SAN FRANCISCO EMERGENCY **MEDICAL SERVICES AGENCY**

AMBULANCE TURNAROUND TIME STANDARD
EMSAC JUNE 2026

EFFECTIVE DATE: xx/xx/xx ***POLICY REFERENCE NO: 4000.1*** ***SUPERSEDES: 7/1/25***

1. PURPOSE

1.1. To define the goals for ambulance turnaround and patient offload times.

2. BACKGROUND

2.1. Patient transfer from ambulance to hospital is a critical part of emergency care, both for the individual patient at the hospital and to preserve the availability of ambulances to answer 911 calls for medical assistance throughout the San Francisco EMS System.

3. DEFINITIONS

3.1. **Ambulance arrival at the emergency department** – The time the ambulance stops (actual wheel stop) at the location outside the hospital emergency department where the patient is unloaded from the ambulance.

3.2. **Ambulance patient offload time (APOT-1)** – The time when a patient is physically removed from the ambulance gurney to hospital equipment and transfer of care has been completed, as recorded by a signature from an emergency department nurse or doctor in a patient's EMS electronic health record.

3.3. **Ambulance return to service time** – The time the ambulance is response ready after transporting apatient to a hospital emergency department.

3.4. **Offload time interval** - The period of time between ambulance arrival at emergency department and ambulance patient offload time.

3.5. **Ambulance level** – The quantity of available ambulances in the EMS system.

3.6. **Ambulance turnaround interval** - The period of time between ambulance arrival at emergency department and ambulance return to service time.

3.7. **Ambulance decontamination delay** – Notification is made to Division of Emergency Communications (DEC) by EMS personnel that excessive post-call cleaning or decontamination is needed to place ambulance back into service. This may apply to Code 3 transports and some Code 2 calls in which excessive body fluids, infestation, or hazards (e.g. glass) are present that could potentially expose a EMS personnel or patient on a subsequent call. A decontamination delay is not declared for routine Code 2 transports or patient care.

3.8. **Ambulance delayed in triage** – Notification is made to DEC by ambulance crew that a back-up is occurring at hospital triage, intake, or with movement of patient off gurney. Declaration may be made after: 10 minutes from the time the ambulance parks at a hospital as noted in CAD.

Once patient is physically moved off gurney, subsequent notification to DEC is required to indicate there is no longer a delay.

3.9. **Medic to Follow** – An event where a 911 call is pending and no ambulance is available to respond.

4. POLICY

4.1. The goal for the offload time interval is 20 minutes or less, 90 percent of the time (APOT-1). Under Health and Safety Code ~~1979~~ 1797.120.5 and upper threshold under Section ~~X~~ 10.1, the APOT-1 standard shall not exceed 30 minutes, 90 percent of the time.

4.2. The goal for the ambulance turnaround interval is 30 minutes or less, 90 percent of the time.

4.3. Receiving facility staff may perform minimal risk procedures (e.g. blood draw etc), while the staff continue~~s~~ to work on finding a location for the patient in the ED or waiting room. Hospitals shall not administer medications.

5. PARAMEDIC/EMT-INITIATED OFFLOAD ~~(ACUTE DELAY)~~

5.1. Unless a bed is immediately available to offload patient, EMS personnel, Paramedic or EMT, ~~may~~ ~~shall~~ should offload patients directly to a San Francisco hospital ED waiting room under the following conditions ~~and an offload delay greater than 20 minutes is expected~~:

5.1.1. The patient is logged and/or registered on the Emergency Department patient tracking board.

5.1.2. The patient meets the following criteria:

5.1.2.1. No complaint or assessment finding that is suggestive of the need for time-sensitive intervention, examples include but are not limited to:

- Uncontrolled bleeding
- Chest pain
- Difficulty breathing
- Active seizure
- Acute psychiatric/combativeness

5.1.2.2. Patient is 18 years or older or is a minor accompanied by a parent/guardian who has decision-making capacity.

5.1.2.3. A minimum of two sets of stable vital signs (age appropriate [insert link for peds vitals]) at patient's baseline or within alternate destination criteria (insert link for TAD criteria).

5.1.2.4. Alert and oriented to person, place, time, and situation ~~and has decisional capacity.~~

5.1.2.5. No intravenous, intraosseous, intramuscular or intranasal medications were administered by prehospital personnel (including bystander use of Naloxone) that require close monitoring. Examples of acceptable medication may include: ibuprofen, ketorolac, normal saline, ondansetron, olanzapine (with documented patient improvement). ~~with the exception of an anti-emetic or oral medications that do not require close monitoring (e.g. ibuprofen).~~

5.1.2.6. In the judgement of the Paramedic, the patient does not require continuous

cardiac or respiratory monitoring.

