Resources to this policy:

EMS Act & Rules: Amended at 37 Ill. Reg.19610 effective Nov 20, 2013 and 40 Ill. Reg. 8274, effective June 3, 2016

Section 515.330 EMS System Program Plan

m) *Written protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center,* Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital, *which provide that a person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center*, Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital *unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.* (Section 3.20(c)(5) of the Act) **The bypass status policy shall include criteria to address how the hospital will manage pre-hospital patients with life threatening conditions within the hospital's then-current capabilities while the hospital is on bypass status**. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:

1) There are no critical or monitored beds available (anywhere) in the hospital; or
2) An internal disaster occurs in the hospital;

n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes;

o) Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by the Department.

(Source: Amended at 40 Ill. Reg. 8274, effective June 3, 2016)

EMTALA (Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 U.S.C. §1395dd) Provisions

- If an ambulance arrives on any portion of a hospital's property, all emergency departments must conduct a medical screening examination for those patients and provide emergency stabilization to the best of their ability under the conditions. If an emergency medical condition exists, treatment must be provided until the emergency medical condition is resolved or stabilized. If the hospital does not have the capability to treat the emergency medical condition, an "appropriate" transfer of the patient to another hospital must be done in accordance with the EMTALA provisions.
- EMTALA defines an **emergency medical condition** as "a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."
- The decision to admit, discharge, or transfer a patient, once stabilized, is the responsibility of the emergency physician treating the patient. Any diversions of patients that occur when the facility is not on bypass status shall be reasonable, appropriate, and compliant with Federal, state, and local laws and protocols.
- The transfer of unstable patients must be "appropriate" under the law, such that (1) the transferring hospital must provide ongoing care within it capability until transfer to minimize transfer risks, (2) provide copies of medical records, (3) must confirm that the receiving facility has space and qualified personnel to treat the condition and has agreed to accept the transfer, and (4) the transfer must be made with qualified personnel and appropriate medical equipment.
- Hospitals with specialized capabilities are obligated to accept transfers from hospitals who lack the capability to treat unstable emergency medical conditions.

I. **DEFINITIONS**

A. **"Nearest hospital"** is the hospital which is closest to the scene of the emergency as determined by travel time, and which operates a full-time emergency department at the minimum level recognized by the System in its Department approved Program Plan.

B. **"Nearest Trauma Center"** is either the nearest Level I or Level II Trauma Center that can be reached within 30 minutes by ground travel time from the scene of the emergency as defined by Trauma Triage Guidelines in the SOPs.

In the event that a specialty care unit is unavailable, the ED of that institution shall be regarded as a functioning comprehensive ED without any specialty care back-up capabilities (e.g., burn unit, spinal cord unit, hyperbaric chamber, Level I Trauma Center).

C. **Comprehensive Stroke Center or CSC** – a hospital that has been certified and has been designated as a Comprehensive Stroke Center under Subpart K. (Section 3.116 of the Act)

D. **Primary Stroke Center or PSC** – a hospital that has been certified by a Department-approved, nationally recognized certifying body and designated as a Primary Stroke Center by the Department. (Section 3.116 of the Act)

E. **"Hospital bypass"**

1. Requests for bypass must only be made based on IDPH criteria after a decision has been reached by medical, nursing and administrative representatives with the authority to make such a request.
2. An appropriately declared and reported bypass status will usually result in EMS patients being taken to a hospital other than the one on bypass unless an exception applies; see Section VI.

II. **POLICY**

A. *A person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center*, Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital *unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.* (Section 3.20(c)(5) of the Act) or (iii) another healthcare facility can provide appropriate medical treatment for that person. CAPITALIZATION indicates statutory language

B. A System hospital, Trauma center, Stroke Center, PCI/STEMI Receiving Center, Level III NICU, and EDAP are presumed to have available resources in accordance with the provisions of its System agreement, unless such facility has notified IDPH and the Resource Hospital (NCH) that it is on bypass status.

C. **Each System hospital shall make every reasonable effort to prevent declaring bypass status.** Bypass status should only be declared in compliance with the EMS Act and Rules after the hospital has exhausted all internal mechanisms to relieve the shortage of resources or to mitigate internal service disruptions.

