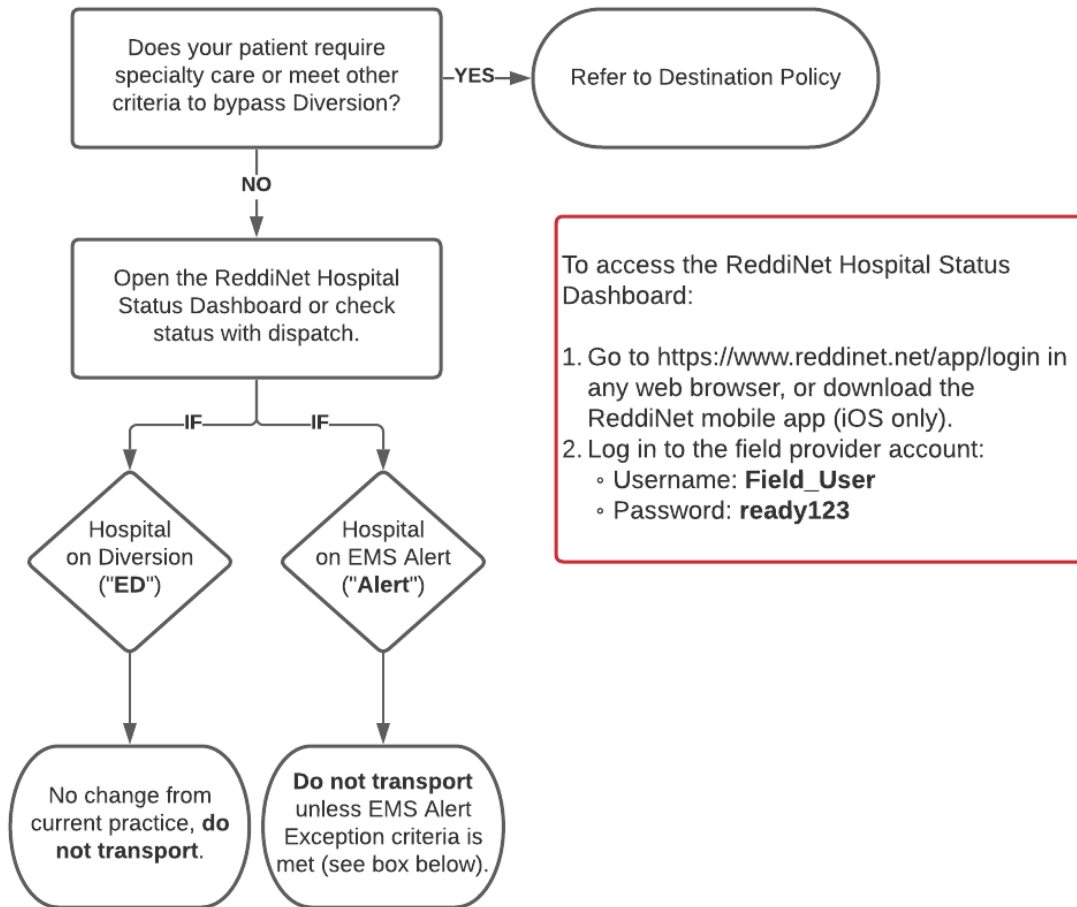


“EMS Alert” Guide Sheet

Beginning **January 18, 2022**, the San Francisco EMS system will begin use a new feature in ReddiNet to replace the current CADDiE Pilot Program with an automated function for preventing ambulance surge on hospitals. CADDiE call-ins will remain in effect until this time.

EMS Alert is a parallel system to Diversion. It provides a fluid, point-in-time reflection of each hospital’s EMS impact based on current EMS activity in relation to a hospital’s capacity. Background information, technical details, and FAQ can all be found in the EMS Alert section of the Policy & Protocol App, as well as on the EMS Agency webpage.

Instructions for using EMS Alert are below and are based on current guidance from the EMS Agency Medical Director. The EMS Memo with this information can also be found on the Policy & Protocol App and webpage.



EMS Alert Exception

Paramedics shall contact the Radio RC (SFFD ambulance) or King/AMR Supervisor (Private ambulance) if the patient meets the specialty cases outlined below. These personnel can only approve a patient going to an ED on EMS Alert in these specific cases.

- Recent organ transport patient going to the hospital that performed the procedure
- Patient <48-hours post-surgery requesting transport to the hospital that performed the procedure
- Patient recently discharged (<2-hours) from an ED returning to the hospital they were initially seen at
- Patient with an EMS6 care plan, in which EMS6 feels another hospital is not appropriate

In the event that a provider cannot contact a supervisor after 2 attempts, EMS Alert bypass may be initiated. For other clinical scenarios not listed above, in which a Paramedic feels a patient should bypass, Base Hospital contact is required. This should be treated the same as Base Hospital destination consultation while a hospital is on Diversion. Bypass of EMS Alert requires documentation of extenuating circumstances and supervisor/physician name.