

REGION I

**ALERT STATUS
SYSTEM**

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POLICY STATEMENT

Hospitals, Emergency Medical Services (EMS), and Emergency Operation Centers in the Maryland Institute for Emergency Medical Services Systems Region I, having taken into account its unique geography, collaborated to develop this document in an effort to provide solutions that will effectively deal with periods of high Emergency Department (ED) volume and unavailability of monitored beds.

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 and unavailability of monitored beds.

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 1 patients (in extremis) would not be governed by this policy except when on Mini-Disaster. EMS providers who are unclear about the most appropriate destination for the patient will consult with the closest available base station.

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SPECIAL NOTATION TO THE FOLLOWING

- ◆ The Red/Yellow alert policies **DO NOT** govern Priority 1 patients destined for transport to trauma and specialty referral centers. They should be transported to facilities as per the Maryland Medical Protocols. If a question arises in reference to these patients, base station consultation should be requested.

- ◆ The Red/Yellow alert policies **DO NOT** govern Priority 1 Obstetric (OB) patients, patients in active labor, OB patients going directly to a hospital's Labor and Delivery Department, or pediatric patients.

- ◆ Pre-hospital providers should be cognizant that bringing a patient to a facility on red or yellow alert may result in the utilization of ambulance equipment (cot, monitor, etc.) by the receiving facility for up to 2 hours.

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Red Alert Policy

1. **DEFINITION** – The hospital has no ECG monitored beds available. These ECG monitored beds will include critical care, or telemetry areas, or in the emergency department.
 - 1.1. This facility will receive all Priority 1 and specialty care patients from within its catchment area for initial stabilization. Subsequent transfer to another facility for admission may be necessary. Specialty care patients include: trauma, stroke, STEMI, obstetrical, pediatric, sepsis, and psychological patients.
 - 1.2. Priority II and III ECG monitored patients, EMS providers will dual consult with the closest hospital and the possible receiving facility for destination determination.
2. **DOCUMENTATION** – Each hospital must maintain the appropriate documentation as outlined by the MIEMSS base station requirements and their internal hospital policy.
3. **RESPONSIBILITIES** –
 - 3.1. Hospitals shall be responsible for:
 - 3.1.1. Closely scrutinizing the utilization of the Red Alert system within their institution.
 - 3.1.2. Authorized callers shall make declaration and terminations of Red Alerts, and make appropriate notifications through the CHRS system and a call to the local jurisdiction 911 Center.
 - 3.2. Jurisdictional communication centers will be responsible for:
 - 3.2.1. Upon receipt of declaration of Red Alert by authorized caller, make notification to the prehospital EMS/fire community and neighboring jurisdictions.
 - 3.2.2. Tracking the time used.
 - 3.2.3. Immediately notifying the Region I Administrator of alert status.
 - 3.2.4. When calls are received from a neighboring jurisdiction about a hospital going on Red Alert, notify the prehospital EMS community

and hospitals in their jurisdiction of the condition in the neighboring county.

3.3. The Region I Administrator shall be responsible to:

3.3.1. Address problem incidents as they occur and forward all information to the Region I Council.

3.4. The Region I Council shall be responsible for:

3.4.1. Reviewing the Red Alert reports and recommending changes to this policy as needed.

4. **OVERRIDE** – a Red Alert will be automatically disregarded if any of the following conditions occur:

4.1. A Blue Alert is declared in a respective jurisdiction. Prehospital providers should be cognizant of the stresses placed on a facility while on Red Alert and should make every effort to bypass this facility even though a Blue Alert is in effect unless this would be detrimental to patient care or ambulance availability.

5. **RED ALERT AT ADJACENT FACILITIES** – If the two closest hospitals are on Red Alert, the prehospital provider shall transport the patient to the first and/or closest hospital.

5.1. Prehospital providers shall make every effort to avoid those facilities that have declared a Red Alert and should consult for destination determination. Priority 1 and specialty care patients will be transported to the closest facility without regard to red alert status.

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Yellow Alert Policy

- 1. 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).

- 2. DOCUMENTATION** – Each hospital must maintain the appropriate documentation as outlined by the MIEMSS base station requirements and their internal hospital policy.

- 3. RESPONSIBILITIES** –
 - 3.1. Hospitals shall be responsible for:
 - 3.1.1. Closely scrutinizing the utilization of the Yellow Alert system within their institution.
 - 3.1.2. Authorized callers shall make declaration and terminations of Yellow Alerts, and make appropriate notifications through the CHRS system and a call to the local jurisdiction 911 Center..

