



# Inland Counties Emergency Medical Agency

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*Serving San Bernardino, Inyo, and Mono Counties*  
*Daniel Munoz, Interim, EMS Administrator*  
*Reza Vaezazizi, MD, Medical Director*

**DATE:** November 15, 2022

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Medical Advisory Committee (MAC) Members  
Systems Advisory Committee (SAC) Members

**FROM:** Daniel Munoz  
Interim EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT: 30-DAY NOTIFICATION FOR PUBLIC COMMENT**

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Public comment for the policies/protocols listed below will occur at the next Medical Advisory Committee meeting on December 15, 2022 at 1:00 pm. Please review and bring suggestions for modification to the meeting.

ICEMA Reference Number and Name

8050 Requests for Hospital Diversion and Ambulance Redirection  
8100 Ambulance Patient Offload Delay (APOD)

DM/RV/mh

Enclosures

c: File Copy

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**30-DAY NOTIFICATION FOR POLICIES/PROTOCOLS CHANGES**  
**November 15, 2022**

<b>Reference #</b>	<b>Name</b>	<b>Changes</b>
<b>DELETIONS</b>		
NA		
<b>NEW</b>		
NA		
<b>CHANGES</b>		
8050R2	Requests for Hospital Diversion and Ambulance Redirection	Rewritten for clarity.
8100R1	Ambulance Patient Offload Delay (APOD)	Rewritten for clarity.



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 8050R2**  
Effective Date: 01/15/23  
Supersedes: 04/01/22  
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## REQUESTS FOR HOSPITAL DIVERSION AND AMBULANCE REDIRECTION

### I. PURPOSE

To define policy and procedures for hospitals to request diversion of Advanced Life Support (ALS) ambulances and to define procedures for the redirection of ALS ambulances by the transport providers.

### II. POLICY

- Hospital diversion is driven by the hospital and may only be used if the hospital meets the criteria that is listed in this policy.
- Ambulance redirection is driven by the EMS providers and may only be used if the criteria listed in this policy is met.

### III. DIVERSION

- Ambulance diversion based on hospital capacity, census or staffing is not permitted in the ICEMA region. Limited diversion for hospital internal disaster and trauma Centers are permitted as outlined in this policy.
- This policy applies to the 9-1-1 emergency system as a temporary measure and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.
- If a hospital meets internal disaster criteria, Trauma Center Diversion or any other specialty care centers with unique circumstances, immediate telephone notification must be made to the ICEMA Duty Officer by an administrative staff member who has the authority to determine that criteria has been met for diversion.
- Hospitals must notify EMS dispatch centers immediately via ReddiNet or available communication modalities.
- Hospitals must maintain a hospital diversion policy that conforms with this policy. The hospital policy shall include plans to educate all appropriate staff on proper utilization of diversion.
- Within 72 hours of an incident, the hospital must provide ICEMA with a written after action report indicating the reasons for internal disaster, plans activated, adverse patient consequences and the corrective actions taken. The report must be signed by the CEO or designated responsible individual.
- ICEMA staff may contact the hospital to determine the reasons for ambulance diversion, under this policy.
- ICEMA may remove any hospital from diversion status using ReddiNet if it is determined that the request is not consistent with this policy.

#### IV. REDIRECT

- Receiving hospitals cannot redirect an incoming ambulance and limited diversion is only permitted for internal disaster or trauma centers as outlined in this policy.
- ICEMA may randomly audit base hospital records to ensure redirected ambulance patients are transported to the appropriate destination.
- ICEMA may perform unannounced site visits to hospitals on temporary redirection status to ensure compliance with the request for ambulance diversion.

#### V. PROCEDURE FOR DIVERSION

A request for diversion of ALS ambulances may be made by contacting the ICEMA Duty Officer, for the following approved categories:

- CT Diversion (for Non-Specialty Care Centers).
  - When Non-Specialty Care Centers experience CT scanner failure, the hospital can go on ambulance diversion using the ReddiNet system for EMS patients who may require CT imaging.
- Trauma Center Diversion (for use by designated Trauma Centers only)
  - The on-duty trauma surgeon must be involved in the decisions regarding any request for trauma diversion.
  - The trauma team and trauma surgeon (both first and second call) are fully committed to the care of trauma patients in the operating room and are NOT immediately available for any additional incoming patients meeting approved trauma triage criteria.
  - All operating rooms are occupied with critically injured patients that meet trauma triage criteria.
  - All CT Scanners are inoperable due to scanner failure at a designated Trauma Center.
  - Internal disaster.