D. Each hospital shall have a policy addressing Peak Census/Surge procedures, such as the model policy developed by IDPH. This policy shall:

1. Delineate procedures for the hospital to follow when faced with a potential or declared resource limitation that would help them to avoid bypass status.
2. Delineate procedures to monitor the status of inpatient bed occupancy as it relates to the appropriation of timely bed assignments to those patients waiting at home, in physicians' offices, in the ED, and in other areas such as the Cardiac Catheterization Lab, Day Surgery, or at other hospitals.

3. Be appended to each hospital's letter of System participation. The policy will be reviewed by the EMS MD or his designee.
4. Include a list of Providers and their current contact information who customarily transport to that hospital.

E. **IDPH-approved criteria for declaring bypass**

1. There are no critical or monitored beds available (anywhere) in the hospital.
2. An internal disaster has occurred within the hospital: Example, a power failure, flood, fire, or active shooter incident resulting in hospital lockdown at the time that the decision to go on bypass status was made.

F. For **Trauma Centers only**, the following situations constitute a reasonable decision to go on bypass:

1. All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case;
2. No CAT scanner is working; or
3. The general bypass criteria are met as listed in subsection E above.

G. For **Stroke Centers** only, the following situations constitute a reasonable decision to go on bypass status:

1. No CT scanner is working; or
2. The general bypass criteria are met as listed in subsection E above.

III. **PHASE I: PRIOR TO REQUESTING BYPASS** - IDPH & Region IX recommended procedure

A. "**Peak Census**" occurs when a specific hospital is experiencing near capacity census with limited access to inpatient beds, monitors, critical care equipment, support resources and staffing which impact the management of patient care. The hospital surge capacity plan may have implemented patient admission to overflow space, which in turn provides a strain on available support resources and staffing (Region IX policy).

B. When resource limitations meet a hospital's internal criteria, they shall implement their internal Peak Census response plan and update their bed reporting status in the IDPH "Daily Hospital Resource Availability Tracking program" to reflect Peak Census/Surge Status.

C. IDPH suggests that the following core group should be consulted when a hospital is on peak census status and/or is contemplating a bypass declaration:

1. CEO and/or administrator on call; Chief nurse executive or designee
2. Directors of housekeeping, admitting, laboratory and transportation services
3. Nurse and physician directors of inpatient units

Hospitals are directed to the IDPH model policy for **options that may be used to avoid bypass**, procedures for advance admission of a patient to an inpatient area where the bed is assigned and vacated, but not yet ready to be occupied, and the five tier bed monitoring and utilization process. They are encouraged to expedite discharges; open boarding beds or overflow units, rapidly clean and prepare beds for incoming patients; and consider cancelling non-emergent surgeries and/or admissions.

D. Before a decision is made to declare Bypass, the **stricken hospital shall review the IDPH Daily Hospital Resource Availability Tracking system**. If their neighboring hospitals are also on the highest levels of peak census or bypass, ED-to-ED communication shall evaluate the possible area-wide consequences of a pending "Bypass" declaration.

E. EDs of stricken hospitals shall notify their EMS Coordinator of Internal Peak Census/Surge response plan activation. **All Hospital EMSCs shall notify the Resource Hospital EMS System Coordinator to implement the System Crisis Response plan** if they must declare bypass status including the nature of their resource limitation.

IV. **Phase II: DECLARING BYPASS STATUS**

A. System hospitals must follow IDPH Rules and EMS System/Region rules with respect to declaring and reporting bypass status.

B. **NOTIFICATION procedures relative to declaring bypass:**

1. The hospital shall notify IDPH of any bypass or resource limitation decision, at both the time of its initiation and the time of its termination, through status change updates entered online into **the Illinois Daily Hospital Resource Availability Tracking** program at **https://emresource.intermedix.com**.

2. If experiencing an **internet connectivity issue**, first contact the hospital electronic bed tracking system administrator or others responsible for reporting per hospital policy, who may be able to enter the hospital status from a different location.

   If that is not an option or is unsuccessful, the hospital shall contact intermedix directly at 1-888-735-9559; press 1 for client support, then 6 for EMS Systems; or via fax to the Division's Central Office at (217)557-3481.