5.1.2.7. The patient does not require a saline lock or intravenous (IV) line. If a saline lock or IV line was placed in the prehospital setting, it can be removed by the paramedics. No patient with IV access shall be placed in an ED waiting room.

5.1.2.8. The patient can maintain a sitting position without adverse impact on their medical condition, dignity, or obvious risk of fall. The patient should have the ability to ambulate by walking or with an assistive device (wheelchair, walker) and with minimal assistance.

5.1.2.9. The patient is not on a 5150 hold, expressing suicidal ideation to self or thoughts/intent to harm others and/or clinically intoxicated with drugs or alcohol.

5.1.2.10. ~~A verbal report and a copy of the prehospital run sheet is provider or available to a charge nurse or their designee prior to leaving the patient at the hospital. Should a hospital representative refused to sign for transfer of care, please follow the same guidance for APOT Alert documentation.~~ The location to which the patient was triaged must be clearly documented in the prehospital ePCR.

5.1.2.11. If ~~a~~ the patient does not ~~immediately~~ initially meet above criteria, EMS personnel will continue to monitor. The patient should be reassessed every 15 minutes. If the patient eventually meets criteria to offload to ED waiting room with two consecutive 15-minute assessments (30 minutes minimum), offload to waiting room may occur.

5.1.2.12. By electing to use this option, the ambulance shall return to service within 10 minutes of patient movement off gurney and turnover to ED waiting room.

5.2. Documentation

5.2.1. If patient is being offloaded into the waiting room, a verbal report and a copy of the prehospital run sheet must be provided or available to a charge nurse or their designee prior to leaving the patient at the hospital.

5.2.1.1. EMS personnel will make every effort to complete an in-person transfer of care to an accepting ED staff with clinical authority to accept patients.

5.2.1.2. If ED staff are unwilling to accept report or sign documentation, EMS shall document in ePCR. ~~per refusal to sign statement (see Section 6.5.1.4).~~

5.2.1.3. For any patient transported to the ED waiting room, EMS personnel shall document:

- The specific criteria met for waiting room placement
- Name and title of the person notified
- Patient disposition, including:
  - Location
  - Waiting room chair
  - Wheelchair

6. APOT ALERT DECLARATION

6.1. EMS personnel shall work collaboratively with hospital staff to identify offload delays,

develop solutions, and formulate a plan for patients currently waiting on gurneys. Every attempt shall be made to triage patients to alternative waiting spaces such as waiting areas, fast track areas, wheelchairs, or hallways spaces.

6.2. The on-duty EMS Supervisor (e.g. Rescue Captain at DEC), monitoring APOT, shall call the Emergency Department Charge Nurse to confirm ambulance offload delays and obtain an ETA to transfer care.

6.3. Should all reasonable attempts to offload patients to other areas fail AND criteria is met below, the EMS Supervisor shall declare an "APOT Alert:"

6.3.1. APOT Alert Criteria:

6.3.1.1. 1 or more ambulances delayed for 60 minutes or greater regardless of Ambulance Level.

6.3.1.2. 1 or more ambulances delayed for 30 minutes or greater with Medic to Follow event(s).

6.3.2. An APOT Alert:

6.3.2.1. Is a formal declaration, similar to an MCI Yellow or Red Alert.

6.3.2.2. Is for situational awareness to all field ambulance crews.

6.3.2.3. During a declared APOT Alert, a Receiving Facility's Stroke and STEMI specialty care designation is temporarily suspended if a patient is equidistant to another facility by traffic or distance. Crews should avoid transporting these patients to the impacted Receiving Facility if at all possible and safe to do so based on patient condition and other equidistant Receiving Facilities with the same specialty care designation.

6.3.2.4. Is in effect until ambulances are cleared from the Receiving Facility.

6.3.3. Steps for DEC:

6.3.3.1. When announcing Diversion, advise of "APOT Alert" declaration.

6.3.3.2. Send a notification to all crews via CAD Mobile Data Terminals advise of APOT Alert and to avoid taking Stroke and STEMI patients to the affected Receiving Facility with an active APOT Alert if equidistant to other Receiving Facilities.

6.3.3.3. Post banner on ReddiNet announcing the APOT Alert at the affected Receiving Facility.

6.3.3.4. Sent ReddiNet message to EMS Providers, EMSA, and affected Receiving Facility announcing APOT Alert declaration.

