



911 Patient Offload and Ambulance Availability

Effective: December 1, 2025

Review: December 1, 2027

Approved: [Link to record of review and approval](#)

Report Link: [Click this link to be sent to the submission form](#)

I. Purpose

The purpose of this policy is to define the appropriate procedure to manage patient offloads and offload delays at receiving facilities and establish a standard for ambulance availability after transport. It is the expectation that ambulances shall be clear, available and ready for a post move or call within 20 minutes after arriving at a destination facility. The intent of this policy is to ensure the operation of the 911 EMS system is not adversely impacted by hospital delays.

II. Definitions

- a. **APOT:** Ambulance Patient Offload Time. This is the amount of time it takes to transfer a patient off the gurney at the receiving hospital. It is the measurement of time between arrival of the EMS Transport unit at the facility and the transfer of care.
- b. **Transfer of Care:** Transfer of care is the time at which the patient is transferred off the ambulance gurney and is considered complete once the receiving facility receives a verbal report and a signature from the facility is obtained.
- c. **Offload Standard:** Transfer of care to the staff at the receiving hospital occurs within 20 minutes of arrival.
- d. **Offload Delay:** Transfer of care has exceeded 20 minutes.
- e. **Facility Signature:** The time the receiving facility's signature is received shall be used to determine the time of transfer of care. Signatures shall not be obtained until transfer of care occurs.
- f. **EMS Offload:** The process implemented when the 45-minute threshold without transfer of care has been exceeded. Transport provider staff, under the authority of the County EMS Medical Director, are empowered to offload patients from the ambulance gurney and find a suitable place to stage the patient. This process shall only occur under the direct supervision of an EMS Supervisor who shall be in contact with facility management staff and ensure advisement to a registered nurse that the patient has been offloaded.



III. Off-Load Times Benchmarks

- a. **20 Minutes:** Page sent from agency dispatch liaison or staff advising expectation to clear. Ambulances are expected to clear and be available on radio unless a patient is still on their gurney. Crew must provide notification if they are delayed waiting for a bed. Consider offloading stable patients to the waiting room.
- b. **30 Minutes:** The EMS crew must contact the closest available EMS Supervisor to inform them of offload delays. EMS Supervisor should respond to the facility.
- c. **45 Minutes:** The EMS Supervisor on scene should initiate hard offload if able to do so safely without a negative impact on patient care.

IV. Procedures

Arrival at Receiving Facility

All Alameda County EMS transport units shall enter their status at the receiving facility upon arrival to the Emergency Department (ED) via MDT or radio if the MDT is out of service or unavailable. Upon arrival, the EMS transport unit shall check in with the receiving facility triage nurse.

Transfer of Care (standard ED offload)

Patient is transferred from EMS transport unit gurney to ED bed. All Alameda County EMS transport units shall provide a verbal report and obtain a signature from the facility. Note: Signature must only be obtained after patient is off the gurney.

Triage to Waiting Room (waiting room offload)

Patient is transferred from EMS Transport Unit to ED waiting room. Report shall be given to the charge nurse or receiving nurse prior to leaving the patient. Documentation of leaving the patient in the waiting room is required in the patient care report. EMS Providers can reference the "[Triage to Waiting Room](#)" policy for further clinical guidance.

EMS Offload

Patient is transferred to available gurney or wheelchair in the ED. EMS transport units shall attempt to provide a verbal report and obtain a signature from the facility.



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- a. Upon arrival of the EMS Supervisor, a collaborative and team-based approach will be made to offload the patient from the transport unit's gurney as quickly as possible.
- b. Should the issue remain unresolved, and the time exceeds the 60 minute mark, the EMS Supervisor will begin the hard offload procedure.
- c. EMS Supervisors are empowered and expected to help mitigate these situations in a professional and patient advocate-oriented manner. For any operational oversight or assistance needed, the EMS supervisors can contact their administrator on call (AOC) or agency leadership. For any extenuating circumstances requiring immediate EMS Agency action, the EMS Provider's AOC or leadership representative shall reach out to the EMS Agency Duty Officer via ACRECC.
- d. If an EMS Offload is unsafe or not permitted by this policy for the patient after 45 minutes, consider transferring patient to another facility as a last resort to ensure adequate patient care and patient safety. In the event of a redirection, it is required for the crew to report this incident to their supervisor for assistance managing the situation.
 - a. The EMS Supervisor will confirm that the APOT is shorter at the second facility prior to moving the patient.
- e. Some patients are exempt from hard offload even if they are otherwise clinically stable. These patient types are as follows:
 - a. Patients with 5150/5585 holds.
 - b. Patients who are in the custody of law enforcement.
 - c. Patients who are under conservatorship without their conservator present.
 - d. Patients who are unable to maintain their personal safety (ex. dementia, Alzheimer's) without a health care advocate present.
- f. All EMS Offloads must be reported to the EMS Agency for tracking via the online submission form. [Click this link to be sent to the submission form](#). This form may also be used to report offload delays that do not result in a hard offload.