

# DIVERSION PROTOCOL

Guidelines for facility, Diversion:

Each Facility will designate a person (ED Physician) to be responsible for decisions regarding diversion.

1. Each facility will develop a procedure on how to enable their facility on diversion status. These procedures will be presented to the RAC Bypass and diversion sub-committee.

A facility may be put on diversion status:

- Trauma Surgeon is not available
  - Internal Disaster
  - Specility Surgeon (Neuro, Ortho) unavailable
  - Specility equipment (CT scanner, MRI unavailable)
2. A record must be kept of why their facility was put on diversion status.
  3. Policies and Procedures must be in place for plans to open up critical-care beds.
  4. Each facility must have a local Mass Casualty protocol and knowledge of how to activate the region-wide mass casualty plan.
  5. Level I and Level II facilities must notify Regional Trauma Communications Center of diversion status on a daily basis.

**\*\*\*\* Aside from the BCRAC approved diversion protocol each hospital is responsible for developing a diversion policy and procedure.**