3. The hospital declaring bypass shall **notify all surrounding hospitals (**including the Resource Hospital in all cases) that could be impacted by a bypass declaration **and EMS agencies that normally serve that facility t**hrough their dispatch centers or numbers provided by the agencies. This may be accomplished by phone or through a mass notification system, such as Everbridge if the process has been tested and proven reliable to contact each agency. Notification must include the hospital's name, nature of bypass declaration, and estimated length of bypass status.

4. **EMS providers are responsible for keeping their personnel informed** regarding Bypass Patient Redistribution plans. Individual provider policies specifying their method of complying with this requirement shall be included in their internal policies.

5. Upon notification of bypass status by a neighboring hospital, the ED charge nurse shall notify appropriate persons within their hospital (based on internal hospital policy) regarding the potential for ED volume increases.

6. **It is expected that the hospital will return to normal operations as quickly as possible**. The hospital on bypass should reevaluate their status at least every four hours or more frequently if the resource limitation necessitating bypass has been resolved.

7. **Status reports regarding the specific resource limitation shall be given by the hospital to the Resource Hospital (NCH) ED Coordinator** on the following basis:

   a. Limitations expected to last < 48 hrs shall be updated at least every 8 hrs.
   b. Limitations that are expected to last >48 hours but less than one week shall be updated every 24 hours.
   c. Limitations that are expected to last longer than one week shall be reported in writing to IDPH. Ex; internal disaster, inoperability of major diagnostic equipment, etc.

8. Notification of **BYPASS CANCELLATION** shall be promptly provided to IDPH online via the, Illinois Daily Hospital Resource Availability Tracking system at https://emresource.intermedix.com plus all impacted hospitals and EMS agencies using the same notification system as was used to declare bypass status.

9. Hospitals shall notify their EMSC when the Internal Peak Census/Surge plan is deactivated. Hospital EMSCs shall notify the Resource Hospital EMSS Coordinator to cancel the System Crisis Response activation that involved their facility. (Region IX Peak Census/Surge Ambulance Transport Policy)

V. **On-line medical control (OLMC)**

EMS personnel shall call the desired System destination hospital (or nearest non-System hospital with OLMC privileges if transporting to that location) **prior to leaving the scene EVEN IF THE NEAREST HOSPITAL IS ON BYPASS**.

The nearest appropriate hospital on bypass may have to accept the patient (see below). If EMS personnel call the nearest appropriate hospital on bypass and the **"last clear chance"** contingency or one of the caveats in the Bypass Patient Distribution Plan DO NOT apply, they may be directed to call *NCH (847) 259-9767* for a receiving hospital assignment.

Requests for transport to a facility other than the predetermined destination hospital outlined in the Patient Redistribution Plan require OLMC contact **PRIOR TO leaving the scene**.

If the desired receiving hospital is not a member of the System, the Resource hospital shall provide OLMC and shall call report to the receiving hospital.

VI. The EMS System shall develop a **distribution plan** which addresses pre-established transport destinations for EMS agencies impacted by a hospital's bypass declaration.

Situations which may result in a hospital receiving patients while on bypass

A. Risks to a patient resulting from a longer transport time are judged to be greater than the reasonable benefits of transporting to a nearer hospital on bypass.

Critical patients with a life-threatening condition whose "LAST CLEAR CHANCE" of survival lies in an EXPEDITIOUS emergency evaluation or resuscitative intervention are NOT TO BE DIVERTED.

Unstable patients must be accepted by the closest appropriate ED regardless of Peak Census, Surge, or Bypass status unless an internal hospital disaster is occurring and/or the hospital is on lock-down. **UNSTABLE for the purposes of this policy is defined as:**

Symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs." This includes, but may not be limited to the following:

1. Persistently compromised airway and/or ventilations despite EMS interventions; and/or
2. Severe vascular injury with uncontrolled hemorrhage; cardiac arrest
3. Others as listed below

B. **BYPASS PATIENT DISTRIBUTION PLAN**

1. **Advocate Lutheran General Hospital** has agreed to accept the following patients while they are on bypass:

   a. Adult/pediatric Level I trauma: Trauma patients will go to the closest appropriate trauma center per Region IX SOPs regardless of ALGH bypass status.

   b. **Stroke**: ALGH will accept stroke patients per the Region IX Stroke Transport Algorithm while on bypass, excepting when all CT scanners are non-functional or an internal disaster has occurred.

