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*"To advance the health of our
communities by ensuring
quality emergency and
disaster medical services."*



Health Services
<http://ems.dhs.lacounty.gov>

March 25, 2020

MEMORANDUM

TO: SRC Medical Directors
SRC Program Manager
ED Medical Director
ED Clinical Director/Manager

FROM: Marianne Gausche-Hill, MD
Medical Director

**SUBJECT: ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) CARE
DURING THE COVID-19 CRISIS**

This memo is to provide guidance regarding current STEMI care, knowing recommendations may change, as advised by the American College of Cardiology (ACC) and the Society for Cardiovascular Angiography and Interventions (SCAI), based on expert evaluation and published information.

In order to best serve our patients, healthcare professionals should always protect themselves with the use of "appropriate" Personal Protective Equipment (PPE) per current Centers for Disease Control (CDC) and Prevention recommendations, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Recommendations announced by the President of the Society for Cardiovascular Angiography and Interventions (SCAI) on March 19, 2020 include:

- **Possible COVID-19 infection: Treat STEMI with primary PCI.** In Non-STEMIs (NSTEMI), delay coronary angiography until a negative COVID-19 is established.
- **Confirmed COVID-19 infection:** Send STEMI patients, and NSTEMI patients with ongoing ischemic symptoms/hemodynamic compromise, to the cath lab for angiography/PCI with appropriate PPE for the entire Cath Lab team. Provide medical management with angiography for recalcitrant symptoms for stable NSTEMI patients. Elective cath can be pursued when the patient is less infectious.
 - Fibrinolysis may be considered for stable STEMI patients after weighing the risk vs benefit.

STEMI Referral Facilities (SRF) requesting interfacility transfers (IFT) of STEMI patients requiring **EMERGENT** intervention should continue to follow Emergency Medical Treatment and Active Labor Act (EMTALA) rules. As always, the STEMI ECG is to be transmitted to the SRC and reviewed by a SRC physician to determine STEMI and acceptance of transfer request. The patient's COVID-19 status is to be communicated at the initiation of the IFT request with the SRC **AND** when contacting the ALS/9-1-1 transporting agency.

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SRFs should be advised that acceptance of a transfer may be based on COVID-19 surge and its impact on an SRC. Stable patients may be treated with fibrinolytics at the SRF. NSTEMI patients should be cared for at the SRF until the patient evolves into a STEMI or the patient begins to demonstrate hemodynamic changes, prior to requesting a transfer.

Thank you for your assistance and considerations during this difficult time. Please do not hesitate to contact the EMS Agency if you have any questions.

MGH:PR
03-20