



GENERAL ORDER

GENERAL ORDER 320.10

Hospital Alert Status

EMERGENCY SERVICES BUREAU

Issue Date: November 01, 1984

Revision Date: January 07, 2020

1 APPLICABILITY

2 All operational personnel.

3 POLICY

4 In accordance with the Region III Advisory Council, the Howard County Department of Fire and
5 Rescue Services (Department) shall incorporate the "Region III Alert Status System" into the
6 Department's policies and procedures.

7 DEFINITIONS

- 8 ➤ **CHATS** – County/Hospital Alert Tracking System.
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- 10 ➤ **Howard Communications** – refers to Howard County Public Safety Answering Point
- 11 operated by the Howard County Police Department.
- 12
- 13 ➤ **MDO** – Medical Duty Officer; units identified as EMS1, EMS2, and EMS/BC3.

14 PROCEDURES

15 HOSPITAL ALERT STATUS:

- 16 • Emergency departments in Region III utilize CHATS in an effort facilitate routing
- 17 ambulances to those with the most capacity to provide comprehensive care.
- 18 • Each emergency department reports its respective status, need for an alert, and
- 19 changes to the Emergency Medical Resource Center (EMRC) which will update CHATS.
- 20 • MIEMSS is piloting a web-based system called Ambulances at Hospitals Dashboard with
- 21 the intent of replacing CHATS at some point in the future. This system provides real
- 22 time information on the number of ambulances at hospitals and their times since arrival
- 23 at the hospital.
- 24 ○ Although personnel may reference the Ambulances at Hospitals Dashboard
- 25 currently, the established hospital alert status system through CHATS shall still
- 26 be used for destination decisions until officially replaced.
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29 **ALERT CATEGORIES:**

30 • **Yellow Alert**

- 31 ○ Only the emergency department can place themselves on yellow alert.
- 32 ○ The emergency department will receive priority 1 patients from within its
- 33 catchment area for initial stabilization.
- 34 ○ Priority 2 and 3 patients should transport to an emergency department not on
- 35 yellow alert unless transport time would be increased by more than 15 minutes.
- 36 ○ If the two closest hospitals are on yellow alert, the patient should be transported
- 37 to the closest hospital.

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39 • **Red Alert**

- 40 ○ Only the emergency department can place themselves on red alert.
- 41 ○ The hospital has no cardiac monitored beds available and requests that it not
- 42 receive patients likely to need cardiac monitoring.
- 43 ○ The emergency department will receive priority 1 patients from within its
- 44 catchment area for initial stabilization.
- 45 ○ Priority 2 patients requiring cardiac monitoring should be transported to an
- 46 emergency department not on red alert unless transport time would be
- 47 increased by more than 15 minutes.
- 48 ○ If the two closest hospitals are on red alert, the patient should be transported to
- 49 the closest hospital.

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51 • **Blue Alert**

- 52 ○ This alert overrides yellow alert, red alert, and reroute.
- 53 ○ All patients within Howard County shall be transported to the closest hospital to
- 54 meet the patient's medical needs.
- 55 ○ Blue alert shall be initiated and rescinded by an MDO in consultation with a field
- 56 battalion chief.
- 57 ○ The MDO shall ensure that Howard Communications notifies EMRC when blue
- 58 alert is initiated and rescinded.

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60 • **Mini-Disaster**

- 61 ○ The emergency department reports that their facility has temporarily suspended
- 62 operations.
- 63 ○ While on mini-disaster, no patients shall be transported to this emergency
- 64 department.

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66 • **Trauma Bypass**

- 67 ○ The hospital's capacity to handle patients has been exceeded.
- 68 ○ Patients that meet the criteria to be transported to a trauma referral center
- 69 should be transported to a trauma referral center, not on trauma bypass.

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- **Reroute**

- Only a jurisdiction can place an emergency department on reroute when one of their respective ambulances is at the emergency department.
- A trigger for reroute may be when a jurisdiction’s ambulance(s) is waiting in the emergency department with no anticipated patient transfer time or the ED advises they temporarily have no capacity for additional patients.
- The MDO shall contact the hospital liaison or charge nurse to determine the specific circumstances hindering the emergency department’s capacity.
- Reroute shall be initiated and rescinded by an MDO.
- Only priority 1 patients may be transported to an emergency department on reroute.
- Reroute shall be automatically rescinded after one hour or when the jurisdiction’s last ambulance leaves the emergency department, whichever the MDO feels is appropriate for the circumstances.
- The MDO initiating or rescinding reroute shall ensure Howard Communications notifies EMRC.

REFERENCES

- Region III Advisory Council
- CHATS – Region III

SUMMARY OF DOCUMENT CHANGES

- Updated to current format.
- Removed “capacity alert” because obsolete term.
- Updated to account for all MDO units.

FORMS/ATTACHMENTS

- None

APPROVED

William Anuszewski, Fire EMS Chief
Office of the Fire Chief



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Author:

A handwritten signature in black ink, appearing to read "S. Alliger", written over a horizontal line.

Sean Alliger, Assistant Chief
Emergency Services Bureau