COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hospital EMS Surge Assistance		Policy Number 141
APPROVED: Administration:	Steve L. Carroll, Paramedic	Date: July 1, 2022
APPROVED: Medical Director:	Daniel Shepherd, M.D.	Date: July 1, 2022
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I. PURPOSE: To manage 911 ambulance resources during periods of prolonged ambulance patient offload times (APOT) at hospital emergency departments (EDs). This will be accomplished through coordination with local ambulance and fire resources, in addition to emergency department personnel and hospital administration.

II. AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100062 and 100170

A. POLICY:

1. This policy will be implemented in coordination with the Ventura County EMS Agency (VCEMS), the impacted hospital(s), and prehospital provider agencies.
2. The goal of this policy is to allow for transporting ambulances to offload patients and return to service as soon as possible.
3. The hospital is not relieved of its responsibilities outlined in the Emergency Medical Treatment and Active Labor Act. Patient care in the ambulance offload area is ultimately the responsibility of the hospital.
4. While prehospital personnel may assist with monitoring patients in the ambulance offload area, patient care is ultimately the responsibility of the hospital and hospital personnel.
5. Hospital administration shall be notified by emergency department personnel any time this policy is implemented at a receiving hospital.
6. A designated agency representative (AREP) or EMS Agency personnel will coordinate all prehospital resources utilized in the ambulance offload area and will determine when prehospital resources are no longer needed for monitoring of ambulance patients.

7. Each EMT and Paramedic may observe up to four (4) patients in the ambulance offload area, and will provide care to patients, if/when needed, per their scope of practice and VCEMS Policies and Procedures.
8. Paramedics staffing the ambulance offload area may monitor patients requiring ALS or BLS level care. EMTs may monitor patients requiring BLS level of care.
    a. During extenuating circumstances or extended periods of heavy surge and delays, EMTs may be authorized by the VCEMS Medical Director to monitor ALS level patients. This authorization will be made at the time of need and will be done in coordination with the impacted facility and prehospital provider agencies.
9. Paramedics and EMTs staffing the ambulance offload area will maintain effective, and ongoing, communication with ED staff regarding the condition of patient(s) in the ED holding area. The intent is to ensure that hospital staff have the information necessary to prioritize triage and transfer of care, initiate treatment, or direct treatment when clinically indicated. Communication will encompass, but not be limited to;
    a. Acute change(s) in patient condition which may indicate a potential life threat or need for time sensitive intervention.
    b. Change(s) in condition or need for treatment which are not consistent with prior field impression(s).
    c. Patient condition(s) currently requiring ongoing or repeat interventions such as continuous infusion of or repeat doses of medication.

B. Criteria For Implementation of this Policy:
1. All available treatment areas, including hallway beds, within the emergency department are fully occupied and ambulance patients are being managed on ambulance gurneys (inside or outside of the emergency department), and;
2. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour; or
3. Three or more ALS level patients are being managed by prehospital personnel waiting to be triaged/accepted by emergency department personnel.

IV. PROCEDURE

A. Hospital emergency department leadership or prehospital provider agency will contact the EMS Agency Duty Officer when criteria outlined in Section III.B are met.

B. EMS Agency will work with emergency department personnel and prehospital provider agency to determine the need for implementation, and appropriate prehospital resources that may be necessary.

C. If it is determined that additional prehospital resources will respond to the impacted emergency department to facilitate staffing of an ambulance offload area, an agency representative will be requested to consult with EMS Agency Duty Officer and emergency department personnel. The AREP will be the primary coordinator of prehospital resources at an impacted emergency department. The AREP may employ different strategies to manage these resources and achieve desired outcomes:

1. An ambulance crew or paramedic supervisor may be assigned to the ambulance offload area with the intent of observing several patients at the same time. Under this construct, transporting ambulances would offload their patients into the ambulance offload area and give report to the assigned crew, transfer care, and return to service.
2. An ALS fire resource (squad, engine or overhead) may be assigned to the ambulance offload area with the intent of observing several patients at the same time. Transporting ambulances would offload their patients into the ambulance offload area and give report to the assigned fire personnel, transfer care, and return to service.