**NOTE:** Diversion is canceled when all designated Trauma Centers are on Trauma Center Diversion.

- **Internal Disaster Diversion**

- Requests for Internal Disaster Diversion shall apply only to physical plant breakdown affecting the Emergency Department or significant patient services.

**NOTE:** Examples of Internal Disaster Diversion include bomb threats, explosions, power outage and a nonfunctional generator, fire, earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.

- Internal Disaster Diversion shall not be used for hospital capacity or staffing issues.
- Internal Disaster Diversion will stop all 9-1-1 transports into the facility.
- The hospital CEO or AOD shall be notified and notification documented in ReddiNet.
- If the hospital is a designated base hospital, the hospital should consider immediate transfer of responsibility for on-line direction to another base hospital. Notification must be made to the EMS provider.
- The affected hospital shall enter Internal Disaster Diversion status into ReddiNet and notify the ICEMA Duty Officer immediately.

**NOTE:** Some hospitals have an internal policy called internal disaster to facilitate staff movement or other surge measures. This is not the same as internal disaster referred to in this policy and should not be put out on ReddiNet.

- **Exceptions to CT and Trauma Diversion Only:**

- Basic life support (BLS) ambulances shall not be diverted.
- Ambulances on hospital property shall not be diverted.
- With the exception of Internal Disaster Diversion involving significant plant failure, patients exhibiting unmanageable problems (i.e., difficult to manage airway, uncontrolled hemorrhage, cardiopulmonary arrest) in the field, shall be transported to the closest emergency department.

#### **VI. PROCEDURE FOR AMBULANCE REDIRECTION (ACTIVE REDIRECT)**

- Active Redirect will only be initiated at the recommendation of an ambulance supervisor, fire department Battalion Chief or above, or the ICEMA Duty Officer.
- Active Redirect can be initiated when three (3) or more ambulances are held on bed delay for more than 30 minutes.
- Supervisory personnel should be on scene whenever possible to work with the hospital to offload patients.
- Every effort should be made to clear ambulances on bed delay.
- Once the determination has been made to place the hospital on Active Redirect, the supervisor will ensure that notification is made via ReddiNet.
- Hospitals on Active Redirect will remain in that status for a maximum of two (2) hours. If conditions resolve prior to the two (2) hour time limit, the hospital shall be taken off Active Redirect.
- The paramedic has the ability to override the redirect status based on patient request and for continuity of care. (i.e. cancer patients, heart patients, transplant patients or hospital insurance).

- Any patient needing Specialty Care Services will be transported to the closest most appropriate hospital regardless of redirect status.
- Any Critical patient will be transported to the closest most appropriate hospital regardless of redirect status.



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 8100R1**  
Effective Date: 01/15/23  
Supersedes: 04/01/22  
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## AMBULANCE PATIENT OFFLOAD DELAY (APOD)

### I. PURPOSE

To establish a policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel.

### II. CONSIDERATIONS

Delays in the transfer of patient care and offloading of patients adversely affects patient care,

### III. DIRECTION OF EMS FIELD PERSONNEL

EMS field personnel must continue to provide and document patient care in accordance with ICEMA treatment policies and protocols prior to the transfer of patient care to the designated receiving hospital.

### IV. PATIENT CARE RESPONSIBILITY

The responsibility for patient care belongs to the designated receiving hospital once the patient arrives on hospital grounds.

### V. TRANSFER OF PATIENT CARE

#### Patients Under Care of EMS Field Personnel

Transfer of patient care is completed once the ED medical staff has received a verbal patient report. If the transfer of care and patient offloading from the ambulance gurney exceeds 25 minutes, it will be documented and tracked as APOD.

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.

