

Emergency Medical Services Agency

1000 San Leandro Blvd., Suite 200 San Leandro, CA 94577 **Lauri McFadden,** EMS Director **Karl Sporer, MD,** Medical Director Main (510) 618-2050 Fax (510) 618-2099

MEMORANDUM

TO: Alameda County Hospitals

Alameda County Fire Departments

Falck – Alameda County

Permitted Ambulance Transport Providers

FROM: Alameda County EMS Agency

DATE: April 3, 2020

RE: Receiving Facility and EMS Interaction and Transfer of Care Guidance

Alameda County, the State of California, the entire Country, and the world are all facing an unprecedented incident in the COVID-19 pandemic. It has not been since 1918 and the Spanish Flu that the world has been so significantly affected.

During this unprecedented incident, the collaborative efforts of clinicians across the healthcare spectrum is vital to mitigating exposure risk and ensuring the highest level of care for our patients. We are all in this together.

After surveying the different practices being employed by the receiving facilities, reviewing CDC guidance, consulting with Alameda County Public Health, and in accordance with the prehospital care guidance that Alameda County EMS has already distributed, we wanted to share best practices and guidance relating to the interaction and transfer of care between receiving facilities and EMS.

Please keep in mind that these are not mandates, however we are trying to create an opportunity for consistency throughout the system in order to streamline this process as well as minimize confusion and frustration.

- All healthcare providers should self-monitor for development of symptoms and it
 is encouraged that employers assist in these efforts. Take care of yourself, so that
 you can take care of others. If symptoms develop take the appropriate actions.
 Employers should consider touching base with their healthcare providers on a regular
 basis as well as other measures such as periodic temperature checks.
- All healthcare providers should wear the appropriate level of personal protective
 equipment when interacting with patients or each other when a risk of exposure to
 COVID-19 exists. We have a duty to protect our patients and each other to the best of
 our abilities.
- Prehospital providers should provide early notification to facilities, especially in cases where COVID-19 is suspected based upon their assessments or patient history. This provides the facility an opportunity to plan for the arrival and make the appropriate room types available if possible.

- Prehospital providers should limit aerosol generating procedures as much as clinically possible and should terminate nebulizer treatments prior to entering facilities. Please refer to previously released guidance documents, available at https://ems.acgov.org/covid19, for additional information.
- Facilities should have a process in place for their staff, wearing the appropriate PPE, to meet incoming ambulances and transfer patient care outside of the facility. This will allow facility staff to triage incoming patients and determine the correct patient movement pathway into the facility while also decreasing the number of people entering the facility which mitigates exposure risk.
- Facilities should have at least one designated area and receptacle available
 outside of the facility for their staff and/or prehospital personnel to appropriately
 remove and dispose of worn PPE as well as accessibility to use a restroom and
 wash their hands within the facility. This process will centralize the collection of
 potentially contaminated materials outside the facility and provide access to proper
 hygiene efforts to reduce possible exposure risk.

Everyone's efforts to work together, collaborate, and leverage best practices in as consistent a manner as possible is greatly appreciated. Healthcare providers are on the front line of this pandemic, and we all need to work together to mitigate exposure, reduce spread, and take care of each other while providing the highest level of care to our patients.