

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2524.03
	PROGRAM DOCUMENT: Extended Ambulance Patient Off-Load Times (APOT)	Initial Date:	05/30/17
		Last Approved Date:	03/12/20
		Effective Date:	07/01/20
		Next Review Date:	01/01/22

 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 (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 E.D. 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 monitor should not be removed if in use, until transfer of care is complete.
 3. Patients may continue to receive treatments being given on arrival to facility – i.e. Bronchodilators, IV fluids, pain medications, etc.
 4. Receiving facility staff may perform, initial triage, basic vital signs, 12-lead ECGs, POCT blood glucose level, and blood draws on ALL patients
 5. 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).
 6. 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.

7. 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. After twenty (20) minutes of APOT, and every twenty (20) minutes thereafter:
 - a. Check in with receiving facility personnel on status of off-load time.
 3. After sixty (60) minutes of APOT:
 - a. Notify EMS organization's on duty supervisor

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