



# *The Monitor*

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

May 2018

**COMMAND:** As the EMS scope of practice changes continue to roll out, Dr. Haake is excited about the additional care options for our patients and very proud of our system's EMS personnel that are providing this care every day! Dr. Haake and everyone at the EMS Office wish all of the Mom's out there a Happy Mother's Day! There's also Cinco de Mayo and Memorial Day this month. Stay safe out there EMS'rs.

**FINANCE:** The Fiscal Year 2019 EMS Assistance Grant application period is now closed. The next step is for the regional EMS System Coordinators to review the applications. Announcements should come out, assuming the state funds the grants, in the fall of 2018.

Don't forget about local grant opportunities or private funding for EMS projects. If any individuals or agencies have funding needs and would like to discuss fundraising or grant possibilities, feel free to contact the EMS Office for ideas and resources.

**LOGISTICS:** Reminder: If you navigate to [www.sirems.com](http://www.sirems.com) and receive a security alert, simply choose to continue to the site. The site is completely SAFE, it is causing this problem because it's built on an old format. A new site is being built, but we do not yet have an estimated completion date on the new website.

First Responders: The draft set of new FRD/EMR protocols are complete, but because of a small oversight on our part, had to be resubmitted to IDPH. The new protocols are drafted in flow chart format and will be separate from the other levels, which we feel will be easier to use.

ILS and ALS Services: The system approved CPAP name has changed from the original O2 RESQ to the new name O2 MAX. When reordering, make sure the device has the adjustable pressure valve that toggles between 5cm, 7.5cm, and 10cm. Also, there is now a version that has adjustable FiO2. Make sure you purchase the version with fixed FiO2 of 30% or, if you have purchased the adjustable, make sure it is set at 30%. If you have any questions, please contact the EMS Office.

Check your CAT tourniquets. There has been a rash of counterfeit CAT tourniquets from China showing up on Ebay, Amazon, and some vendor sites. Dr. Haake has evidence of the counterfeit tourniquets failing in the field. If you have any questions about the validity of your department's tourniquets, contact the EMS Office.

**OPERATIONS:** IDPH continues to report the bleeding issue with the use of synthetic cannabinoids. The reported issues have continued to be located in northern Illinois. However, that doesn't mean we are immune to the issue down here. If any SIREMS providers come across a patient with bleeding issues and possible use of synthetic cannabinoids, please notify the EMS Office.

The EMS Office released a memo in late April to clarify the bypass policy. We will hit the high points here but the full memo is on [www.sirems.com](http://www.sirems.com)

- When a STEMI is confirmed in the field on the 12 lead ECG, the patient should be transported to a PCI capable facility when it is within a 30 minute transport. If a PCI capable facility is over 30 minutes away, transport to the nearest facility. If you have any questions on what hospitals are PCI capable, contact the EMS Office.
- When a patient has one or more new positive signs on the stroke scale, the possible stroke should be transported to a Primary Stroke Center (PSC) when it is within a 20 minute transport. If the PSC is over 20 minutes away, transport to the nearest Acute Stroke Ready Hospital (ASRH). The only Primary Stroke Centers in Southern Illinois are Memorial Hospital of Carbondale and Herrin Hospital. For a full list of PSCs and ASRHs, go to [www.dph.illinois.gov](http://www.dph.illinois.gov) or contact the EMS Office.
- When a patient wants to be transported to a more distant hospital instead of the closest facility, there is a process to protect all involved.
  - If the patient wants to be transported to a more distant facility (within your department's operational boundaries) they must be conscious, alert, oriented, and have decisional capacity.
  - Contact Medical Control to present the patient's medical condition and request the bypass.
    - If Medical Control approves, initiate transport.
    - If Medical Control does not approve, have the patient sign an "Against Medical Advice" form and transport the patient to their requested facility.
  - The Medical Control physician can only override the patient's wishes when the patient does not have decisional capacity or during a disaster situation.
- The purpose of contacting Medical Control on bypass requests is to have the physician hear the case and weigh in on the patient's request on a recorded line in order to legally protect the EMS crew and service from potential future legal questions or issues.

If you have any questions on destination or bypass, please contact the EMS Office.

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

May 13: Mother's Day and SIREMS Triage Tag Day

May 28: Memorial Day

*TIP OF THE MONTH:* During the Illinois EMS Summit in late March, Attorney and Paramedic Frank Nagorka spoke about legal liabilities in EMS. We wanted to share another important fact from his presentation.

***If you have access to a piece of equipment and do not use it, you will more likely be held liable for a bad outcome. The example used was ETCO2. If you have access to ETCO2 on your monitor and do not use it to verify ET tube placement (especially since the AHA has classified it a Class 1A recommendation, basically deeming it the "gold standard" for confirming tube placement) you individually can be held liable for a bad outcome from a tube being misplaced or dislodged.***

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) (05-06-18).