



The Monitor

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

December 2020

COMMAND: Dr. Haake wanted to pass along three things for the December newsletter. First, Happy Holidays to you and yours! Secondly, stay safe out there. Lastly, maintain diligence on personal and workplace infection control practices.

FINANCE: Nothing new on the finance front.

LOGISTICS: The CDC has released updated/modified quarantine requirements for people exposed to COVID-19. The new updates include 7 day and 10 day quarantine options. The 7 day option is for asymptomatic candidates with testing available. The 10 day option is for asymptomatic candidates without testing. The full CDC recommendations can be found by following the address below. As always, feel free to contact the EMS Office with any questions.

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

I watched an EMS Clinical roundtable via Zoom today, sponsored by HHS and ASPR. The EMS Medical Director for the state of Florida gave a short presentation on the COVID-19 vaccines in trial and currently seeking emergency use authorization. It described how the vaccines were developed, how they work, details of the trials, and what to expect in vaccine transport, administration, and side effects. It was very informative! The EMS Office will share the presentation as soon as HHS/ASPR ECHO releases the presentation and video.

OPERATIONS: I have copied and pasted the CDC guidance on universal source control measures and physical distancing. The EMS bases and Firehouses I have visited recently need reminders...we are becoming complacent.

Implement Universal Source Control Measures

Source control refers to use of well-fitting [cloth face masks](#) or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

- Patients and visitors should wear their own cloth mask (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth mask
 - Patients may remove their cloth mask when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
 - Facemasks and cloth masks should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - Visitors who are not able to wear a cloth mask or facemask should be encouraged to use alternatives to on-site visits with patients (e.g., telephone or internet communication), particularly if the patient is at increased risk for severe illness from SARS-CoV-2 infection.
- HCP should wear a facemask at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers.**
 - When available, facemasks are preferred over cloth face masks for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
 - Cloth masks should NOT be worn instead of a respirator or facemask if more than source control is needed.
 - To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth mask.
 - HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift.
- Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth mask.

Encourage Physical Distancing

Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
 - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to limit the number of patients in waiting rooms, or creating a process so that patients can wait outside or in their vehicle while waiting for their appointment.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.
- Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having patients sit at least 6 feet apart.
 - In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when

healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.

For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:

- Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.
- Designating areas and staggered schedules for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

Don't forget about the recent update to the COVID-19 protocol allowing high flow oxygen if a saturation of 90% cannot be maintained with 6 liters per minute by nasal cannula. You can review the protocol by following the link/address below.

[https://sirems.com/Documents/B-36%20NOVEL%20CORONAVIRUS%20\(COVID-19\)%20PREPAREDNESS%20AND%20RESPONSE.pdf](https://sirems.com/Documents/B-36%20NOVEL%20CORONAVIRUS%20(COVID-19)%20PREPAREDNESS%20AND%20RESPONSE.pdf)

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

December 13: SIREMS Triage Tag Day

December 25: Christmas Day

January 01: New Years Day

TIP OF THE MONTH: The EMS Office has a digital contact that works much like a smartphone application. It has a direct link to the system's website, protocols, and contact numbers for the EMS Office staff. You can follow the QR code below to download it to your phone.



If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (12-07-2020).