

I. Purpose:

- A. To establish policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel.
- B. To describe the conditional redirection of ambulances from hospitals that have extended Ambulance Patient Offload Delay (APOD) to the closest most appropriate hospital that does not have extended APOD.

II. Authority:

- A. California Health and Safety Code – Division 2.5

III. Definitions:

- A. Ambulance Patient Offload Time (APOT): The time between the ambulance arrival at the hospital designation and patient hand off is complete between EMS personnel and the receiving hospital personnel, typically a receiving nurse.
- B. Ambulance Patient Offload Delay (APOD): The transfer of care and patient offloading from the ambulance gurney that exceeds 20 minutes.
- C. Extended Ambulance Patient Offload Delay (E-APOD): The transfer of care and patient offloading from the ambulance gurney that exceeds 40 minutes.

IV. Considerations:

- A. Delays in the transfer of patient care and offloading of patients delivered to designated receiving hospitals by EMS ambulance adversely affects patient care, safety and the availability of ambulances for emergency responses throughout Imperial County. It is incumbent upon receiving hospitals and ambulance providers to minimize the time required to transfer patient care and return ambulances to service to ensure optimal patient care, safety and EMS system integrity.

V. Direction Of EMS Field Personnel:

- A. EMS field personnel have a responsibility to continue to provide and document patient care prior to the transfer of patient care to the designated receiving hospital ED medical personnel. Medical control and management of the EMS system, including EMS field personnel, remain the responsibility of the EMS agency medical director and all care provided to the patient must be pursuant to the Imperial County treatment protocols and policies.

VI. Patient Care Responsibility:

- A. The ultimate responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds. Designated receiving hospitals should implement processes for ED medical personnel to immediately triage and provide the appropriate emergency medical care

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for ill or injured patients upon arrival at the ED by ambulance.

VII. Transfer Of Patient Care:

- A. Upon arrival of a patient at the hospital by ambulance, the ED medical personnel should make every attempt to receive a verbal patient report and offload the patient to a hospital bed or other suitable sitting or reclining device at the earliest possible time not to exceed 20 minutes. During the transfer of care to ED medical personnel, EMS field personnel will provide a verbal patient report containing any pertinent information necessary for the ongoing care of the patient. Transfer of patient care is completed once the ED medical staff has received a verbal patient report, and at this time the EMS personnel should immediately document completion of transfer of care to ensure accurate APOT. If the transfer of care and patient offloading from the ambulance gurney exceeds the 20 minute standard, it will be documented and tracked as APOD.
- B. The transporting EMS field personnel are not responsible to continue monitoring the patient or provide care within the hospital setting after transfer of patient care to ED medical personnel has occurred.
- C. EMS field personnel are responsible for immediately returning to response ready status once patient care has been transferred to ED medical personnel and the patient has been offloaded from the ambulance gurney.

VIII. APOD Mitigation Procedures:

- A. Designated receiving hospitals have a responsibility to ensure policies and processes are in place that facilitates the rapid and appropriate transfer of patient care from EMS field personnel to the ED medical personnel within 20 minutes of arrival at the ED.
 1. ED medical personnel should consider the following to prevent APOD:
 - a. Immediately acknowledge the arrival of each patient transported by EMS;
 - b. Receive a verbal patient report from EMS field personnel; and
 - c. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 20 minutes of arrival at the hospital ED.
 2. If APOD does occur, the hospital should make every attempt to:
 - a. Provide a safe area in the ED within direct sight of ED medical personnel where the ambulance crew can temporarily wait while the hospital's patient remains on the ambulance gurney.
 - b. Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.

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- c. Provide information to the supervisor of the EMS field personnel regarding the steps that are being taken by the hospital to resolve APOD.
3. Hospitals will provide written details to Imperial County EMS Agency and EMS providers of policies and procedures that have been implemented to mitigate APOD and assure effective communication with affected partners.
 - a. Processes for the immediate notification of the following hospital staff through their internal escalation process of the occurrence of APOD, including but not limited to:
 - i. ED/Attending Physician
 - ii. ED Nurse Manager/Director or Designee (i.e., Charge Nurse)
 - iii. House Supervisor
 - iv. ED or Hospital Administrator on call
 - b. Processes to alert the following affected partners via ReddiNet when a condition exists that effects the timely offload of ambulance patients.
 - i. Local receiving hospitals/base hospitals
 - ii. Fire department and ambulance dispatch centers
 - iii. The Imperial County EMS Agency
 - c. Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS field personnel alert the ED medical personnel of a decline in the condition of a patient being temporarily held on the ambulance gurney.
- B. EMS field personnel are directed to do the following to prevent APOD:
 1. Provide the receiving hospital ED with the earliest possible notification via two-way radio that a patient is being transported to their facility.
 2. Utilizing the appropriate safety precautions, walk-in ambulatory patients or use a wheelchair rather than an ambulance gurney if appropriate for the patient's condition.
 3. Provide a verbal patient report to the ED medical personnel within 20 minutes of arrival to the ED.
 4. Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 20 minute ambulance patient offload time standard.
 5. Complete the Imperial County required authorized patient care documentation.
 6. Work cooperatively with the receiving hospital staff to transfer patient care within the

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timeframes established in this policy.

