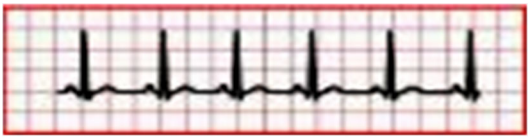

The Monitor

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

October 2024

COMMAND: Dr. Haake wants to thank everyone for their continued efforts to provide quality emergency medical care to our communities, healthcare facilities, and patients.

FINANCE: EMS1 hosts a repository of all available EMS related grants. It can be accessed by visiting their www.emsgrantshelp.com website.

LOGISTICS: For EMS license renewals, the process for renewal of your Illinois license is different than the National Registry re-certification. NR certification is due for renewal in two-year increments, and the renewals are always due in the month of May. NR certification is not a requirement in the state of Illinois for function in EMS. Also, NR certification alone does not allow you to perform EMS functions in Illinois. IDPH EMS licenses are required to perform EMS functions in Illinois. IDPH licenses are due for renewal in four-year increments. The IDPH license renewal is a two-step process. The first step is the payment to IDPH and the second step is providing your continuing education to the EMS System. NR works on the honor system (subject to random audit) when entering CEUs but IDPH requires the EMS Systems to review and validate CEUs for renewal of state EMS licenses. Please reach out to the EMS Office with any renewal questions.

The new fax number to send PCRs to all four SIH hospitals is 618-351-4893. This number was previously used for MHC and St. Joe's but has now been expanded to also include Herrin Hospital and Harrisburg Medical Center. For transport service administrators, please make sure your PCR systems have that number programmed for all four SIH facilities. Contact the EMS Office with any questions.

Due to damage from Hurricane Helene at the Baxter factory in North Carolina, there is a normal saline shortage throughout the United States. This Baxter factory was responsible for over 40% of the saline supply in the country. At this time, we are not expecting this shortage to affect prefilled syringes, only bags of saline. Please use fluids conservatively and keep in touch with your suppliers as the factory restoration continues.

OPERATIONS: ALS agencies: Considering the saline shortage mentioned earlier, your departments should discuss conserving fluids. Connecting an administration set and bag of fluid should be reserved for someone who's condition warrants fluid administration versus securing a lock to maintain a medication or fluid route for later. Contact the EMS Office with any questions or suggestions.

New Illinois EMS legislation passed this year that allows trauma designation of hospitals lower than the current Level 1 and Level 2 trauma centers. Now that the law has been passed, it is up to IDPH and the Regional Trauma Committees to create rules and protocols for the designations and criteria. More news to come, but for now…here are reminders of the current Trauma Activation Criteria.

Trauma Activations from the field are classified as either Category 1 or Category 2. The Category 1 criteria are based on clinical findings.

CATEGORY 1 ACTIVATION/RED CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
• 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	All Trauma Patients • 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% Age 0–9 years • SBP < 70mm Hg + (2 x age in years) Age 10–64 years • SBP < 90 mmHg or • HR > SBP Age ≥ 65 years • 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 then 30 minutes from Trauma Center should be transported to nearest hospital.

Category 2 trauma activations are based 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
• High-Risk Auto Crash – Partial or complete ejection – Significant intrusion (including roof) • >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)	Consider risk factors, including: • 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 If concerned, take to a trauma center

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)

For EMS personnel operating in ALS transport services: Paramedics need to be cautious when deeming a patient meets BLS criteria and allow their EMT partner to run the call. The Emergency Medical Technician scope of practice does allow the EMT to administer an Albuterol nebulizer, naloxone, and epinephrine for anaphylaxis. However, an ALS ambulance responding to these types of calls are required to provide ALS level care for presentations that warrant that care. Though an EMT can administer the meds listed above, they cannot provide ALS level monitoring and care during treatment and transport. Please be proactive and overly cautious when deciding between BLS versus ALS care for our patients. There are other EMS systems in the region that require a Paramedic be the lead on EVERY call in an ALS truck. Those EMS Systems operate this way to avoid their patients being denied the appropriate level of care. Please help us in allowing Dr. Haake to continue to allow EMTs to have a clinical role in our system. Feel free to contact the EMS Office with any questions.

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

October 13:	SIREMS Triage Tag Day
October 17:	IDPH Region 5 EMS and Trauma Advisory Committees
October 31:	Halloween
November 11:	Veterans Day
Nov. 18-19:	SIH Trauma and Critical Care Conference

TIP OF THE MONTH: Whether it's an EMT's pair of Raptor shears or a piece of department equipment, consider placing an Apple AirTag or Tile tracker on your expensive or often misplaced equipment. With the tracking devices less than $25 each and discounted when purchased in bundles, it is a small investment to keep from losing your equipment.

If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (10-10-2024).