

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	2524.03
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	<b>Extended Ambulance Patient Off-Load Times (APOT)</b>	Last Approved Date:	03/12/20
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To provide Sacramento County Emergency Medical Services Agency (SCEMSA) prehospital personnel with guidelines for patient monitoring and care during extended patient off-load times at receiving facilities.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- ~~C. Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §§ 1395dd et seq.~~
- ~~D. CMS State Operations Manual, App. V., § 489.24, subds. (a)(1)(i) and (f)~~
- ~~E. 42 CFR § 489.24(b)~~
- ~~F. California Code Regs. tit. 8, Section 11090 (Wage Order No. 9), subds. 2(G), 11-14.~~
- ~~G. California Labor Code, §§ 880, et seq.~~

**Background:**

- A. Emergency Department (E.D.) surge and E.D. overcrowding have resulted in circumstances of extended wait periods for EMS personnel before transfer of care and patient off-load onto **hospital** E.D. gurneys can be accomplished. These situations **may** delay the prompt return to service for EMS **personnel and EMS provider** assets, and **may create** a potential risk for **individuals** patients who are waiting for definitive assessment and care by hospital staff.
- B. Guidelines for care are intended to assist receiving facilities in **providing expediting** patient care **under the appropriate circumstances** and **to promote timely** off-load times, **in a manner that allows compliance with all laws and regulations governing the health, safety, and welfare of patients and EMS personnel.** ~~while complying with prehospital personnel scope of practice and existing health and safety code and regulations.~~

**Policy:**

- A. Patient care during extended APOT:
  1. **Once the ambulance has brought an individual to hospital property, as that term is defined under federal regulations, the hospital is obligated to assume from the EMS provider all responsibility for the individual, care or assistance provided by the EMS personnel inside the hospital is voluntary and subject to ambulance service SCEMSA policy or procedure.**
  2. **With the approval of the SCEMSA EMS providers and hospitals may, if desired, negotiate agreements, policies, or other mutual understandings with regard to the role of ambulance personnel inside the hospital.**

3. When EMS personnel are providing continuing care inside a hospital, the following shall apply:
  - a. An individual's vital signs and complaint directed physical exam findings shall be documented every 15 minutes.
  - b. Cardiac monitor should not be removed if in use, until transfer of care is complete.
  - c. Patients may continue to receive treatments being given on arrival to facility – i.e. Bronchodilators, IV fluids, pain medications, etc.
  - d. ~~Receiving facility staff may perform, initial triage, basic vital signs, 12-lead ECGs, POCT blood glucose level, and blood draws on ALL patients.~~
  - e. Receiving facility staff may perform 12-lead ECGs on patients.
  - f. ~~Receiving facility staff may NOT initiate any medical treatment or patient care intervention which is not in the prehospital personnel SCEMSA scope of practice, while patients remain on EMS gurneys, with the exception of protocol driven Tylenol and Duoneb (Albuterol/Ipratropium).~~
  - g. EMS personnel may ~~continue to transfer patients on arrival~~ directly to specialized areas within the hospital (CT scan, MRI scan, Labor and Delivery, Cath Lab, Interventional Lab), **as directed by the hospital, and the hospital shall be deemed to have assumed all responsibility for the individual at the completion of the transfer to the specialized area for immediate patient off-load and complete transfer of care.**
4. ~~EMS personnel are NOT to transfer patients to radiology or other departments if they are to stay with patients during or after the care received in these departments.~~
- B. Communication and escalation during extended APOT **where an EMS Provider ambulance service elects to provide continuing care inside the hospital:**
  1. **EMS personnel shall** immediately communicate with receiving facility personnel, and document any:
    - a. Newly abnormal vital signs
    - b. Clinical deterioration of patient status
    - c. Need for repeating prehospital treatment (repeat pain medication, bronchodilators, etc.)
    - d. Need for new treatment intervention based on a change in patient status
  2. After twenty (20) minutes of APOT, ~~EMS personnel shall communicate with the receiving facility personnel to inquire about the circumstances continuing to prevent the facility from accepting all responsibility of the individual and when the facility intends to accept such responsibility.~~ and every twenty (20) minutes thereafter:
    - a. ~~Check in with receiving facility personnel on status of off-load time. If the receiving facility does not provide a timely or satisfactory response to the inquiry EMS personnel shall notify the EMS provider's on-duty supervisor for instruction.~~
  3. After sixty (60) minutes of APOT ~~EMS personnel shall notify the EMS provider's on-duty supervisor regardless of any prior communications between EMS personnel and the receiving facility:~~
    - a. Notify EMS organization's on duty supervisor

- C. Hospital accommodation, conditions, and facilities as to EMS personnel during extended APOT:
- a. EMS personnel are entitled to legally compliant meal periods, rest periods, resting facilities, and suitable seating while providing services, care, or assistance to a hospital, or to an individual on behalf of the hospital.

**Cross Reference:**

PD# 2521- Ambulance Patient Offload Time (APOT) Data Collection and Reporting  
Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §§ 1395dd *et seq.*  
CMS State Operations Manual, App. V., § 489.24, subs. (a)(1)(i) and (f) 42 CFR § 489.24(b)  
California Code Regs. tit. 8, Section 11090 (Wage Order No. 9), subs. 2(G), 11-14.  
California Labor Code, §§ 880, *et seq.*

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