



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District


Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

April 6, 2020

MEMORANDUM

TO: See Distribution

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

SUBJECT: COVID – 19 UPDATE # 7: EMS Handoffs

EMS providers have received differing instructions from hospital personnel regarding how the handoff should occur including when to doff PPE and what aerosol-generating procedures (AGPs) must be discontinued prior to entry into the hospital. While the situation is rapidly changing, and each hospital will develop its own protocols, this document is intended to provide guidance on the recommended processes for handoff of EMS patients to the hospitals during the COVID-19 pandemic.

Recommendations for EMS handoff, including location and timing of prehospital provider doffing of PPE:

EMS providers must maintain required level of PPE until patient handoff. Regardless of the location, there should be advanced communication regarding the planned location of hand-off at the time of EMS notification. Some hospitals are choosing to meet EMS in an external triage area for patient hand-off; after handoff, EMS doff PPE, decontaminate the ambulance, and return to service. If the handoff occurs in the emergency department (ED), EMS providers must maintain PPE until patient is moved onto hospital gurney and they have released care of the patient. We recommend that they follow same protocol as hospital staff for doffing PPE in the ED.

Recommendations for discontinuing aerosol-generating procedures (AGPs):

AGPs associated with increased risk of transmission of COVID-19, based on studies of SARS-CoV-1, include nebulized medications, CPAP, BMV, advanced airway placement, suctioning and chest compressions. We recommend discontinuing these high-risk AGPs prior to entry into the ED and coordination with EMS so that the patient can be brought directly to a room where any essential AGP may be resumed. One exception is if the patient is intubated with a viral filter in place, consideration may be given to continuing ventilations in that case. However, we recommend discontinuing ventilations via BMV or King even if a viral filter is in place due to the incomplete seal. Paramedics shall still leave the advanced airway, King or ETT, in place and pause ventilations as appropriate. For patients with ongoing CPR, we recommend identifying an enclosed resuscitation room (negative pressure room preferred) near the entrance and moving the patient directly to that

10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Tel: (562) 378-1500
Fax: (562) 941-5835

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



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

COVID-19 UPDATE # 7: EMS Handoffs
Page 2 of 2

room to continue the resuscitation. CPR should be paused while moving through the hallway given it is an AGP. For supplemental oxygen delivery, we recommend continuation with surgical mask covering the nasal cannula or the ports on the oxygen mask. For prehospital care, we recommend limiting the flow of oxygen to the lowest required to maintain oxygen saturation $\geq 90\%$.

Recommendations for screening providers prior to entry into the ED:

All Provider Agencies are screening personnel for symptoms before work each day. Therefore, there is no need to screen EMS providers as they enter the ED.

Distribution:

CEO's, 9-1-1 Receiving Hospitals
ED Medical Directors, 9-1-1 Receiving Hospitals
Prehospital Care Coordinators, Base Hospitals
Fire Chief, Fire Departments
CEOs, Ambulance Operators
Paramedic Coordinators, EMS Providers
Nurse Educators, EMS Providers