NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

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System Memo: #385

To: All System members

From: Matthew T. Jordan, MD, FACEP
EMS Medical Director

Connie J. Mattera, MS, RN, PM
EMS Administrative Director

RE: **EMS Covid-19 updates**

URGENT INFO to DISTRIBUTE IMMEDIATELY

Situation

We understand that you have many questions regarding EMS operation and practice changes that are evolving daily (sometimes hourly). Please read this memo in its entirety and let us know if questions remain.

We are operating under a state of CONTINGENGY CAPACITY

Contingent capacity: The spaces, staff, and supplies used are not consistent with usual and customary daily practices, but maintain usual patient care practices. Spaces or practices may be repurposed, used temporarily during a crisis event or on a more sustained basis when the demands of the incident exceed hospital, agency, and/or community resources. Contingency plans may include, but not be limited to the following: changes in staffing, work redeployment, temporary emergency practice privileges, brief deferrals of non-emergency travel, meetings, classes, or services, change in responsibilities, documentation, etc. as defined by the Contingency Capacity declaration. This results in functionally equivalent or modified education and/or patient care practices meeting defined standards.

CURRENT RECOMMENDATIONS: EMS practices should be based on the most up-to-date COVID-19 recommendations and information from appropriate public health authorities and EMS medical direction.

See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit

Patient care

High risk patients: >65 years old OR one with a chronic medical condition[1] and/or an immunocompromised state, showing evidence of COVID-19 symptoms (fever, cough, or SOB), or have high risk travel or contact exposure.

Persons under investigation (PUIs) for testing at IDPH labs:

Fever and/or signs/symptoms of lower respiratory illness (cough or shortness of breath) AND any of the following:

- **Close contact** with any person with lab-confirmed Covid-19 within 14 days of symptom onset
- **History of travel** from high risk geographic areas within 14 days of symptom onset (see IDPH table 3-13-20
- **Congregate living**/healthcare facility: Staff or resident with clusters of infection not due to influenza and suspected to be SARS-CoV-2 as determined by public health authorities
- **Medical risk** factors as outlined above
- **Public health concern**: Other situations where clinicians have deemed them high priority after consultation with public health officials OR are part of a situation of concern as determined by public health.
- **Hospitalized patients** with unexplained pneumonia and physician is concerned about SARS-CoV-2 infection.

[1] Examples include: diabetes, heart disease, receiving immunosuppressive medications,m chronic lung dease, chronic kidney disease

See CDC's most current case definition for a person under investigation (PUI) for COVID-19 https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html .

IDPH guidelines:

- All high risk patients as defined above should stay home for their safety.
- **Known positive cases** must be isolated for a minimum of 7 days after onset of symptoms and can be released when afebrile and feeling well for 72 hours.
- **Household contacts** must be quarantined for 7 days after the known positive patient has been afebrile and feeling well (because exposure is considered ongoing within the home) and for a minimum of 14 days.
- **Asymptomatic healthcare practitioners (HCP)** who have had an exposure to a COVID-19 patient may continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.

EMS-SPECIFIC GUIDELINES

PSAPS/EMDs and pre-arrival notifications: When COVID-19 is suspected , EMS providers should be notified in advance of a CONTACT ALERT to provide notice that PPE may be needed..

Emergency Medical Dispatch (EMD) centers should question callers and determine the possibility that a call concerns a person who may have S&S and/or risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the US who meet the criteria should be evaluated and transported as a PUI (see above for definition).

Information on a possible PUI should be communicated to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). EMDs should use medical dispatch procedures that are coordinated and approved by the EMS MD and with the local or state public health department.

EMS Pre-arrival preparation and donning of PPE prior to patient contact:

If an EMD advises that the patient is suspected of having COVID-19, EMS clinicians are directed to don appropriate PPE before entering the scene. **Limit responders who initially don PPE and approach the patient within the close proximity contact area to one or two persons.**

Screening criteria:

- All patients are to be asked the series of questions related to symptoms, travel, and contact history that are being added to the Image Trend PCR. Document patent responses in the Image Trend fields.
- Family members or those on scene with close proximity to patient should also be screened. Document responses in the narrative section of the PCR.
- If risk for Covid-19 or influenza is discovered during this interview, don appropriate PPE.