   c. **STEMI**: ALGH will accept patients with suspected STEMI per prehospital assessment and ECG findings if ALGH is the closest appropriate hospital.

   d. **OB**: Patients in active labor or OB patients >15 weeks gestation when their acute condition is OB in nature and ALGH is thee closest appropriate hospital.

e. **Unstable**: Adults or children with hemodynamic instability, lack of an airway, or last chance of survival per paramedic judgment will come to ALGH regardless of ALGH bypass status is ALGH is the closest appropriate hospital.

f. **MPI**: In the event of a medium or large scale multiple patient incident, ALGH will accept patients are per the Region IX plan, regardless of ALGH bypass status

Note: ALGH may be unable to receive any patients if bypass is caused by an internal disaster which threatens patient safety.

2. **ACUTE STROKE:** Transport to the closest appropriate Stroke Center regardless of peak census, surge or bypass status unless their CT scanning capability is unavailable, an internal hospital disaster is occurring and/or they are on lock-down.

3. **AMI (STEMI)** identified on a 12-lead ECG: Transport to the closest appropriate PCI hospital/STEMI receiving center regardless of peak census/surge or bypass status unless there are no monitored beds anywhere in the hospital, an internal hospital disaster is occurring and/or they are on lock-down.

4. **PREGNANT PATIENTS in ACTIVE LABOR** or with **OB COMPLICATIONS:** Transport to the closest hospital with an OB unit regardless of peak census, surge, or bypass status unless an internal hospital disaster is occurring and/or they are on lock-down.

5. **Unstable PEDIATRIC PATIENTS:** Transport to the nearest EDAP regardless of peak census, surge, or bypass status unless an internal hospital disaster is occurring and/or the hospital is on lock-down.

6. **MEDIUM or LARGE SCALE MULTIPLE PATIENT INCIDENTS**: Bypass status is vacated unless an internal disaster is occurring and/or the hospital is on lock-down.

C. **Multiple hospitals simultaneously on bypass in the same geographic area**

1. When **two hospitals** servicing the same EMS provider agencies have simultaneously declared bypass and/or two or more hospitals simultaneously on bypass will cause other hospitals to reach the highest level of Peak Census or declare Bypass status, **the Resource Hospital shall call or page the System EMS Administrative Director**. If he or she fails to respond within 5 minutes, call the EMS MD (see below). They shall determine if the situation necessitates activation of the System's Crisis Response policy.

   a. **Connie Mattera (708) 999-0141 (pager) or (847) 493-9974 (cell)**
   b. **Dr. Matt Jordan (847) 962-6008**

2. The hospitals on bypass may be required to accept BLS patients to avert a System Crisis situation.

3. If **three or more hospitals** are simultaneously on bypass and are adversely impacting patient transports, the EMS MD or EMS Administrative Director will consult with the IDPH Regional EMSC. If transport time by ambulance to the next nearest approved healthcare facility exceeds 15 minutes, the hospital on bypass may be required to accept ALS patients.

IDPH Region IX EMSC: **Joyce McNamara, RN**
245 W. Roosevelt Rd. Building 5; West Chicago, IL 60185
Office: (630) 293-6899 Cell: (630) 878-1965
Fax: (630) 293-6908
E-mail: Joyce.McNamara-Coughlin@Illinois.gov

Resource Hospital OLMC personnel will coordinate assignment of receiving hospitals for ALS patients in rotation. First ALS patient goes to the first hospital on bypass, etc. In some instances, the next nearest hospital may be a non-System hospital. If transport times are less than 15 minutes to a non-System hospital, EMS agencies may be directed to transport to that location in an effort to allow the stricken hospitals to recover. Notification will be sent from the Resource Hospital that all communication relative to transport destinations in the stricken area will first go through them.

D. IDPH or the EMS MD of the Resource Hospital may override the request for bypass based on findings of a phone consultation with the hospital administrator on duty or a site visit to the stricken hospital. Hospitals participating in more than one EMS region may have their bypass request overridden by IDPH only.

VII. **Bypass status review**

A. *IDPH SHALL INVESTIGATE THE CIRCUMSTANCES THAT CAUSED A HOSPITAL TO GO ON BYPASS STATUS TO DETERMINE WHETHER THAT HOSPITAL'S DECISION TO GO ON BYPASS STATUS WAS REASONABLE* (Section 3.20(c) of the Act).

