling EMS Duty Officer. Request can be made by any EMS provider. Reference: Letter #4151, Policy #310.96
- EMS Providers can temporarily ignore diversion status in the field if the 3 closest, most appropriate ERCs are all on diversion simultaneously. Transport the patient to the nearest hospital. Reference: Policy #310.96
- OCEMS will temporarily suspend all ED diversion if the total number of ED diversion hours in the County during a 24-hour period exceeds 200 for three consecutive days. Diversion will be restored when the situation improves. Reference: Letters #3915, #3926, and #4477

- Patients who met criteria (see Policy #310.96) can be placed in the hospital waiting room by ambulance crews if held in the ED for more than 60 minutes.
Reference: Policy #310.96
- Patients held in ambulances and not unloaded for more than 60 minutes may be transported by the ambulance crew to another hospital after informing ED nursing staff.
Reference: Policy #310.96
- Patients waiting in a hospital ED on an ambulance gurney being supervised by the ambulance crew may be placed on a cot after 60 minutes if a second ambulance from any company arrives and is not placed in an ED bed within 15 minutes. No more than one ambulance patient can be held in the ED for longer than 60 minutes while being supervised by the ambulance crew.
Reference: Policy #310.96
- When an ERC goes on diversion, it automatically places the SNRC on diversion. The exception to this policy is if a spoke hospital needs to transfer a stroke patient to the SNRC hospital for a higher level of care. In this situation, if the SNRC is closed only due to ED diversion, the SNRC must accept the patient from the spoke hospital.
Reference: Policies #310.96 and 650.00
- Ambulance crews and/or 911 providers can request the current 90% APOT for their destination hospital from their dispatchers while still in the field (available on the EMS website). If the 12-hour gauge (just implemented) shows a 90% APOT of > 60 minutes, ambulances can bypass this ERC regardless of diversion status, and transport the patient to next most appropriate ERC with a lower APOT even if outside the normal 20-minute transport time if this is safe for the patient.
Reference: Letter #4410
- If St. Jude Medical Center, La Palma Intercommunity Hospital, or Los Alamitos Medical Center are overwhelmed, they can place themselves on diversion. This will automatically divert field ambulances in Orange County and ALS patients originating from LA County. This diversion will remain in effect for 2 hours, and then expire. When it does expire, the hospital will be listed as open to receive patients from both LA County and Orange County. To continue diversion, another action in ReddiNet must occur to implement diversion. Action taken to implement or end diversion will affect both Orange County and LA County transports simultaneously. This diversion will not apply to stroke, myocardial infarction, or cardiac arrest patients coming from LA County. (New directive)

This is a dynamic process and Orange County EMS (OCEMS) will continue to monitor the situation and the impact of these interventions.



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