### VI. APOD MITIGATION PROCEDURES

ED medical personnel should consider the following to prevent APOD:

- Immediately acknowledge the arrival of each patient transported by EMS;
- Receive a verbal patient report from EMS field personnel; and
- Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 25 minutes of arrival at the hospital ED.

If APOD does occur, the hospital should make every attempt to:

- Provide a safe area in the ED for the EMS personnel to temporarily wait while the hospital's patient remains on the ambulance gurney.
- Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.

- Provide information to the supervisor of the EMS field personnel regarding the steps that are being taken by the hospital to resolve APOD.

Hospitals will provide written details to ICEMA and EMS providers of policies and procedures that have been implemented to mitigate APOD including:

- Processes for internal escalation of APOD:
  - ED/Attending Physician
  - ED Nurse Manager/Director or Designee (i.e., Charge Nurse)
  - House Supervisor
  - Administrator on call
- Processes to alert via ReddiNet
  - Local receiving hospitals/base hospitals
  - Fire department and ambulance dispatch centers
- Processes for EMS field providers to alert the ED medical personnel of a decline in the patient's condition.
- EMS field personnel are directed to do the following to prevent APOD:
- Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.

#### **VII. CLINICAL PRACTICES FOR EMS FIELD PERSONNEL TO REDUCE APOD**

The EMS field personnel shall utilize sound clinical judgment and follow the appropriate ICEMA policies and treatment protocols including:

- Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
- Initiate vascular access only as clinically indicated.
- Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

#### **VIII. APOD UNUSUAL EVENTS**

In response to a major emergency that requires immediate availability of ambulances the San Bernardino County Medical Health Operational Area Coordinator may give direction to EMS field providers to immediately transfer patient care to the ED medical personnel and return to service to support the EMS system resource needs.

- If offload delay exceeds 25 minutes, EMS field personnel will transfer care of the patient to ED medical personnel and transition patient to a gurney cot bed chair wheelchair or waiting room that is appropriate for patient's condition.
- Transfer of care will include BLS and ALS patients that are determined to be stable and safe to transfer, based on EMS field personnel evaluation.



- EMS field personnel are required to give a verbal patient report containing any pertinent information necessary for the ongoing care of the patient.
- EMS field personnel will complete and post the written ePCR in accordance with existing policy.



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. ~~8050R18050R2~~  
Effective Date: ~~04/01/2201/15/23~~  
Supersedes: ~~03/01/2004/01/22~~  
Page 1 of ~~55~~

## REQUESTS FOR ~~HOSPITAL DIVERSION AND AMBULANCE REDIRECTION~~ ~~AMBULANCE REDIRECTION~~ ~~AND HOSPITAL DIVERSION~~

### I. PURPOSE

To define policy and procedures for hospitals to request ~~diversion temporary redirection~~ of ~~Advanced Life Support (ALS) ambulances~~ ~~and to define procedures for the redirection of ALS ambulances by the transport providers.~~

### II. POLICY

- ~~Hospital diversion is driven by the hospital and may only be used if the hospital meets the criteria that is listed in this policy.~~
- ~~Ambulance redirection is driven by the EMS transport providers and may only be used if the criteria listed in this policy is met.~~

### III. DIVERSION

- ~~Ambulance ~~diversion~~ redirection based on hospital capacity, census or staffing is not permitted in the ICEMA region. Limited diversion for hospital internal disaster and trauma Centers are permitted as outlined in this policy.~~  
~~and will only be permitted as outlined in this policy.~~
- ~~This policy applies to the 9-1-1 emergency system as a temporary measure and is not intended for utilization to determine destination for interfacility transports, including higher level of care transports.~~
- If a hospital meets internal disaster criteria, Trauma Center Diversion or any other specialty care centers with unique circumstances, immediate telephone notification must be made to the ICEMA Duty Officer by an administrative staff member who has the authority to determine that criteria has been met for ~~redirection~~ of diversion.
- Hospitals must notify EMS dispatch centers immediately via ReddiNet or available communication modalities.
- Hospitals must maintain a hospital ~~diversion~~ redirection policy that conforms with this policy. The hospital policy shall include plans to educate all appropriate staff on proper utilization of ~~diversion~~ redirection.
- ~~Receiving hospitals cannot redirect an incoming ambulance and limited diversion/redirection is only permitted for internal disaster or trauma centers as outlined in this policy.~~
- ~~Within 72 hours of an incident, the hospital must provide ICEMA with a written after action report indicating the reasons for internal disaster, plans activated, adverse patient consequences and the corrective actions taken. The report must be signed by the CEO or designated responsible individual.~~
- ~~ICEMA may perform unannounced site visits to hospitals on temporary redirection status to ensure compliance with the request for ambulance ~~diversion~~ redirection.~~
- ~~ICEMA may randomly audit base hospital records to ensure redirected ambulance patients are transported to the appropriate destination.~~