B. *IDPH MAY IMPOSE SANCTIONS, AS SET FORTH IN SECTION 3.140 OF THE EMS ACT, UPON AN IDPH DETERMINATION THAT THE HOSPITAL UNREASONABLY WENT ON BYPASS STATUS IN VIOLATION OF THE ACT* (Section 3.20(c) of the Act).

C. The System hospital declaring Resource Limitation must maintain written documentation of the rationale for declaring bypass, the names and times area hospitals and provider agencies were notified, the times that bypass was declared and terminated, and shall produce it at the request of IDPH.

D. Repeated episodes of failure to comply with this policy may result in suspension of EMS Hospital status by IDPH until corrective action as specified by IDPH can be documented.

E. An Associate Hospital may contact IDPH for investigation and/or resolution of complaints or conflicts pertaining to the Resource hospital's actions relative to this policy if direct communications with the EMS MD reach an unsatisfactory conclusion.

Attachments: Dispatch Centers; contact information
Bypass forms

Matthew T. Jordan, M.D., FACEP
EMS Medical Director

Connie J. Mattera, M.S., R.N., EMT-P
EMS Administrative Director

Hospital/Provider Bypass Notice for the NWC EMSS		
Hospitals	**EMS Agencies**	**System hospitals impacted**
Alexian Brothers Elk Grove Village **847-952-7454** Fax: 847/ 981-2002	Northwest Central Addison Consol. DP: IFPD, WDFD DuComm: BLFD Red Center: DPFD NorComm: EGTFPD Privates	St. Alexius Northwest Community Glen Oaks (Lutheran General)
Glen Oaks Medical Center Glendale Heights **630/ 545-5758** Fax: 630/ 545-5722	DuComm: BLFD Privates	ABMC Northwest Community
Advocate Good Shepherd Barrington **847/ 842-4444** Fax: 847/ 842-4247	CenComM: BFD Northwest Central Lake Zurich Red Center: LGFD Privates	Northwest Community St. Alexius
Northwest Community Arlington Heights **847/ 259-9812** Fax: 847/ 618-3991	Northwest Central NorComm: Elk Grove Township Lake Zurich Privates Red Center: DPFD, LG, PHts, Wheeling	Alexian Brothers St. Alexius Good Shepherd (Lutheran General) Resurrection
Presence Resurrection Medical Center Chicago **773/ 792-5255** Fax: 773/ 990-7632	Red Center: DPFD Schiller Park Dispatch Privates	(Lutheran General) Northwest Community
Saint Alexius Medical Center Hoffman Estates **847/ 490-6930** Fax: 847/ 755-7602	Northwest Central Cen-Comm: Barrington Privates	Alexian Brothers Northwest Community Good Shepherd

EMS DISPATCH CENTERS		
AGENCY NAME	**PHONE**	**FAX**
Northwest Central Dispatch (Serving AHFD, BCFPD, BGFD, EGVFD, HEFD, MPFD, PFD, Pal Rural, RMFD, SFD)	**847/ 590-3300**	847/ 398-2498
Addison Consolidated Dispatch (WDFD & IFPD after 4-12-17)	**630/ 861-2913**	
CEN-COMM: Barrington	**847/ 270-9111**	847/ 270-9115
DuComm: BLFPD	**630/ 260-7512**	630/ 665-4893
Lake Zurich Fire/Rescue	**847/ 438-2349**	847/ 438-9373
NorComm: EGTFPD	**847/ 451-8000**	847/ 451-1713
Red Center: DPFD; LRWFPD, LGFPD, PHTs, (Wheeling)	**847/ 724-5700**	847/ 498-5968
Advantage Ambulance	**847/ 413-1133**	847/ 885-0002
Rescue Eight	**847/ 605-8400**	847/ 221-5530
Superior	**630/ 832-2000**	630/ 903-2828

Fermilab is not generally impacted by hospital bypass status in the NWC EMSS.

