



Oakland County Medical Control Authority
System Protocols
REROUTING POLICY

Initial Date: 12/4/2014
Revised Date: 9/14/2023

Section 8.110

Rerouting Policy

Purpose

Michigan Public Act 368 of 1978, as amended, 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, the following will be adhered to by OCMCA life support agencies and emergency facilities:

- A. ED status limitation (rerouting of EMS patients) 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.
- B. Facility specific in-house disaster such as an extensive fire, flooding or loss of electrical power, or other catastrophic event. The facility cannot change to Status C unless the facility has declared an in-house disaster, as defined in policy, by each facility.
- C. ED status limitation (rerouting) is not to be initiated because of:
 - Lack of staffing
 - Lack of in-patient beds
 - Overcrowding of the emergency department
 - Actual community disaster (Unless system directed)
- D. Critical patients will be accepted by the closest appropriate emergency facility when transportation to a more distant facility could pose further significant risk to the patient, regardless of the facility's rerouting status. Serious, but stable patients may be rerouted by an on-line medical control physician.
- E. 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.
- F. **If the three closest facilities to the incident are all Status C, or all on similar status, the unit should contact the closest facility for transport to that facility. The on-scene EMS crew will determine the three closest facilities.**
- G. EMS system, through EMResource is to be utilized by all participating emergency facilities. EMResource shall be updated two (2) times per day, and as status changes, with the current status of the facility. If a facility is rerouting (Status B or Status C) and has not updated EMResource with this status change, the facility shall accept incoming patients from the EMS system.
- H. It is the responsibility of the emergency facility to use the following categories to indicate rerouting status:

STATUS A: Accepting patients appropriate for that emergency facility.

STATUS B: Emergency facility's capabilities are limited. Services or resources not available should be specified, and that facility's use avoided for patients requiring them.



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STATUS C: The emergency facility meets the criteria to reroute EMS patients (see A.).

I. Facility

1. Each facility shall have and follow their internal rerouting policy.
2. Patients will not be rerouted on the basis of ability to pay.
3. On-line medical control, via participating Medical Control hospitals, will remain available at all times.
4. Ambulances already on hospital property will not be rerouted.