- ~~ICEMA~~ staff may contact the hospital to determine the reasons for ambulance diversion~~redirection~~, under this policy.
- ICEMA may remove any hospital from diversion~~redirection~~ status using ReddiNet if it is determined that the request is not consistent with this policy.

#### IVH. REDIRECT

- Receiving hospitals cannot redirect an incoming ambulance and limited diversion is only permitted for internal disaster or trauma centers as outlined in this policy.
- ICEMA may randomly audit base hospital records to ensure redirected ambulance patients are transported to the appropriate destination.
- ICEMA may perform unannounced site visits to hospitals on temporary redirection status to ensure compliance with the request for ambulance diversion.

#### V. PROCEDURE FOR DIVERSION

A request for ~~diversion~~redirection of ALS ambulances may be made by contacting the ICEMA Duty Officer. for the following approved categories:

- CT ~~Diversion~~Redirection (for Non-Specialty Care Centers).
  - When Non-Specialty Care Centers experience CT scanner failure, the hospital can go on ambulance diversionredirection using the ReddiNet system for EMS patients who may require CT imaging.
- Trauma Center Diversion (for use by designated Trauma Centers only)
  - The ~~on-duty~~on-duty trauma surgeon must be involved in the decisions regarding any request for trauma diversion.
  - The trauma team and trauma surgeon (both first and second call) and are fully committed to the care of trauma patients in the operating room and are NOT immediately available for any additional incoming patients meeting approved trauma triage criteria.
  - All operating rooms are occupied with critically injured patients that meet trauma triage criteria.
  - All CT Scanners are inoperable due to scanner failure at a designated Trauma Center.
  - Internal disaster.

**NOTE:** Diversion is canceled when all designated Trauma Centers are on Trauma Center Diversion.

- **Internal Disaster Diversion**

- Requests for Internal Disaster Diversion shall apply only to physical plant breakdown affecting the Emergency Department or significant patient services.

**NOTE:** Examples of Internal Disaster Diversion include bomb threats, explosions, power outage and a nonfunctional generator, fire, earthquake damage, hazardous materials exposure, incidents involving the safety and/or security of a facility.

- Internal Disaster Diversion shall not be used for hospital capacity or staffing issues.
- Internal Disaster Diversion will stop all 9-1-1 transports into the facility.
- The hospital CEO or AOD shall be notified and notification documented in ReddiNet.
- If the hospital is a designated base hospital, the hospital should consider immediate transfer of responsibility for on-line direction to another base hospital. Notification must be made to the EMS provider.
- The affected hospital shall enter Internal Disaster Diversion status into ReddiNet and notify the ICEMA Duty Officer immediately.

**NOTE:** Some hospitals have an internal policy called internal disaster to facilitate staff movement or other surge measures. This is not the same as internal disaster referred to in this policy and should not be put out on ReddiNet.