IX. Clinical Practices for EMS Field Personnel to Reduce APOD:

- A. The EMS field personnel shall utilize sound clinical judgment and follow the appropriate Imperial County EMS policies and treatment protocols including:

1. Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
2. Initiate vascular access only as clinically indicated. IV therapy should only be initiated pursuant to Imperial County treatment protocols for patients that require the following:
 - a. Administration of IV medication(s), or
 - b. Administration of IV fluid bolus or fluid resuscitation.
3. In the judgement of the attending paramedic the patient's condition could worsen and either (a) or (b) noted above may become necessary prior to arrival at the receiving hospital ED.
4. Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

X. APOD Unusual Events:

- A. The proliferation of APOD that leads to the lack of sufficient ambulances to respond to emergencies are considered APOD Unusual Events. These events threaten public health and safety by preventing EMS response to emergency medical incidents. To mitigate the effects of these APOD Unusual Events the following are hereby established:

- B. To be an APOD Unusual Event the following criteria must be met:

1. APOD exceeding 20 minutes is occurring
2. The transporting ambulance provider agencies identify and document low EMS system ambulance availability due to APOD

C. APOD Unusual Event Procedures

1. All patients to go to the waiting room require evaluation by an RN before transferred to the waiting room. The RN's name should be included in the EMS documentation.
 - a. EMS field personnel are authorized to inform ED medical personnel that they are transitioning patient care and immediately offloading a patient on APOD to a hospital bed or other suitable hospital sitting or reclining device, including the emergency department waiting room, as appropriate for patient condition provided the patient meets the following criteria:

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- i. Stable vital signs
 - ii. Alert and oriented
 - iii. No ALS interventions in place
 - iv. Is not on a Welfare and Institutions Code (WIC) 5150 hold
2. EMS field personnel shall make every attempt to notify ED medical personnel that they must immediately return to service. EMS personnel should document on their ePCR each attempt, and include the time ED personnel was contacted, and that individual's name and position.
 - a. EMS field personnel may use the written EMS report for transfer of care if ED medical personnel are unavailable to take a verbal report and then post ePCR to hospital dashboard.

XI. Extended APOD:

- A. Ambulance redirection is authorized only for patients that, in the judgment of the paramedic responsible for patient care and consistent with applicable treatment protocols, are stable and can safely be transported to an alternative, closest, most appropriate hospital not presently experiencing extended APOD.
 1. APOD ambulances redirection is not permitted after arrival at a hospital.
 2. Patients in extremis, unstable, or with acute dangers to their airway, breathing or circulation are not to be redirected.
 3. Specialty care patients (Trauma, OB, Stroke, or STEMI) will not be redirected by this policy.
 4. The decision to redirect ambulances away from a hospital will be made with coordination of the ambulance provider communication center, EMS supervisors, and EMS personnel providing patient care.

B. Procedures

1. Prior to activating ambulance redirection, the ambulance provider will verify with the hospital that extended APOD exists. Once extended APOD is confirmed the following procedures will be activated:
 - a. The affected ambulance provider is authorized to activate ambulance redirection.
 - b. Patients shall be transported to the closest most appropriate hospital emergency department not presently experiencing extended APOD that is best able to accept and offload patients. Hospitals experiencing extended APOD shall be identified

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by the ambulance provider communication center in consultation with the affected hospital(s) and other applicable communications centers.

- c. Any questions or concerns regarding any hospital's ability to accept redirected patients should be directed to the Imperial County EMS Manager or their representative.
- d. When ambulance redirection is activated, EMS personnel responsible for patient care must fully inform the patient(s) of the reasons for redirection.
- e. When ambulance redirection is activated, EMS personnel shall note "APOINTREDIRECTION" within the narrative section of the electronic patient care record (ePCR).
- f. Hospitals are encouraged to call the ambulance provider once care of the patient has been transferred to the hospital in order to cancel ambulance redirection.
- g. 100% of ambulance redirection in the County of Imperial will be reviewed. If an ambulance redirection occurs outside of the approved process, an incident report will be completed, and further actions taken as necessary
- h. Imperial County EMS Ambulance Patient Offload Time reports will include APOINT Ambulance Redirection.

C. Activation Process

1. To ensure the effective activation of ambulance redirection, it is essential for each extended APOINT to be accurately and rapidly confirmed. Extended APODs and EMS personnel impacted by APODs must coordinate as outlined below. Coordination between ambulance agency supervisors should occur to ensure minimal disruption to EMS system response and transporting agencies.
 - a. Confirmation Phase:
 - i. Ambulance personnel shall notify their supervisor at the beginning of extended APOINT.
 - ii. Once notified, the on-duty supervisor will contact the ED charge nurse to confirm if a true APOINT exists; and if so, when would be the projected transfer of patient care.
 - iii. When available, an EMS supervisor should respond to the hospital ED.
 - b. Activation Phase
 - i. Ambulance redirection will activate when one (1) ambulance is on

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extended APOD.

- ii. The ambulance provider supervisor is required to:
 - a) Utilize the ReddiNet Diversion Status board to place the hospital ED on “Redirect”
 - b) Repeat the ReddiNet notification every 30 minutes until extended APODs no longer exist.
 - c) Immediate notification of the EMS system should occur using ReddiNet.
- c. Cancellation Phase:
 - i. Ambulance redirection will cancel when the extended APOD no longer exists.
 - ii. Ambulance personnel shall notify their communications center at the end of extended APOD.
 - iii. The ambulance provider supervisor is required to utilize the ReddiNet Diversion Status board to place the hospital ED on “Open”.

XII. Quality Improvement:

- A. When APOD policies are invoked, immediate notification shall be provided to EMS Medical Director and EMS Administrator by use of ReddiNet.
- B. 100% of ambulance redirection will be reviewed by the EMS agency.

XIII. Major Emergency:

- A. In the event of a major emergency (including but not limited to a multi-casualty incident) that requires immediate availability of ambulances, Imperial County EMS Manager or designee may give direction to EMS field personnel to immediately transfer patient care to ED medical personnel and return to service to support the EMS system resource needs.

APPROVED:

SIGNATURE ON FILE – 07/01/25

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