D. The impacted hospital may designate and assign an individual to the ambulance offload area if/when one is activated. This individual would coordinate with the assigned AREP and would coordinate patient assessment and care from a hospital perspective and would coordinate resources and beds as they become available.

E. If not utilizing interior emergency department space, the impacted hospital may pre-identify a space to be utilized as an ambulance offload area if/when needed.

1. If possible, this area will be supplied with chairs, stretchers/cots, blankets, oxygen, and other medical equipment/supplies as appropriate.
2. The ambulance offload area will ideally be a tent or similar structure with climate control that can provide adequate shelter from the elements.
3. The hospital will provide appropriate means of communication to ensure that hospital staff and prehospital AREP assigned to the ambulance offload area can maintain effective communications with emergency department personnel at all times.

F. Patients arriving to an impacted emergency department with an active ambulance offload area will be categorized according to the following criteria:

1. Black (Morgue) – Patients arriving at the hospital will be immediately assessed by emergency department physician for prognosis and futility of effort. If futility is determined, resuscitation shall be terminated. Patient will be received by the hospital and an account/visit will be generated in this hospital EHR system. The decedent will be transported directly to the hospital morgue, and the decedent remains will be transferred to morgue personnel expeditiously so that the ambulance crew can return to service.
2. Red (Immediate) – Patients that exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed immediately. These patients require rapid assessment and intervention by emergency department personnel. These patients should be offloaded into the emergency department immediately, or they should be assigned top priority for offload if assigned to the ambulance offload area. If assigned to the ambulance offload area, these patients will be closely monitored by the designated hospital personnel and/or prehospital crew(s). Transfer of care to emergency department personnel will remain a top priority for this category of patient, and all efforts will be made within the ED to create an available bed. A single Paramedic may observe up to two (2) red/immediate category patients.
3. Yellow (Delayed) – Patients that require some degree of advanced care and/or assessment, but who are stable to wait in the ambulance offload area until appropriate resources are available inside the emergency department. The designated hospital staff will ensure the patient's information is captured in the hospital's EHR and the AREP will ensure that appropriate prehospital personnel have been assigned to monitor the patient's status. A single Paramedic may observe up to four (4) yellow/delayed category patients.
4. Green (Minor) – Patients that don't require advanced care and/or assessment and are medically stable with minimal observation. If space in the emergency department waiting room is available and appropriate, the patient may be transported there directly and report given to appropriate ED personnel so that the transporting ambulance crew can return to service. If no space is available in the emergency department waiting room, the patient may be transitioned to

personnel in the ambulance offload area, and transfer of care will be initiated. The hospital personnel will ensure that the patient has been entered into the hospital's EHR.

G. For prehospital personnel employed by a Ventura County – based provider, documentation of patient care shall be in accordance with VCEMS Policy 1000 – Documentation of patient care.

1. To facilitate timely and accurate documentation and tracking/trending of patient vital signs and other pertinent findings, ePCR data should be electronically transferred from the transporting crew to other VCEMS prehospital personnel staffing an ambulance offload area. The transporting crew will still be required to complete and upload a full ePCR, per Policy 1000, and VCEMS prehospital personnel staffing the ambulance offload area will complete an ePCR documenting the ongoing care and assessment until such time that the patient is transferred to a bed in the emergency department and transfer of care has been completed.
    a. Personnel in the ambulance offload area will utilize the time they received the patient from the transporting ambulance and will be required to manually input that time for the following fields:
        i. Dispatch Notified Date/Time
        ii. Unit Notified by Dispatch Date/Time
        iii. Unit En Route Date/Time
        iv. Unit Arrived On Scene Date/Time
        v. Arrived at Patient Date/Time
        vi. Transfer of EMS Patient Care Date/Time
    b. The Destination Patient Transfer of Care Date/Time will be the time when the patient is moved from the ambulance offload area to the emergency department, report is given, and a signature is received from receiving hospital representative.
    c. The Unit Back in Service Date/Time will be when the personnel assigned to the ambulance offload area return and are available to receive an additional patient from a transporting ambulance crew.