

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division
6 CCR 1015-4
STATEWIDE EMERGENCY MEDICAL AND TRAUMA CARE SYSTEM (PROMULGATED
BY THE STATE BOARD OF HEALTH)
CHAPTER TWO Last amended 01/19/11, effective 03/02/11

The following excerpt from these rules speaks to the issue of “divert” for designated trauma facilities.

E. Divert

If coordinated within the RETAC and pursuant to protocol, facilities may go on divert status for the following reasons:

1. Lack of critical equipment
2. Operating room saturation
3. Emergency department saturation
4. Intensive care unit saturation
5. Facility structural compromise
6. Disaster
7. Lack of critical staff

Redirection of trauma patient transport shall be in accordance with the prehospital trauma triage algorithms (exhibits A and B) and these regulations when a trauma center is on divert status.

Trauma facilities must keep a record of times and reasons for going on divert status. This information must be made available for RETAC and/or department audit.

RETACs must audit facility diversion of trauma patients in their areas. Upon consideration of the reason for divert status, the authorizing personnel and other pertinent facts, RETACs may institute corrective action if the diversion was not reasonable or necessary.