



EMERGENCY MEDICAL SERVICES AGENCY
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April 7, 2020

MEMORANDUM

TO: See Distribution List

FROM: Marianne Gausche-Hill, MD
Medical Director, EMS Agency

SUBJECT: COVID-19 UPDATE #8: Los Angeles County EMS Agency Approvals for Alternate Destinations (ADs)

The California EMS Authority (EMSA) has authorized Local EMS Agencies to develop programs for triage and transport by EMT-Ps to Alternate Destinations (ADs) during the COVID-pandemic.

The Los Angeles (LA) County EMS Agency will apply to EMSA for approval for ADs to which EMS will be transporting.

Triage to ADs directed by an advanced practitioner (NPs or MDs) does not require EMSA approval but does require approval by the LA County EMS Agency.

This document provides guidance on the approval processes for all AD proposals.

1) ADs on the hospital campus

- A. Alternate triage/care sites adjacent to the Emergency Department (ED) of the 9-1-1 Receiving Facility (not requiring secondary transport):
 - i. Alternate triage sites which do not require secondary transport, that is, they are adjacent to or in relative proximity to the ED are authorized to proceed without prior approval.
 - ii. Submit your plan to the LA County EMS Agency and notify the Provider Agencies in your region including:
 - 1. Implementation date
 - 2. Location and structure of the alternate site
 - 3. Criteria for transport to the alternate site
 - 4. Requirements and mechanism for notification of EMS transport to the AD
- B. Alternate triage/care sites not adjacent to the ED and/or requiring transport to get the patient to the ED:
 - i. Alternate sites which require secondary transport to the ED require pre-approval by the LA County EMS Agency and California EMSA.
 - ii. Submit your plan to the LA County EMS Agency for approval including:
 - 1. Location and structure of the alternate site; including distance and travel time from the affiliated emergency department with comprehensive services
 - 2. Criteria for EMS transport to the alternate site
 - 3. Plan for receipt and immediate evaluation by an advanced provider (NP or MD)

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4. Plan for relocation of patients to the ED as their condition requires utilizing non-911 ambulance provider(s) or hospital resources (9-1-1 may be utilized if immediate redirection to the ED is required)
5. Scope of the alternate site (e.g., triage only, treatment – level of care provided, outpatient and/or inpatient capacity)
6. Training materials including training for EMS providers and plan for dissemination
7. Requirements and mechanism for notification of EMS transport to the AD

2) ADs off-campus

- A. ADs remote from the 911 Receiving Center with EMT-P transporting to those sites require pre-approval by the LA County EMS Agency and California EMSA.
 - i. The LAC EMS Agency will review the proposal and, if approved, will submit to EMSA for their approval.
- B. Submit your plan to the LA County EMS Agency for approval including:
 - i. Specifics regarding the alternate site
 1. Location and structure; including distance and travel time from the affiliated emergency department with comprehensive services
 2. Detailed capabilities
 3. Approval of the alternate site by the Health Officer if not an established medical care center (e.g., field hospital or temporary medical facility)
 4. Staffing which must include:
 - a. A physician licensed in the State of California on site at all times
 - b. A registered nurse licensed in the State of California on-site at all times
 5. Operational hours
 - ii. Criteria for EMS transport to the alternate site
 1. Age (adult and/or pediatric)
 2. Level of care (Basic Life support (BLS) or Advanced Life Support (ALS))
 3. Inclusion criteria (Provider impressions, chief complaints, vital signs, etc./)
 4. Exclusion criteria: Should exclude patients that EMS providers anticipate need for ongoing resuscitation or advanced airway management
 - iii. Policies and procedures at the alternate site including:
 1. Method for EMS pre-arrival notification
 2. Plan for receipt and immediate evaluation, short term management and monitoring of patients by an advanced provider (NP or MD)
 3. Plan for timely transfer of patients who require higher level of care to an acute care hospital utilizing non-911 ambulance provider(s)

4. Plan for immediate transfer of patients with emergency medical condition that cannot be managed at the AD to the most accessible 9-1-1 receiving facility/emergency department
 5. Record keeping of EMS Report Forms and data reporting according to requirements established by the EMS Agency
 6. Willingness to accept patients regardless of ability to pay
 - iv. Equipment and supplies including:
 1. Equipment and supplies to meet the need of the patients being transported to that site
 2. Dedicated telephone line to facilitate direct communication with EMS personnel
 - v. Participating Provider Agencies
 - vi. Training materials including training for EMS providers and plan for dissemination
 - vii. Representative to act as the liaison between the EMS Agency, the alternate site and the EMS Provider Agencies. This EMS liaison officer will:
 1. Implement and ensure compliance with the protocol as submitted and approved by the EMS Agency
 2. Maintain direct involvement with development, implementation and review of policies and procedures related to receiving patients triaged by paramedics
 3. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics
 4. Liaison with EMS Provider Agencies and law enforcement agencies
 5. Serve as the contact person for the EMS Agency and be available upon request to respond to County business
- C. Other requirements for approval:
- i. The EMS Agency reserves the right to perform scheduled site visits or request additional data from the AD at any time.
 - ii. The AD shall immediately (within 72 hours) provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the approved proposal.
 - iii. The AD shall immediately notify the Director of the EMS Agency if there are any changes to their capabilities affecting EMS transport and/or if they intend to withdraw as an AD.

Distribution:

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