



# *The Monitor*

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

November 2019

**COMMAND:** Dr. Haake recently became a certified Counter Narcotics and Terrorism Operations Medical Support (CONTOMS) Medical Director. The Medical Director's Course is designed for physicians and others who provide medical control for pre-hospital personnel operating with law enforcement and tactical teams. The course details the rationale and scientific basis for modified standards and scope of practice in the tactical environment. As times evolve, there is more of a need for law enforcement and EMS to work together for better response and treatment of victims in violent and terroristic events.

Dr. Haake is planning on holding another SIREMS Town Hall Meeting in January of 2020. He would like our system participants to submit questions and potential topics to the EMS Office in November and December to better prepare for the meeting and ensure the content is relevant and important to our system participants.

**FINANCE:** The IDPH EMS Assistance Grants have been regionally reviewed, ranked, graded and submitted to IDPH for final awards. There were four agencies in Region 5 that applied this year. Good luck to all applicants!

**LOGISTICS:** Memorial Hospital of Carbondale is now officially designated as a Level 2 Trauma Center. If any departments or services would like additional training or clarification on the trauma center operations, please contact the EMS Office. The Regional EMS Trauma Field Triage Guidelines protocol is DD-14 under the Trauma Protocol tab in the SIREMS Protocol list, or copy and paste the following link:  
<https://www.sirems.com/emsfiles/Section%20DD%20Trauma/DD-14%20REGION%205%20MINIMUM%20TRAUMA%20FIELD%20TRIAGE%20GUIDELINES.pdf>

For EMT, A-EMT, and Paramedic licensing exam candidates: Beginning April 1, 2020, the state of Illinois will abandon their own exams and formally adopt the National Registry of Emergency Medical Technicians (NREMT) exams for licensing. There are a number of points and processes on testing that will change when the transition occurs. For example, there will be a requirement for Paramedic candidates to take psychomotor skill station testing as well as the written test. Feel free to contact the EMS Office with any questions regarding the transition to NREMT testing.

For all EMS levels: Please remember SIREMS requires American Heart Association Healthcare Provider (BLS Provider) CPR for all levels from First Responder to Paramedics. Please remember the AHA Heartcode CPR card is not sufficient for IDPH licensing or participation in SIREMS. Contact the EMS Office with any questions.

**OPERATIONS:** Reminder to all transport agencies: IDPH requires the Patient Care Report (PCR) be left at the receiving facility.

*"One patient care report shall be provided (paper or electronic) to the receiving hospital emergency department or health care facility **before leaving this facility.**"* If any EMS Personnel or Agency has questions regarding leaving PCRs, please contact the EMS Office.

If you see Dr. Haake or Dr. Miksanek in the EDs working clinically, please do not approach them about EMS policies, protocols, or operational issues. The Medical Directors must be in a clinical provider mindset, not an administrator's mindset, when working clinically. Both the Medical Director and Associate Medical Director are very concerned about EMS, and want to help all of us be better at what we do. However, we cannot distract their minds away from practicing medicine on the sick and injured when they are functioning in that capacity. If you have a question or concern that's not related to the patient you are delivering to or taking from the hospital, please send them by email or contact the EMS Office.

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

- Nov 11: Veterans Day
- Nov 13: SIREMS Triage Tag Day
- Nov 28: Thanksgiving

*TIP OF THE MONTH:* Remember that women and geriatrics can have atypical presentations with cardiac issues. The top complaint with geriatric MI is weakness. Be mindful of the possibilities and perform a 12 lead ECG to rule out a STEMI. There was a great example case this month within our EMS System where a geriatric patient fell and EMS was alerted by the patient's Apple Watch fall detection capabilities. Though it was a traumatic injury/complaint in nature, the EMS crew remained suspicious of the weakness and cause of the fall. The crew quickly performed a 12 lead and found a STEMI.

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) (11-11-19).