



# *The Monitor*

The monthly electronic newsletter for the Southern Illinois Regional EMS System.

May 2020

**COMMAND:** Dr. Haake wants to thank everyone for your hard work during these stressful and unusual times. Take care of yourselves and each other.

Dr. Haake stressed keeping up with the clinical data on COVID-19. Clinical data on Novel Coronavirus can be obtained from the CDC, IDPH, WHO, NIH, and [www.sirems.com](http://www.sirems.com). If you obtain information from a location besides the ones listed above, please contact the EMS Office for clarification.

Dr. Haake asks that we, as healthcare providers, keep the clinical protocols and data separate from the political information and opinions. There are times for political activity and discussion, but those are certainly not during the care of the sick and injured.

**FINANCE:** Nothing new on the financial front at this time.

**LOGISTICS:** **Non-Transport Licenses:** Your non-transport vehicle self-inspections are PAST DUE. The self-inspection form can be found on the IDPH website, [www.dph.illinois.gov](http://www.dph.illinois.gov) or on [www.sirems.com](http://www.sirems.com) under forms, at the bottom of the list. All levels of non-transport must complete a self-inspection form and return it as soon as possible. IDPH will not renew your agency license without it. Please contact the EMS Office with any questions.

For all N95 users and employers:

- All N95 users must complete the medical questionnaire (OSHA 1910.134, appendix C) prior to being fit tested to ensure the employee can safely wear a respirator.
- OSHA has temporarily suspended the ANNUAL fit testing requirement, but the initial fit testing requirements are still in effect.
- Users must receive fit testing when transitioning from one brand/size/style to another type.
- Users must remain clean shaven to ensure adequate seal of the N95 respirator.
- The EMS Office has a qualitative fit testing kit that can be checked out to system agencies, if needed.
- Contact the EMS Office with any questions.

For EMS candidates waiting to test, Pearson VUE recently announced a plan to allow candidates home access to the cognitive testing online. The EMS Office will share more information as it becomes available.

IDPH has extended the Provisional Certifications through June 30, 2021. Though IDPH has not released any details, they have stated there will be a licensing pathway for Provisionally Certified personnel after the provisional period. For any questions on Provisional Certifications, contact the EMS Office.

If you believe you have experienced an exposure to COVID-19, please notify your supervisor immediately. IDPH released guidance on work exclusions and monitoring recommendations for Healthcare Providers and EMS. The chart can be found on the system's website and gives many scenarios with and without various levels of PPE. If there are any questions about a specific case or using the chart, please contact the EMS Office.

**OPERATIONS:** Here are some reminders on treating the suspected or confirmed COVID-19 case.

- **FIRST, MAKE SURE YOU AND THE PATIENT BOTH HAVE FACE COVERINGS**
  - As long as the patient and the healthcare provider both have surgical masks/face coverings worn and there are no aerosol generating procedures performed, the EMS provider will not have to be quarantined from work.
- Stay at least 6 feet away from the patient while asking the screening questions listed below.
- Ask about recent travel outside of Southern Illinois in the last 14 days.
  - This question may bear more weight as Missouri, Kentucky, and Indiana begin lifting restrictions and opening businesses.
- Ask if the patient has been in contact with someone that has tested positive for COVID-19, been in contact with someone tested and waiting on results, or exposure to someone tested or suspected of having COVID-19.
- If any of the above are positive and/or the patient is exhibiting signs consistent with COVID-19 (fever above 100.4, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell), use appropriate PPE to get closer than 6 feet and/or treat the patient.
- Limit the number of EMS personnel that come into contact with the patient. It is preferable to have the driver of the ambulance not participate in the movement of or care of the suspected patient.
- If the driver must participate in the initial care, they should remove the PPE and perform hand hygiene before entering the cab.
- Family or others that have been in contact with the suspected COVID-19 patient shouldn't ride in the ambulance to the hospital, especially in the cab of the ambulance.
- Close the door or window between the cab and patient compartment.
- EMS personnel treating the COVID-19 positive patient or a patient that fails the screening questions should wear appropriate PPE.
  - Disposable isolation gown or equivalent
  - Disposable exam gloves

