

System Memo: # 418

Date: April 26, 2023

To: All System members

From: Matthew T. Jordan, MD, FACEP EMS System Medical Director Connie J. Mattera, MS, RN, PM EMS Administrative Director

RE: Impending end of Covid-19 Emergency Declaration

Return to Conventional Capacity | Change in masking guidelines

This message supersedes the email sent to all Chiefs, Provider EMSCs and hospital EMSCs on March 30, 2023. Subject line: Face mask policies at area hospitals.

The National Public Health Emergency Declaration for Covid-19 will end on May 11, 2023.

The NWC EMS will generally revert to pre-COVID operation on that date at 0700 unless updated EMS laws, rules, or System policies are in place, or select pandemic waiver provisions are extended or modified by national, state, regional, or local authories. We encourage System members to register for the PWW webinar on May 1st for specific information relative to EMS practice implications. See slide below. Link: <u>Registration (gotowebinar.com)</u>



The NWC EMSS is returning to Conventional capacity effective immediately: Based on current data, the spaces, staff, and supplies used are consistent with usual and customary or augmented practices. Usual EMS staffing is expected based on System policies and an organization's normal or augmented workforce plan for special events. Cached and usual or augmented supplies are used resulting in care practices that meet defined standards unless shortages exist and contingency plans (SOPs) have been issued by the EMS Medical Director.

Normal level of HC resources available; care delivered w/out any change in customary practices; meets defined care standards "Business as usual" CONVENTIONAL	Demand for HC resources begins to exceed supply; conservation & adaptation strategies implemented = functionally equivalent pt care practices that meet defined standards. CONTINGENCY	Resources depleted; business as usual impossible, unlikely, inadvisable, or ineffective = significant implications for standards of care and pt outcomes Greatest good for greatest number CRISIS	Pt disposition: Usual patterns Staff: Usual staff including called in off duty Supplies: Usual or cached / stockpiled Standards of care: Usual & customary CONVENTIONAL	Pt disposition: Hospitals; alt. care sites; NT Staff: mutual aid; contingent priv.; expanded scope Supplies: Adapt, conserve, subst., extend or reuse, optimum use Standards of care: Functionally equivalent CONTINGENCY	Pt. disposition: Triage response & transport Staff: ALS/BLS/ EMR; change staffing mix Supplies: Optimum use crisis standards Stands. of care: Best possible CRISIS
Continuum of care Business continuity					

See: COVID-19: CDC, FDA and CMS Guidance | AHA

Changes to medical mask mandates already being adopted by local hospitals.

- All healthcare practitioners (HCPs) shall self-monitor for symptoms of COVID-19 and other communicable diseases.
- HCPs with symptoms of COVID-19, influenza, or other acute infectious diseases should be restricted from the workplace pending appropriate diagnostic testing and/or consultation with their personal care practitioner.
- HCPs with SARS-CoV-2 infection permitted to return to work are required to wear a medical grade face mask at all times at work when around others through at least Day 10.

	EMS personnel	Patients & others who accompany pt in ambulance
EMS vehicle	 Masking is optional if no S&S of respiratory infection 	 Masking is optional if no S&S of respiratory infection
& ED	Team members experiencing acute respiratory	Masking is required for source control if S&S of
	symptoms or recovering from COVID-19 should follow CDC and System masking guidance	respiratory infection are present
	 Continue to follow isolation precautions as 	

Exceptions – medial grade face masks are still required if:

outlined in EMS policy I2

- A patient requests any individual, including healthcare personnel to wear a mask
- When caring for an immunocompromised patient such as those undergoing cancer treatment (radiation, chemotherapy) organ transplant recipients, those with HIV or autoimmune diseases, or who are taking chronic steroids or methotrexate that would put them at risk for respiratory infections. Please wear a medical grade face mask for source control.
- HCPs, patient or visitor are experiencing acute respiratory symptoms that suggest an infectious process or is recovering from COVID-19.
- Masking was part of the pre-COVID PPE expectations in particular situations or patients. (See I2 policy).

Notification of EMS personnel: Hospitals must continue to notify EMS personnel if they have transported a patient with specific communicable diseases within time frames set by law. This was confirmed by Bobby Van Bebber MSN, RN | Division Chief, EMS and Highway Safety on 4-25-2023 | See: <u>https://www.cdc.gov/niosh/topics/ryanwhite/default.html</u>

Again, thanks for complying with CDC, IDPH, local hospital, and EMS System requests to protect our team members, patients, visitors, and community members.

Please reach out if you have any questions, comments, or concerns and we are happy to assist.