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|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY | Document #          | 2524.08  |
|                                                                                   | <u>PROGRAM DOCUMENT:</u>                                         | Initial Date:       | 05/30/17 |
|                                                                                   | <b>Extended Ambulance Patient Off-Load Times (APOT)</b>          | Last Approved Date: | 01/14/25 |
|                                                                                   |                                                                  | Effective Date:     | 07/01/25 |
|                                                                                   |                                                                  | Next Review Date:   | 07/01/26 |

Signature on File

EMS Medical Director

Signature on File

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

### Background:

- A. Emergency Department (ED) surge and ED overcrowding have resulted in circumstances of extended wait periods for EMS personnel before transfer of care and patient off-load onto ED gurneys can be accomplished. These situations delay the prompt return to service for EMS assets and are a potential risk for patients who are waiting for definitive assessment and care by hospital staff.
- B. Guidelines for care are intended to assist receiving facilities in expediting patient care and off-load times, while complying with prehospital personnel scope of practice and existing health and safety code and regulations.

### Policy:

- A. Patient care during extended APOT:
  - 1. Vital signs and complaint directed physical exam findings shall be documented every 15 minutes.
  - 2. Cardiac monitors should not be removed if in use, until transfer of care is complete.
  - 3. Patients may continue to receive lifesaving treatments being given on arrival to a facility by EMS – i.e. CPR, CPAP, cardiac pacing. These interventions are limited to those that if discontinued would lead to immediate patient deterioration. EMS interventions that were initiated prior to arrival at the Emergency Department may continue. These include IV fluids and respiratory treatments.
  - 4. Receiving facility staff may perform limited procedures necessary to triage patients to an appropriate area within the ED or other area of the hospital, such as, initial triage, basic vital signs, 12-lead ECGs, POCT blood glucose level, and blood draws.
  - 5. 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) for immediate patient off-load and complete transfer of care.

6. 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:
1. 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. If an offload delay of greater than 25 minutes is expected, check to see if a patient meets waiting room criteria outlined per PD# 5050 – Destination.
  3. If patient does not meet waiting room criteria and after sixty (60) minutes of APOT:
    - a. Notify EMS provider on-call supervisor.

**Cross Reference:** PD# 2521- Ambulance Patient Offload Time (APOT) Data Collection and Reporting  
PD # 5050 – Destination