 - 3.2. Jurisdictional communication centers will be responsible for:
 - 3.2.1. Upon receipt of declaration of Yellow Alert by authorized caller, make notification to the Prehospital EMS/fire community and neighboring jurisdictions.
 - 3.2.2. Tracking the time used.
 - 3.2.3. Immediately notifying the Region I Administrator of alert status and subsequent extension beyond the initial 2 hours.
 - 3.2.4. When calls are received from a neighboring jurisdiction about a hospital going on Yellow Alert, notify the prehospital EMS community and hospitals in their jurisdiction of the condition in the neighboring county.

 - 3.3. The Region I Administrator shall be responsible to:

3.3.1. Address problem incidents as they occur and forward all information to the Region I Council.

3.4. The Region I Council shall be responsible for:

3.4.1. Reviewing the Yellow Alert reports and recommending changes to this policy as needed.

4. **OVERRIDE** – A Yellow Alert will be automatically disregarded if any of the following conditions occur.

4.1. A Blue Alert is declared in a respective jurisdiction by the highest EMS jurisdictional official. Pre-hospital providers should be cognizant of the stresses placed on a facility while on Yellow Alert and should make every effort to bypass this facility even though a Blue Alert is in effect. Providers should request a base station consult if bypass would be detrimental to patient care or ambulance availability.

5. **YELLOW ALERT AT ADJACENT FACILITIES** – If the two closest hospitals are on yellow Alert, the prehospital provider shall transport the patient to the first and/or closest hospital.

5.1. Prehospital providers shall make every effort to avoid those facilities that have declared a Yellow Alert and should consult for destination determination. Priority 1 and specialty care patients will be transported to the closest facility without regard to red alert status.

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Blue Alert Policy

1. **DEFINITION** – When a jurisdictional EMS system is temporarily taxed to its limits in providing prehospital care and ambulance transportation due to extraordinary situations, the highest EMS jurisdictional official may declare “Blue Alert status.”
 - 1.1. Declaration of a Blue Alert will allow for the temporary suspension of the Red, and Yellow alert status by the jurisdictional EMS system. Examples may include extraordinary situations such as heavy snow, icing conditions, flooding, and other significant inclement circumstances that contribute to a notably high demand for ambulance services.
2. **DECLARATION OF A BLUE ALERT** – When required, a Blue Alert may be declared by utilizing the following method:
 - 2.1. The decision to initiate/terminate Blue Alert status will be made by the highest jurisdictional EMS authority or their designee. This alert status may not exceed 2 hours for each event to a total of 6 hours for any 24 hour period beginning at 12 am (midnight).
 - 2.2. To initiate/terminate the Blue Alert status, the declaring jurisdiction’s communications center will make a general announcement to all EMS personnel within the jurisdiction.
 - 2.2. Jurisdiction’s communications center will notify the respective hospitals affected when the Blue Alert is initiated/terminated.
 - 2.3. Jurisdiction’s communications center will notify the Region I Administrator and all surrounding jurisdictions.
 - 2.4. While on Blue Alert, ALL PATIENTS will be transported to the closest appropriate hospital, regardless of the patients’ priority status or hospital alert status.
3. **DOCUMENTATION** – The initiating jurisdictional official must submit written justification for the Blue Alert to the Region I MIEMSS Administrator within 48 hours of the termination of Blue Alert Status. Quarterly statistics will be shared with Region I Council.

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Mini-Disaster Alert Policy

1. **DEFINITION** – a Mini-Disaster Alert will be called when the hospital reports their facility has, in effect, suspended operation and can receive absolutely no patients due to a situation, specifically:
 - 1.1. Situations that significantly detract from the hospital’s ability to provide good patient care such as: water main ruptures, electrical/power outages prohibiting operating room usage, acts of violence, etc.
 - 1.2. Critical care overloads and inoperable CT scanners are not considered justification of a Mini-Disaster Alert.
2. **DECLARATION OF A MINI-DISASTER ALERT** – When required, a Mini-Disaster Alert may be declared by using the following method:
 - 2.1. To initiate/terminate Mini-Disaster status, Authorized callers shall make declaration and terminations of Mini-Disaster, and make appropriate notifications through the CHRS system and a call to the local jurisdiction 911 Center.
 - 2.2. Upon notification to initiate/terminate the Mini-Disaster Alert the declaring jurisdiction’s communications center will make a general announcement to all EMS personnel within the jurisdiction.
 - 2.3. Jurisdiction’s communications center will notify the Region I Administrator and all surrounding jurisdictions.
 - 2.4. While on Mini-Disaster Alert, the hospital will not receive any patient transported by ambulance, regardless of priority.
3. **BASE STATION CONSULTATION** – During a Mini-Disaster declaration the closest facility may be unable to consult with pre-hospital providers:
 - 3.1. When the closest hospital has declared a Mini-Disaster and are unable to accept base station consults, consultations and requests for medical orders will be made to the next closest Maryland designated base station.
4. **DOCUMENTATION** – The initiating hospital official must submit written justification within 48 hours of the termination of the Mini-Disaster Alert to the Region I MIEMSS Administrator.