SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME (APOT)**   REFERENCE NO. 505

CHANGE LOG

Published Date	Status	Section and Subsection Affected	Description of Change(s)
07/01/2023	Addition + Deletion	POLICY: II.C, II.D, III.D., & III.E.	• Added criteria number 7 and 8 in II.C • Added II.D for patients that do not meet criteria listed in II.C • Revised III.D into bullet points instead of paragraph form • Added notification to Nurse Manager in corrective action plan table in III.E.

APPROVED: _____   _____
                    Director, EMS Agency   Medical Director, EMS Agency