

**HEMS
System**
EMERGENCY FACILITIES LIMITATION POLICY

Date: April 2013
Last Revised Date: 1/3/2024

Section: 8-3(S)

Emergency Facilities Limitation Policy

Purpose:

Michigan Public Act 179, 375, revised part 209, and the Trauma Commission Act (Act 440) authorizes local medical control authorities to "...establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region". To ensure the availability of patient care, HEMS Medical Control Authority approves this protocol effective 8-1-2004, that ED status limitation will only be considered in extreme circumstances. These are defined as:

- Facility-specific loss of CT scanner capability, loss of x-ray capability or lack of Operating Room capabilities
 - Facility specific in-house disaster such as a extensive fire, flooding or loss of electrical power

ED status limitation is not to be initiated because of:

- Lack of staffing
- Lack of in-patient beds
- Overcrowding of the emergency department
- Actual disaster (Unless system directed)

Emergency department will use all available resources to rectify situation causing status limitation in order to return to status "A" as soon as possible.

EMERGENCY FACILITIES MUST ALWAYS ACCEPT LIFE-THREATENING SITUATIONS CONSISTENT WITH ITS CAPABILITY.

Standard Terminology:

To establish standard terminology for usage by the area hospitals and transporting vehicles when communicating the status of the emergency department and hospital capabilities.

The following terminology is recommended:

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| Status A | ED (Free Standing Facilities included) accepting all cases consistent with its capabilities. |
| Status B | Conditions are existing that limit the ED's ability to handle all cases due to facility-specific loss of CT scanner capability, loss of |

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x-ray capability or lack of operating room capabilities. In the interest of patient care, patients requiring service that is not available at that time should be taken to the next closest appropriate facility. Always identify why you are Status B.

Status C Conditions are existing that limit the ED's ability to handle all cases due to in-house disaster such as an extensive fire, flooding or loss of electrical power. In the interest of patient care transport patient to another facility. (Use discretion in establishing communications with a facility at Status C for priority #2 or #3 patients.)

Guidelines for Implementation:

The "ED STATUS" protocol and "Priority Classification" should be posted next to the line of communication within the radio room, transport vehicle, emergency room or wherever appropriate.

The "Priority Classification" should be utilized in determining the patient's condition.

It is recommended that a designated person be assigned to the radio and/or ED telephone.

It is recommended that a logbook be designated for the notation of the incoming and/or outgoing calls of "ED STATUS". The suggested headings are:

DATE ... TIME ... HOSPITAL/VEHICLE ... ED STATUS ... REPORTED BY ...
AUTHORIZED BY ... RECEIVED BY

The "Status B and C" must be re-evaluated frequently by an authorized person to ensure immediate communication of the change in status. At a minimum, the "ED STATUS" will be re-evaluated no less than at the end of each shift. Any change will be communicated immediately to all concerned.

If all the facilities in a geographic area are on the same or similar status limitation, the patient will be taken to the closest appropriate facility.

Notify HEMS of all status changes from the morning radio checks.

All services utilizing HEMS hospitals are responsible for keeping current status information through contact with HEMS radio operation.