- Eye protection (goggles or face shield)
- Respiratory protection (N-95 or higher level respirator)
- **Withhold aerosolizing procedures for ALL patients**
  - No oxygen administration over 6 liters per minute
    - Only nasal cannula with surgical mask placed over the nose, mouth, and nasal cannula.
    - Only administer oxygen for hypoxia ( $SaO_2 \leq 90\%$ )
  - No nebulized medications
  - No positive pressure ventilation procedures (except with Medical Control approval)
    - BVM
    - CPAP
    - Intubation
    - BIAD
      - *Even with the in-line HEPA filters distributed by the EMS Office, there are NO positive pressure ventilation procedures performed without Medical Control approval.*
- Avoid contacting yourself or any unnecessary equipment with gloved hands during treatment and transport.
- Clean and disinfect the vehicle and equipment according to agency and equipment standards. All PPE required for treatment will also be required for disinfection, minus the N-95 respirator.
  - Remember cleaners and disinfectants have standards for use. Most require being left wet on surfaces for periods of time to successfully disinfect a surface. Please familiarize yourself with the products used by your agency.
  - The link to the list of approved disinfectants for COVID-19 is posted on [www.sirems.com](http://www.sirems.com).

Reminder on cardiac arrest cases: Chest compressions, even without BVM ventilations, has the possibility of generating some aerosolizing droplets. So, when doing chest compressions, please wear the appropriate PPE (as if the patient is a COVID-19 positive patient). **For ILS and ALS services:** Remember to follow the ILS/ALS specific portion of the SIREMS Cardiac Arrest Protocol

- *Continue resuscitative efforts according to AHA ACLS algorithms for a minimum of 20 minutes prior to moving the patient unless ROSC is obtained.*
  - *If the scene is unsafe, move the patient at any time necessary before the 20 minutes of resuscitation are completed.*
- *After 20 minutes of resuscitative efforts with no signs of ROSC:*
  - *Contact Medical Control for consultation and possible Termination of Resuscitation (TOR) orders.*
- *Transport the following cardiac arrest situations immediately:*
  - *Traumatic arrest*
  - *Patients less than 18 years of age*
  - *Hypothermic (below 90°F)*
  - *Any victim of submersion*
  - *Pregnancy*

Here are steps to help EMS personnel stay safe and reduce the risk of transmission of COVID-19 to family and friends.

**Before Leaving Work:**

- If possible, shower and change into clean clothes/shoes before going home.
- If possible, wash duty clothing at work or...
  - Put dirty clothes/shoes into a bag for soiled clothing.
  - Consider using a cloth bag you can wash along with your dirty uniform clothes each day.
- Wash your hands after removing dirty work clothes and before touching clean clothes.

**When You Arrive Home:**

- If you were unable to change before leaving work, change in an isolated location (garage, mudroom, laundry room, etc.).
- Do not wear work shoes into your home and clean them top to bottom with disinfectant wipes.
- Wash clothes worn at work using your usual laundry detergent to manufacturer's recommendations.
- If possible, use the warmest water setting appropriate for the items and dry completely.
- Wash or safely discard of dirty clothes bag.
- Wash hands after handling dirty clothes and shoes.
- Shower before interacting with family or others.

For all levels- Be sure to document the PPE used in the patient care report. We have encountered issues with PCR vendor software having areas on the backside for EMS personnel to document PPE, but it does not show up on the printed report. EMS Personnel writing the PCRs must document what PPE was worn for each crewmember in the narrative, unless you are confident the PCR will show the data entry on the printed report. Not only does the EMS Office need the data for compliance review, but the hospital's contact tracing staff need the information for exposure notifications.

**PLANNING:** Don't forget about our EMS Calendar at [www.sirems.com](http://www.sirems.com)

May 13: SIREMS Triage Tag Day

May 25: Memorial Day

May 30: Scheduled entry into Phase 3 of the Restore Illinois Plan

*TIP OF THE MONTH:* **Frequently** disinfect the items we EMS personnel touch the most...our ink pen and cell phone.

If you have any questions or information for "The Monitor", please contact me at [Brad.Robinson@sih.net](mailto:Brad.Robinson@sih.net) or [SouthernIllinoisRegionalEMS@gmail.com](mailto:SouthernIllinoisRegionalEMS@gmail.com) (05-11-2020).