



# *The Monitor*

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

January 2017

**COMMAND:** Dr. Haake and all of us at the EMS Office welcome in 2017 with excitement and hope for this new year. There are many changes coming in 2017! IDPH has expanded the scopes of practice for all levels of EMS in Illinois. This means new education, medications, and field skills coming to SIREMS this year.

**FINANCE:** Something to consider, many workers compensation, liability, or health insurance carriers offer grant programs for equipment and training to reduce injuries and improve safety. Check with your agency's insurance companies for available programs.

**LOGISTICS:** Atomized Naloxone (Narcan given through the nose) is now mandated by state law to be carried and administered by law enforcement and all EMS license levels from First Responder through Paramedic. The training for EMS is coming soon from the EMS Office. We have experienced a delay in rolling out the training because the atomizers we purchased have been recalled. More to come soon...

Now that we are past January 1<sup>st</sup>, the license renewal process for Basic, Intermediate, and Paramedic has made the change to the IDPH guidelines. We have mentioned this many times in the past newsletters, but it is very important. The licenses we have renewed using the new IDPH guidelines have ALL come up short on hours in certain topics and take much longer to process. Please review your CEUs early and use the renewal worksheets and content breakdown form on the system website, all found under the SIREMS Forms link on [www.sirems.com](http://www.sirems.com). If you have any questions, contact the EMS Office.

Besides the CEU change that requires hours in categories, IDPH also lifted the restriction on the amount of online hours that can be obtained. Now, 100% of CEUs may be obtained from online sources. Just remember, the online sources must have an Illinois site code or have CAPCE (Commission on Accreditation for Pre-hospital Continuing Education) approval. So when you are looking for online CEUs, especially before you pay for them, make sure they have an Illinois site code or CAPCE code. Also, CAPCE was formerly known as CECBEMS.

The new 2017 ACLS and PALS schedules are posted on [www.sirems.com](http://www.sirems.com). The ACLS classes have been divided into categories addressing different departments for the hospital employees. Though any ACLS class offered by SIH will be adequate, the classes designated for critical care departments like ED and ICU will be more relevant to pre-hospital providers. To register for any of those classes, send an email to Emily York (Emily.York@sih.net).

**OPERATIONS:** Remember IDPH requires that EMS leave a copy of their PCR before leaving the hospital. MHC and other facilities are now requiring a copy be left before the receiving RN will sign the PCR. SIREMS protocol on this subject has not changed though. Here's the relevant portion of protocol C-3 Documentation:

□ The receiving hospital portion of the run report will be completed and left with the receiving facility when the patient is transported.

o EMS personnel will complete the PCR before leaving the facility.

o In unusual or busy circumstances:

□ The PCR must be completed and delivered to the receiving facility as soon as possible and by the end of their shift.

To put this in perspective: Imagine being a patient in a local ED and being transferred to a St. Louis hospital for surgery or definitive care. What if, after arriving in St. Louis, your new care team and physician are told the ED documentation was not done but it would be faxed over tomorrow? As the patient, would you be okay with that?

The EMS Office looks at response times and scene times. There are general guidelines for scene times, less than 10 minutes for trauma and less than 20 minutes on "regular" calls. If you experience a delay in response or when on scene, please document that reason in the narrative portion of the PCR. If you don't document the reason you were delayed, lawyers, jurors, or judges will have to make their own conclusions. Insert the "bum bum" sound from Law and Order here. 😊

Don't forget the 13<sup>th</sup> of each month is the EMS System's Triage Tag Day. On the 13<sup>th</sup> of every month, you should use a triage tag on one patient. This will get you more familiar and comfortable with the use of triage tags in a less stressful environment. The best time to learn is not when there are bodies everywhere.

Speaking of triage tags, the IDPH Regional EMS Advisory Committee approved a regional Multiple Casualty/Mass Casualty Protocol. This protocol gives some guidance on the use of incident command, triage tags, treatment, and transport with multiple patients.

There's a link to the MCI protocol in the news feed of [www.sirems.com](http://www.sirems.com) or follow the link here. [Regional MCI Protocol](#)

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

- Jan 10: SPARC Coalition Meeting, Marion Pavilion
- Jan 13: SIREMS Triage Tag Day
- Jan 16: Martin Luther King, Jr. Day
- Jan 19: Regional EMS Advisory Meeting, HRMC Marion

*TIP OF THE MONTH:* Remember that our patients do not normally have the layers of clothing or the outerwear that we have on when we encounter them this time of year. Please be mindful of how much time we have our patients exposed to the cold temperatures and take appropriate actions and precautions.

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) (01-07-17).