Northwest Community EMSS **PEAK CENSUS / PRE-ALERT BYPASS FORM**	**Date:**

DECISION MAKERS		
ED Physician:	ED Coord:	
Nursing supervisor:	Time called:	Present in ED:

E.D. ASSESSMENT:			
# Patients on cardiac monitors:		# Open monitored beds:	
# Admits holding for critical care or monitored beds:			
INTERNAL ASSESSMENT: get from House Supervisor			
☐ No monitored beds in house ☐ OR limitation	☐ Internal disaster in hospital ☐ CT down	☐ Cath lab down	
Current census:	Step-down:	ICU:	House:
Estimate # of in-house critical or monitored beds that could be available in next 2 hours:			
☐ Peak Census procedure completed			
☐ Hospital status reported to the Ill Daily Hospital Resource Availability Tracking program at **https://emresource.intermedix.com**.			

INTERNAL STEPS TAKEN TO AVOID BYPASS
☐ Advance admission of a patient to an inpatient area where the bed is assigned and vacated, but not yet ready to be occupied,
☐ All units advised to expedite discharges
☐ Boarding and/or overflow beds opened; additional staff called in or existing staff reallocated to surge beds
☐ Environmental services notified of urgent need to rapidly clean and prepare beds for incoming patients
☐ Consider cancelling non-emergent surgeries and/or admissions

EXTERNAL ASSESSMENT: Check status of other hospitals in area – Consult IDPH Daily Hospital Resource Availability Tracking system. If neighboring hospitals are also on highest levels of peak census or bypass, ED-to-ED communication shall evaluate possible consequences of a "Bypass" declaration.

Alexian Brothers	**847/ 952-7454**	Time:	RN Name:
ED status/Comments:			
Glen Oaks	**630/ 545-5758**	Time:	RN Name:
ED status/Comments:			
Good Shepherd	**847/ 842-4444**	Time:	RN Name:
ED status/Comments:			
Lutheran General	**847/ 723-5155**	Time:	RN Name:
ED status/Comments:			
Northwest Community	**847/ 259-9812**	Time:	RN Name:
ED status/Comments:			
Resurrection	**773/ 792-5255**	Time:	RN Name:
ED status/Comments:			
Saint Alexius	**847/ 490-6930**	Time:	RN Name:
ED status/Comments:			

DECISION(S) MADE		
Enact hospital Peak Census Plan	Time began:	Time ended:
Initiate Bypass	Time began:	Time ended:

If decision is made to go on BYPASS; Initiate Bypass Worksheet Rev. 4/1/17

Northwest Community EMSS Bypass Worksheet

Hospital:	
City:	Date:
Time declared:	**Bypass authorized by:** **(Name & title)**

GENERAL Reason(s) for bypass:

☐ No critical or monitored beds available in hospital, including ED
☐ Internal disaster (power failure, flood, fire, or active shooter incident resulting in hospital lockdown)

Specific resource limitation (Partial bypass - Divert these patients only)

TRAUMA	STEMI	STROKE
☐ No OR available ☐ CT down	☐ Cath lab down	☐ CT down

Hospital status ☐ Resource ☐ Associate	☐ **If Associate Hospital, Resource Hospital notified**
☐ **EMS Providers notified** Method of notification:	☐ **Surrounding hospitals notified** Method of notification:
Date canceled:	**Time canceled:**

☐ **IDPH notified on** Ill Daily Hospital Resource Availability Tracking program at **https://emresource.intermedix.com**.

☐ **EMS Coordinator notified (Resource Hospital EMSC notified)**

Hospital	Notify	Number	Initiated	Update	Canceled
Name of hospital declaring bypass:	Advantage	630/ 894-8484			
	Northwest Central: AHFD, BCFPD, BGFD, EGV, HEFD, MP, Pal, Pal Rural, RMFD, SCH	847/ 590-3300			
	Addison (WDFD & IFPD	630/ 861-2913			
	CEN-COMM: BFD	847/ 270-9111			
	DuComm: BLFPD	630/ 260-7512			
	Lake Zurich	847/ 438-2349			
	NorComm: EGTFPD	847/ 451-8000			
	Red Ctr: DPFD, LRFPD, LGFD, PHts, Wheeling	847/ 724-5700			
	Rescue 8	847/ 605-8400			
	Superior	630/ 832-2000			
	Alexian Brothers	847/ 952-7454			
	Glen Oaks	630/ 545-5758			
	Good Shepherd	847/ 842-4444			
	Lutheran General	847/ 723-5155			
	Northwest	**847/ 259-9812**			
	Resurrection	773/ 792-5255			
	St. Alexius	847/ 490-6930			