6.3.3.5. Notify ~~DEM Duty Officer (to notify EMS Agency)~~ SF EMS Agency Duty Officer.

6.3.3.6. Send follow-up message when APOT Alert secured.

6.3.4. Steps for Receiving Facility:

6.3.4.1. Charge nurse shall immediately notify House Supervisor and Administrator on Call.

6.3.4.2. Consider activation of HICS (Hospital Incident Command System)

6.3.4.3. Consider activation of emergency surge plans including use of:

- Alternate treatment spaces (ie tents, unoccupied hospital wards/floors)
- Staff call-ins, modification of nursing ratios

6.4. Steps for field EMS Supervisor:

6.4.1. A field EMS Supervisor should be dispatched after an APOT Alert is declared.

6.4.2. Upon arrival to the facility, the EMS Supervisor shall identify themself and check-in with Emergency Department Charge Nurse and/or Hospital Supervisor to confer about the cause of the ambulance offload delay.

6.4.3. EMS Supervisor shall ensure any EMS patients meeting Section 5 criteria are offloaded to waiting room. EMS Supervisor shall notify Emergency Department Charge Nurse and/or Hospital Supervisor that continued delays may lead to re-triage to other Receiving Facilities should all other options fail.

6.4.4. Immediately re-triage patients to other Receiving Facilities that are less impacted if the time to transport and transfer care to another Receiving Facility is less than the estimated time to transfer care at the facility with the declared APOT Alert. The patient shall be asked and must consent prior to re-triage to another Receiving Facility. Re-triage of any patient must be done as a last resort in order to protect public safety and health (e.g. no ambulances available to respond to 911 call).

6.4.4.1. For any re-triage of patients to other Receiving Facilities, the EMS Agency shall review the incident and forward to California Department of Public Health for Emergency Medical Treatment and Active Labor Act (EMTALA) violations.

6.5. Documentation

6.5.1. The following shall be documented in the Patient Care Record (PCR):

6.5.1.1. Detailed description of attempts to offload patient and transfer care to hospital staff

- Reasonable attempts include but not limited to:
  - Multiple attempts to obtain a signature for the PCR
  - Multiple attempts to provide a patient report either written or verbal
  - Attempt to interact with an Emergency Department supervisor, charge nurse, and/or hospital administrator
  - Attempt to utilize EMS Supervisor in offloading patient

6.5.1.2. Any additional transports to other facilities

6.5.1.3. Patient deterioration due to delays in patient transfer

~~**6.5.1.4.** Should hospital staff be unwilling to speak with EMS Personnel or sign PCR acknowledging transfer of care, the following statement shall be made by EMS personnel and documented within PCR.~~

- ~~An APOT alert has been declared. All reasonable attempts to offload this patient have failed. I am transferring this patient to your care with or without a verbal patient report as you are a higher level of medical care. I will provide written patient care report via a copy of my PCR once complete. I am documenting thatI have made every attempt to transfer the patient.~~

6.6. Upon conclusion of the APOT Alert, the EMS Supervisor shall:

6.6.1. Announce the APOT Alert is secured.

6.6.2. File an exception report to the EMS Agency within 12 hours.

7. DATA COLLECTION

7.1. All interval measurements shall be reported monthly (on the first business day of the month) to the EMS Agency in an approved electronic format.

7.2. Turnaround time data submitted by providers shall include date, time, location, call disposition (Code 2 or Code 3), arrival time at hospital, ambulance patient offload time and ambulance return to service time.

8. QUALITY IMPROVEMENT

8.1. Providers ~~shall~~ should complete quality improvement activities for patients placed in the ED waiting room:

8.1.1. Patients that met offload criteria were placed in the waiting room

8.1.2. Appropriate feedback given to EMS personnel for patients who did not meet criteria

8.2. The EMS Agency will report monthly the following ("Hospital Report"):

8.2.1. Offload time interval for each provider at each emergency department.

8.2.2. Ambulance turnaround interval for each provider at each emergency department.

8.2.3. System aggregate intervals for patient offload and ambulance turnaround intervals at each emergency department

8.3. The EMS Agency will focus on identifying the root causes for delays, surges in demand and to what extent diversion impacts offload and turnaround intervals.

9. QUALITY ASSURANCE

9.1. Based on the Hospital Report, the EMS Agency may take action on a Receiving Facility, as detailed in Policy 5010, who have a:

9.1.1. 90th percentile APOT-1 time under 30 minutes, but greater than the 20- minute standard, the EMS Agency will continue to monitor via quality improvement in subsequent months

9.1.2. 90th percentile APOT-1 time over 30 minutes for two (2) consecutive months

9.1.2.1. The EMS Agency shall refer to corrective action plan process as detailed in Policy 5010

10. AUTHORITY

10.1. California Health and Safety Code, Division 2.5, Sections 1791.120, 1791.120.5-7, 1797.204, 1797.206, 1797.220, 1797.224, 1797.225, 1797.252, and 1798.