



Emergency Medical Services Agency

Bulletin 2026-02 – June 8, 2026

URGENT

PLEASE POST

Policy #154: Hospital Diversion Update

The County of San Luis Obispo Emergency Medical Services Agency (SLOEMSA) has revised Policy #154: Hospital Diversion. The revision establishes clearer diversion criteria, strengthens specialty care requirements, and standardizes diversion practices throughout San Luis Obispo County.

Effective June 8, 2026, some of the changes are as follows:

- Diversion categories have been restructured and clearly defined as Internal Disaster (Complete Diversion), Emergency Department Saturation, and Capability-Specific (Partial) Diversion.
- Emergency Department Saturation diversion now requires objective criteria, implementation of internal mitigation efforts, concurrence of hospital leadership, and approval by the SLOEMSA Duty Officer.
- Specialty Care Centers may only divert patients within their area of designation during an Internal Disaster or a complete and temporary loss of specialty capability.
- ReddiNet is now required for all diversion requests. Hospitals not properly updated in ReddiNet will not be considered on diversion.
- Clinical exceptions have been added to ensure unstable patients continue to be transported to the closest appropriate facility when bypassing would increase patient risk.
- Hospitals must submit a detailed diversion synopsis to SLOEMSA within 24 hours of the event via email.

These revisions establish objective diversion criteria, improve consistency across hospitals, strengthen oversight of the EMS system, preserve patient access to emergency and specialty care, and ensure that diversion remains a patient safety tool.

For any questions regarding this bulletin, please contact Director Rosander
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POLICY #154: HOSPITAL DIVERSION

I. PURPOSE

- A. To establish standardized criteria and procedures for hospital ambulance diversion within the County of San Luis Obispo to ensure patient safety, preserve uninterrupted access to emergency and specialty care, and maintain EMS system stability.

II. POLICY

- A. Ambulance diversion is a temporary measure used when a hospital's ability to safely receive additional ambulance patients is significantly compromised.
- B. Diversion shall be limited in scope and duration and used only after internal mitigation efforts have been implemented.
- C. Specialty Care Center cannot go on diversion for patients in their area of designation.
- D. Specialty care destination policies (trauma, STEMI) remain in effect at all times unless conditions described in Section V are met.
- E. SLOEMSA retains authority to, at any time, approve, deny, modify, place on, suspend, or terminate diversion status to preserve patient safety and system access.
- F. SLOEMSA shall consider overall EMS system status, regional hospital capacity, ambulance availability, and patient access impacts when evaluating diversion requests

III. DIVERSION CATEGORIES

A. INTERNAL DISASTER (COMPLETE DIVERSION)

A hospital may request diversion when a declared internal disaster prevents safe patient reception.

Examples include, but are not limited to:

- Fire
- Structural damage
- Power outage affecting patient care
- Hazardous materials contamination
- Active security threat
- Critical system failure impacting patient safety

Staffing shortages, boarding, or inpatient bed unavailability alone do not qualify.

B. EMERGENCY DEPARTMENT SATURATION

A hospital may request ED Saturation diversion when:

1. All ED treatment spaces appropriate for unstable patients are occupied; AND
2. Additional ambulance arrivals would compromise safe monitoring or treatment; AND
3. The hospital has implemented internal surge and mitigation measures; AND
4. The on-call hospital administrator and ED physician concur.

ED Saturation Diversion:

1. Requires consultation with and approval by the SLOEMSA Duty Officer;
2. May be approved for up to two (2) hours;
3. After two (2) hours, must be reassessed and reapproved by SLOEMSA Duty Officer prior to continuation, unless otherwise stated by the SLOEMSA Duty Officer;
4. Shall be terminated once safe receiving capacity is restored.

ED Saturation diversion shall not be declared solely for inpatient bed unavailability unless it directly results in unsafe ED conditions.

C. CAPABILITY-SPECIFIC (PARTIAL) DIVERSION

A hospital may request diversion for a defined patient category when critical emergency, diagnostic, or treatment capabilities are temporarily unavailable.

Examples include, but are not limited to:

- CT scanner unavailable, affecting acute stroke or significant head injury evaluation;
- Required specialty physician coverage unavailable for emergency intervention.

Partial diversion applies only to patients requiring the unavailable capability.

Scheduled maintenance affecting key services shall be communicated to the SLOEMSA Duty Officer in advance, or as soon as possible thereafter.

IV. CLINICAL EXCEPTIONS

Except for internal disasters, EMS shall transport to the closest appropriate facility, regardless of diversion status, when, in the paramedic's judgment or the base hospital's direction, bypassing would increase patient risk.

Examples include, but are not limited to:

- Cardiac arrest
- Unstable airway

- Uncontrollable bleeding with rapidly deterioration of vital signs
- Extremis

Units already on hospital property or enroute after base hospital contact shall not be diverted.

V. SPECIALTY CARE CENTERS

- A. Designated Specialty Care Centers, including the Trauma Centers, and the STEMI Receiving Center, shall maintain continuous capability consistent with designation requirements.
- B. Specialty Care Centers may declare diversion for patients under their area of designation only under one of the following circumstances:
 1. A declared Internal Disaster; OR
 2. Complete and temporary loss of the designated specialty capability such that the hospital is unable to provide required emergency stabilization and specialty intervention for patients meeting designation criteria.
- C. Partial limitation that does not eliminate the hospital's ability to provide emergency stabilization and specialty care shall not constitute grounds for diversion.
- D. If a designated Specialty Care Center declares diversion due to Internal Disaster, the facility shall immediately notify the nearest like specialty care center(s) and SLOEMSA.

VI. ACTIVATION AND COMMUNICATION

A hospital requesting diversion shall:

1. Contact MEDCOM, Public Safety Answering Points (PSAPs), Emergency Command Center (ECC), the SLOEMSA Duty Officer, and all County of San Luis Obispo Hospitals;
2. Enter diversion status via ReddiNet;
3. Identify diversion category;
4. Provide estimated duration;
5. Identify the approving hospital authority.

Diversion status shall automatically expire after two (2) hours unless renewed with SLOEMSA approval or unless otherwise stated by the SLOEMSA Duty Officer.

No two hospitals may simultaneously declare diversion without notifying and coordinating with the SLOEMSA Duty Officer.

If the SLOEMSA Duty Officer does not answer the call, hospitals shall proceed with diversion procedures until communication is established.

If ReddiNet is not properly updated, a hospital will not be considered on diversion.

VII. OVERSIGHT AND QUALITY IMPROVEMENT

SLOEMSA shall monitor diversion frequency and duration and may:

1. Audit diversion events in person or remotely;
2. Require corrective action;
3. Modify or suspend diversion privileges when use is excessive or inconsistent with policy.

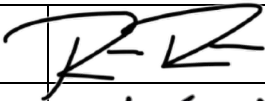
Hospitals shall email a detailed synopsis of any diversion and the actions taken to resolve it. For ED saturation, this includes a comprehensive account of internal surge responses. This should cover timelines, critical decisions, and any staffing or protocol adjustments made. The email should be sent to PH_EMSA@co.slo.ca.us within 24 hours of the diversion. If email is unavailable, the detailed synopsis shall be sent as soon as possible once email is reestablished.

SLOEMSA Duty Officer number: (805) 380-3411

VIII. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	