

# Washington Township Fire Department Standard Operating Procedure

**Division 200:** Emergency Operations  
**Section 202:** Emergency Medical Services (EMS)  
**Subject 202.10:** EMS Operations - Hospital Re-routing  
**Supersedes:**



## Approved By:

Date: October 31, 2005

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## PURPOSE:

To provide an emergency medical service (EMS) operational guideline for protocol, procedures, and policies to be followed when hospitals are re-routing patients.

## RESPONSIBILITY:

Members shall comply with the policies stated herein when notified, or otherwise aware, that hospitals are re-routing or diverting patients to other treatment facilities. Further, members are required to provide the highest quality EMS during their patient contact and care while complying with protocol, standing orders, and medical control. Members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

## PROCEDURES:

Periodically, due to patient volume, equipment inoperability, physician specialty availability, multiple casualty incidents, lockdowns, emergencies, and other circumstances, it may be necessary for a hospital to temporarily re-route patients. When re-route conditions exist, and the Fire Alarm Operator has been notified, and the information re-broadcast as needed, members shall honor the terms and conditions of the request.

The "Policy Statement for Temporary Rerouting of Emergency Patients", as promulgated by the Greater Dayton Area Hospital Association (GDAHA), is adopted by reference. Members shall comply with and use this referenced material just the same as if fully set out herein.

Note that the GDAHA referenced material provides that certain patients are NOT re-routed, and would include:

Respiratory and/or Cardiac Arrest	Dialysis patient
Major Trauma	Air Medical Transport
Maternity	Hyperbaric
Serious Burns	Recently (48 hours) Discharged patient
High Risk Neonatal	

## References:

Greater Dayton Area Hospital Association

*Policy Statement for Temporary Rerouting of Emergency Patients, May, 2004*