**IV. EXCEPTIONS TO CT AND TRAUMA DIVERSION ONLY**

- **Exceptions to CT and Trauma Diversion Only:**
  - Basic life support (BLS) ambulances shall not be diverted.
  - ● Ambulances on hospital property shall not be diverted.
  - With the exception of Internal Disaster Diversion involving significant plant failure, patients exhibiting unmanageable problems (i.e., difficult to manage airway, uncontrolled hemorrhage, cardiopulmonary arrest) in the field, shall be transported to the closest emergency department.
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**VI. PROCEDURE FOR —AMBULANCE REDIRECTION (ACTIVE REDIRECT)**

- Active Redirect will only be initiated at the recommendation of an ambulance supervisor, fire department Battalion Chief or above, or the ICEMA Duty Officer.
- Active Redirect can be initiated when three (3) or more ambulances are held on bed delay for more than 30 minutes.
- Supervisory personnel should be on scene whenever possible to work with the hospital to offload patients.
- Every effort should be made to clear ambulances on bed delay.
- Once the determination has been made to place the hospital on Active Redirect, the supervisor will ensure that notification is made via ReddiNet.
- Hospitals on Active Redirect will remain in that status for a maximum of two (2) hours. If conditions resolve prior to the two (2) hour time limit, the hospital shall ~~may~~ be taken off Active Redirect.
- The paramedic has the ability to override the redirect status based on patient request and for continuity of care. (i.e. cancer patients, heart patients, transplant patients or hospital insurance).
- Any patient needing Specialty Care Services will be transported to the closest most appropriate hospital regardless of redirect status.
- Any Critical patient will be transported to the closest most appropriate hospital regardless of redirect status.



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

Reference No. **8100R1**  
Effective Date: 04/01/2201/15/23  
Supersedes: 03/01/2004/01/22  
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## AMBULANCE PATIENT OFFLOAD DELAY (APOD)

### I. PURPOSE

To establish a policy for the safe and rapid transfer of patient care responsibilities between Emergency Medical Services (EMS) personnel and emergency department (ED) medical personnel.

### II. CONSIDERATIONS

~~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 Riverside and San Bernardino counties. 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.~~

### III. DIRECTION OF EMS FIELD PERSONNEL

~~EMS field personnel have a responsibility to must continue to provide and document patient care in accordance with ICEMA treatment policies and protocols 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 Inland Counties Emergency Medical Agency (ICEMA) treatment protocols and policies.~~

### IV. PATIENT CARE RESPONSIBILITY

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

### V. TRANSFER OF PATIENT CARE

#### Patients Under Care of EMS Field Personnel

~~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 25 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. If the transfer of care and patient offloading from the ambulance gurney exceeds ~~the~~ 25 minutes standard, it will be documented and tracked as APOD.~~

~~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.~~

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.

## VI. APOD MITIGATION PROCEDURES

~~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 25 minutes of arrival at the ED.~~

ED medical personnel should consider the following to prevent APOD:

- Immediately acknowledge the arrival of each patient transported by EMS;
- Receive a verbal patient report from EMS field personnel; and
- Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 25 minutes of arrival at the hospital ED.

If APOD does occur, the hospital should make every attempt to:

- Provide a safe area in the ED ~~within direct sight of ED medical personnel where for the EMS personnel ambulance crew can to~~ temporarily wait while the hospital's patient remains on the ambulance gurney.
- Inform the attending paramedic or EMT of the anticipated time for the offload of the patient.
- Provide information to the supervisor of the EMS field personnel regarding the steps that are being taken by the hospital to resolve APOD.

Hospitals will provide written details to ICEMA and EMS providers of policies and procedures that have been implemented to mitigate APOD including: ~~and assure effective communication with affected partners:~~

- Processes for ~~the immediate notification of the following hospital staff through their internal internal escalation process of the occurrence of APOD, including but not limited to:~~
  - ED/Attending Physician
  - ED Nurse Manager/Director or Designee (i.e., Charge Nurse)
  - House Supervisor
  - Administrator on call
- ~~Processes to alert the following affected partners via ReddiNet when a condition exists that effects the timely offload of ambulance patients.~~
- - Local receiving hospitals/base hospitals
  - Fire department and ambulance dispatch centers
- ~~Processes for ED medical personnel to immediately respond to and provide care for the patient if the attending EMS field providers personnel to alert the ED medical personnel of a decline in the patient's condition of a patient being temporarily held on the ambulance gurney.~~



- ~~\_\_\_\_\_~~
- EMS field personnel are directed to do the following to prevent APOD:
  - ~~Provide the receiving hospital ED with the earliest possible notification via two-way radio that a patient is being transported to their facility.~~
  - ~~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.~~
  - ~~Provide a verbal patient report to the ED medical personnel within 25 minutes of arrival to the ED.~~
  - ~~Contact the EMS supervisor for direction if the ED medical personnel do not offload the patient within the 25 minute ambulance patient offload time standard.~~
  - ~~Complete the ICEMA required authorized patient care documentation.~~
  - ~~\_\_\_\_\_~~
  - Work cooperatively with the receiving hospital staff to transition patient care within the timeframes established in this policy.

