



The Monitor

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

May 2024

COMMAND: Dr. Haake and the staff of the SIREMS EMS Office wish everyone a safe and happy EMS Week 2024! The theme for this year's EMS Week is "Honoring our Past. Forging our Future." There are planning efforts underway to recognize the 50th anniversary of National EMS Week, including BBQ picnics scheduled at the SIH facilities. Please visit www.sirems.com for the BBQ dates/times and additional information.

FINANCE: The Fiscal Year 2025 IDPH EMS Assistance Grant is open for applications through the end of the month. As in past years, due to the limited amount of grant funds available, the Department will not consider applications for new vehicles, vehicle re-chassis, building projects or grant requests over \$5000.00. For additional information and the application link, please visit www.sirems.com.

LOGISTICS: For non-transport agency administrators: The non-transport self inspections are due to the EMS Office now. The EMS Office staff must review and submit to IDPH before the end of this month. Remember, the inspections are due yearly but the non-transport agency licenses are good for 4 years.

One of the rule changes from the grouping of new administrative rules is reporting of the timely delivery of PCR's to the receiving facilities. This is still being evaluated at the EMS Office but the EMS transport agency administrators should prepare themselves for reporting on these numbers. So, for the agencies, consider how you will track and report when PCR's are delivered to the receiving facilities. For the EMS personnel, consider the amount of time you are currently allowing between call completion and PCR delivery. The goal of IDPH is to leave the PCR at the ED before leaving the facility. I know this seems impossible, but focus on having short delivery times on PCR's and we will see where the data leads us.

Remember, IDPH requires one hour of Alzheimers training to renew any EMS license. Please complete this at some point during your license period, preferably before your license is due. If you send proof of completion of this Alzheimers training, the EMS Office will enter it in your department's roster along with your other credentials.

ALS Administrators: For agencies planning on submitting Rapid Sequence Intubation pilot programs, the proposals are due by June 1, 2024. Contact the EMS Office with any questions.

For Paramedic candidates: The National Registry testing process will change July 1, 2024. At that time, the cognitive test becomes an adaptive test with many questions that will have multiple correct answers. As this test is released, the psychomotor exam stations will no longer be part of the NR certification process for Paramedic. The psychomotor skills will be tested within your training program and through the cognitive test. Contact the EMS Office with any questions.

OPERATIONS: ALS agencies: Lorazepam supplied through SIH hospitals have an amended time of use outside the refrigerator. In the past, we had 90 days to use Ativan outside of refrigeration. Today, the suppliers have changed that time frame, now only allowing 30 days unrefrigerated. Contact the EMS Office for the documents from the manufacturers or for additional information.

Trauma Activations from the field are classified as either Category 1 or Category 2. The Category 1 criteria have not changed much but are more inclusive from the mental status and vital signs section.

CATEGORY 1 ACTIVATION/RED CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none">• Penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee• Skull deformity, suspected skull fracture• Suspected spinal injury with new motor or sensory loss• Chest wall instability, deformity, or suspected flail chest• Suspected pelvic fracture• Suspected fracture of two or more proximal long bones• Crushed, degloved, mangled, or pulseless extremity• Amputation proximal to wrist or ankle• Active bleeding requiring a tourniquet or wound packing with continuous pressure	<p>All Trauma Patients</p> <ul style="list-style-type: none">• Unable to follow commands (GCS motor score < 6)• RR < 10 or > 29 breaths/min• Respiratory distress or need for respiratory support• Room-air pulse oximetry < 90% <p>Age 0–9 years</p> <ul style="list-style-type: none">• SBP < 70mm Hg + (2 x age in years) <p>Age 10–64 years</p> <ul style="list-style-type: none">• SBP < 90 mmHg or• HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none">• SBP < 110 mmHg or• HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center, if within 30 min, available within the geographic constraints of the regional trauma system. Patients greater than 30 minutes from Trauma Center should be transported to nearest hospital.

Category 2 trauma activations were based solely on mechanism of injury but now have a section labeled EMS Judgement. EMS personnel have been given more autonomy to activate based on situations under the judgement section. Please review and contact the EMS Office with any questions.

CATEGORY 2 ACTIVATION/YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none"> • High-Risk Auto Crash <ul style="list-style-type: none"> – Partial or complete ejection – Significant intrusion (including roof) <ul style="list-style-type: none"> • >12 inches occupant site OR • >18 inches any site OR • Need for extrication for entrapped patient – Death in passenger compartment – Child (age 0–9 years) unrestrained or in unsecured child safety seat – Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height > 10 feet (all ages) 	<p>Consider risk factors, including:</p> <ul style="list-style-type: none"> • Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy > 20 weeks • Major burns or burns in conjunction with trauma • Children should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center if within 30 minutes, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

Please review and sign off on all the new rule changes. There are a number of them that will directly affect the front line EMS personnel. All of the EMS management personnel were emailed the new protocols. There are new protocols for:

- Relinquished newborn
- Patients with service animals
- Concealed firearms
- And more...

Contact the EMS Office with any questions.

PLANNING: Don't forget about our EMS Calendar at www.sirems.com

May 13: SIREMS Triage Tag Day
May 12: Mother's Day
May 19-25: 50th Annual National EMS Week
May 27: Memorial Day

TIP OF THE MONTH: When walking a trail in the wilderness, for work or recreation, try to stay in the center of the established pathways. Ticks populate the tips of weeds and branches, in the hopes of hitching a ride with/on their next meal. Staying in the center of existing trails and reducing the amount of contact with vegetative growth will reduce your exposure to ticks....and tick-borne diseases.

If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (06-07-2024).