



The Monitor

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

January-February 2021

COMMAND: Dr. Haake wishes everyone a safe and happy 2021. As we begin a new year, don't let up on our safety and prevention practices. Hopefully, this year will bring continually lower infection rates, more vaccinations, and an eventual return to normalcy.

FINANCE: For those agencies that applied for the IDPH EMS Assistance Grant, the regional grading was completed and submitted to IDPH last month. We expect the agencies that receive an award should hear something this spring.

LOGISTICS: The EMS Office is planning for a virtual Town Hall Meeting in the near future. If you have a suggestion on a good day or time, please feel free to share that with the EMS Office.

The EMS Office is hosting a hybrid Emergency Medical Responder Course starting in late February. We have a few spots open. You can register by following the link below.
<https://forms.gle/Nfw4uFYskrFfvPqx5>

Union County Ambulance and Zeigler Fire Department are both hosting EMT classes. Alexander County Ambulance is considering hosting an EMT class as well. If you have any questions about these programs, reach out to them or contact the EMS Office.

Reminder of the MHC and Herrin Hospital Stroke Center's EMS Training posted on our system website. The training has been completed 29 times, so far. Soon, the EMS Office will run through the list and send out the CEUs by email.

The EMS Office is working with the MHC Trauma Center to provide a Kinematics of Trauma and Trauma Activations module. The training module will be posted on www.sirems.com under the education tab. This training session has been approved for continuing education credit from IDPH, through the end of 2021.

OPERATIONS: I have copied and pasted the CDC guidance on the use of PPE while treating patients. The CDC recommendations on wearing eye protection at all times change based on higher levels of community spread. Though our regional numbers are down, please remain cautious due to limited numbers of people receiving the vaccine to date and the various mutations that have been confirmed or suspected to be in our area.

The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following:

- **Respirator or Facemask** (*Cloth masks are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.*)
 - Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use [strategies to optimize PPE supply](#). Other respirators include other disposable filtering facepiece respirators, powered air purifying respirators (PAPRs), or elastomeric respirators.
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure. See appendix for respirator definition.
 - Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.
 - If reusable respirators (e.g., powered air-purifying respirators [PAPRs] or elastomeric respirators) are used, they should also be removed after exiting the patient's room or care area. They must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
 - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with suspected or confirmed SARS-CoV-2 infection. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- **Eye Protection**
 - Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use [strategies to optimize PPE supply](#).
 - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
 - Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
 - Remove eye protection after leaving the patient room or care area, unless implementing extended use.
 - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.
- **Gloves**
 - Put on clean, non-sterile gloves upon entry into the patient room or care area.
 - Change gloves if they become torn or heavily contaminated.

- Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene.
- Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection.
- **Gowns**
 - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Reusable (i.e., washable or cloth) gowns should be laundered after each use.
 - In general, HCP caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time.

Remember to limit exposure to additional crew members and yourself, as much as possible. Please frequently refer to the CDC recommendations and the SIREMS COVID-19 Protocol. Contact the EMS Office with any questions.

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

February 11: IDPH Trauma Advisory Council, via WebEx

February 13: SIREMS Triage Tag Day

February 22: SIREMS EMR Class Start Date

TIP OF THE MONTH: Remember, pulse oximetry can provide unreliable reading on cold extremities. Also, tympanic and forehead proximity thermometers are also unreliable when the patient's skin is unusually cold. Please take these points into consideration when performing your patient assessment.

If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (02-09-2021).