## ~~VII. CONTENT AND FORMATTING OF THE VERBAL PATIENT REPORT~~

~~The verbal patient report may be provided by face to face communication utilizing the SBAR format. The verbal patient report will include the following elements:~~

### ~~Situation~~

- ~~Patient age, sex, weight~~
- ~~Patient condition (mild, moderate or severe)~~
- ~~Patient chief complaint~~

### ~~Background~~

- ~~Mechanism of injury or history of present illness~~
- ~~Assessment findings
 
  - ~~Responsiveness/Glasgow Coma Scale (GCS)~~
  - ~~Airway~~
  - ~~Breathing~~
  - ~~Circulation~~
  - ~~Disability~~~~
- ~~Vital Signs~~
- ~~Past medical history, medications and allergies~~

### ~~Assessment~~

- ~~Primary impression~~

### ~~Recommendations~~

- ~~Treatment/interventions provided~~
- ~~Patient response to treatment/interventions~~
- ~~Request for orders (If it is a medical direction call)~~

### VIII. CLINICAL PRACTICES FOR EMS FIELD PERSONNEL TO REDUCE APOD

The EMS field personnel shall utilize sound clinical judgment and follow the appropriate ICEMA policies and treatment protocols including:

- Initiate care as clinically indicated with the appropriate basic life support (BLS) and advanced life support (ALS) interventions.
- Initiate vascular access only as clinically indicated. ~~IV therapy should only be initiated pursuant to ICEMA treatment protocols for patients that require the following:~~
  - ~~➤ Administration of IV medication(s), or~~
  - ~~➤ Administration of IV fluid bolus or fluid resuscitation.~~
- ~~• 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.~~
- ~~•~~
- Discontinue ECG monitoring before removing the patient from the ambulance if there are no clinical indications for cardiac monitoring.

### VIIIIX. APOD UNUSUAL EVENTS

~~In response to a major emergency that requires immediate availability of ambulances the San Bernardino County Medical Health Operational Area Coordinator may give direction to EMS field providers to immediately transfer patient care to the ED medical personnel and return to service to support the EMS system resource needs.~~

~~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:~~

- ~~• Criteria for an APOD Unusual Event If offload delay exceeds 25 minutes, EMS field personnel will transfer care of the patient to ED medical personnel and transition patient to a gurney cot bed chair wheelchair or waiting room that is appropriate for patient's condition.~~
- ~~• Transfer of care will include BLS and ALS patients that are determined to be stable and safe to transfer, based on EMS field personnel evaluation.~~

~~EMS field personnel are required to give a verbal patient report containing any pertinent information necessary for the ongoing care of the patient.~~

- ~~• EMS field personnel will complete and post the written ePCR in accordance with existing policy. ÷~~
- ~~•~~
  - ~~➤ APOD exceeding 25 minutes is occurring, and;~~
  - ~~➤ The ambulance provider identifies and documents low EMS system ambulance availability due to APOD~~

~~APOD Unusual Event Procedures~~

- ~~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 as appropriate for patient condition provided the patient meets the following criteria:~~
  - ~~Stable vital signs~~
  - ~~Alert and oriented~~
  - ~~No ALS interventions in place~~
  - ~~Is not on a Welfare and Institutions Code (WIC) 5150 hold~~
- ~~EMS field personnel shall make every attempt to notify ED medical personnel that they must immediately return to service.~~
- ~~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.~~
- ~~In the event of a major emergency that requires immediate availability of ambulances, the San Bernardino County Medical Health Operational Area Coordinator 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.~~