S&S and risk factors for COVID-19 see: https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

Hand Hygiene: Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

- Perform hand hygiene by washing hands with soap and water for at least 20 seconds paying close attention your nails and under your nails.
- If hands are visibly soiled, use soap and water before returning to ABHR.
- Use an alcohol-based hand sanitizer (ABHR) that contains at least 60% alcohol if water is unavailable

Change in Covid-19 PPE

- NEW EMS Responders within 6 feet of PUI patient: **FULL CONTACT/DROPLET** precautions: **gown, gloves, regular facemask and face/eye shield** (shoe covers if you have them). **Facemasks are an acceptable alternative** when the supply chain of N95 respirators cannot meet the demand. When the supply chain is restored, fit-tested EMS clinicians may return to donning N95 masks when caring for PUI for Covid-19.
    - **Facemasks or N95 masks alone on EMS responders are NOT meeting PPE standards for these pts.**
    - Fit testing for N95 masks, if used, shall be done just in time prn per clinical indication
- **ED patients are allowed ONE (1) support person. DO NOT put an N-95 mask; face shield; or gown on any patient or the 1 family member who may ride with to the hospital.**

- NEW: **Airborne precautions**: EMS personnel are to wear Contact & droplet PPE PLUS an **N95 mask when performing procedures likely to generate respiratory aerosols** on PUI for Covid-19 illness including: **nebulizer treatments**, advanced airway insertion, ill patients with tracheostomy/ stoma, providing BVM ventilations, and during cardiac arrest resuscitation.

  Activate exhaust fans in the ambulance**.**

  Neb treatments should be discontinued during transfer of PUI into the ED. Place a surgical mask on the patient as an extra precaution.

- **IDPH recommendations: crisis/alternative strategies that may need to be activated when N95 masks or supplies are running low-**
  - Prioritize use of masks by activity type
  - Use N95 masks that are adequate for use after manufacturer designated shelf life
  - Use alternative respirators approved by NIOSH
  - Exclude healthcare workers at high risk for severe illness
  - Designate specific healthcare workers for care of patients with COVID-19
  - Use masks not evaluated or approved by NIOSH as a last resort

- If there are **shortages of gowns,** they should be prioritized for aerosol-generating procedures (see above), care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

- **TAKE HOME POINT: PPE continues to be in short supply, please use only as indicated/directed to preserve precious resources**

Restrictions currently in place

Visitors: ED patients may have **one support person** ONLY brought to the hospital. The support person must appear well to come with the patient.

EMS meetings that involve more than 10 persons are being deferred, postponed or explored for a conference call format until prohibitions on social distancing are lifted.

Students/classes/testing:

- No students are allowed on any hospital campuses until further notice.
- All EMT classes have transitioned to on-line work
- The paramedic class field internship is suspended until March 30th when state guidelines closing all schools will be re-evaluated
- All CE is suspended until April 20, when we will re-evaluate.
- NCH CTC has suspended all its Heartsaver, Healthcare Provider, ACLS and PALS education courses. We will monitor national, state and local developments and re-evaluate the situation on April 30, 2020. If an AHA certification is due to expire between now and the dates that courses can be reinstated, a 60 day extension will be granted. Classes will be rescheduled and reinstated as soon as it is safe to do so
- System entry and Peer educator written exams and practical labs and Paramedic class pre-entrance testing has been suspended until further notice. We will re-evaluate as conditions change and reinstate as soon as possible. See below for accommodations for practice privileges and reciprocity accommodations.

Temporary Practice privileges

Dr. Jordan will give temporary emergency practice privileges in the NWC EMSS without the usual and customary System Entry Testing to any licensed paramedic or ECRN currently working in good standing in any EMS System agency or hospital in Region 9 or in pre-identified hospitals and agencies in DuPage County.

Provide the following to Connie Mattera:

- Individual's name; DOB, license level; and license number so we can confirm them in the state database.
- Will need a quick note via email from their current EMS system verifying good standing.

Paramedic licensees with emergency temporary privileges are intended to serve as backup/support practitioners and NWC EMSS personnel shall ensure that standards of care are met as long we continue to operate under CONTINGENCY capacity.

Evolving medication shortages in addition to amiodarone, adenosine, and fentanyl (that were addressed in System memo 384: **Diphenhydramine IV –** give PO dose in the SOP unless oral intake is contraindicated.