



Hospital Diversion Status Report

STREMS FORM 499

Facility: _____

Date: _____

Time: _____

Document

Prepared By: _____

Signature required

Print Name

The above named facility is hereby placed on diversion status or its existing diversion status is changed as follows:

Class/ Type of Patients:	Diversion	
	Place x in Appropriate Box	
	Yes	No
Advanced Life Support Patients (ie. IV, cardiac monitoring, medications)		
Basic Life Support Patients (ie. minor injuries/illness)		
Stroke		
STEMI		
Obstetrics		

Please notify all the following Agencies when on diversion

Bradford Co. PA 911	Fax 570-265-2407	Schuyler Co. 911	Fax 607-535-8216
Chemung Co. 911	Fax 607-735-8632	Steuben Co. 911	Fax 607-776-5186
Erway Ambulance	Fax 607-732-4062	Tioga Co. PA 911	Fax 570-724-5963
Rural Metro Ambulance	Fax 607-937-9243		
Schuyler Ambulance	Fax 607-535-8825		

STREMS Council Please scan & email:
to: Education@emstar.org