



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

Northwest Community Hospital
EMS offices (Behavioral Health/901 Kirchoff Center)
800 W. Central
Arlington Heights, IL 60005
Phone: 847-618-4480
Fax: 847-618-4489

Date: March 23, 2020

System Memo: #386

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

The number of COVID-19 patients continues to soar. EMS practices are evolving daily. Please ensure that all EMS personnel have read and understood this memo and agree to modify their practice to be in compliance.

We continue operating under a state of CONTINGENCY CAPACITY

Standards are set (daily) by the CDC and IDPH and we must follow them.

The System is providing recommendations and guidelines based on national and state standards.

CURRENT RECOMMENDATIONS if your agency has someone that tests positive for Covid-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Please contact your occupational health physician for your Village and/or agency for very specific directions.



[A-Z Index](#)

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals



- Coronavirus Disease 2019 (COVID-19)
- How to Prepare +
- Symptoms & Testing +
- Are You at Higher Risk for Severe Illness? +
- If You Are Sick or Caring for Someone +
- Frequently Asked Questions
- Travel +
- Cases & Latest Updates +

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

March 7, 2020

Summary of Recent Changes

Update: This Interim Guidance was updated on March 7, 2020 to make the following changes:

- Updating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations at the end of the document)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure

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 were wearing PPE when they 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.

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

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> .

The federal government has set up **drive-through testing sites** at the locations listed below. At these sites they are prioritizing law enforcement and **first responders** as well as those over 65 with pre-existing conditions.

Walgreens – Bolingbrook: 695 W Boughton Rd, Bolingbrook, IL 60440

Wal-Mart – Joliet: 2424 W Jefferson St, Joliet, IL 60435

Wal-Mart – Northlake: 137 W North Ave, Northlake, IL 60164

Office of the State Fire Marshal

Patient care updates

High risk patients (Current definition):

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment

- People of any age with severe obesity (body mass index [(BMI)] \geq 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk
- Many conditions can cause a person to be **immunocompromised**, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

EMS-SPECIFIC GUIDELINES

Patient Screening Criteria:

Ask all patients the series of questions related to symptoms, travel, and contact history listed on the temporary paper PCR that may be completed if social distancing cannot be ensured at a receiving hospital. If risk for Covid-19 or influenza is discovered during this interview, don standard contact/droplet PPE.

See the email sent to System leadership on Thursday, March 19, 2020 at 12:05 PM entitled **Social distancing in EMS chart rooms & Temporary PCR during emergency** with a copy of the document attached.

Document name: Emergency Patient Care Report 20. Posted to System website.

Updated paramedic impressions for the electronic medical record should be rolled out this week by NEMSIS and Image Trend. Stay tuned...

- **S&S and risk factors for COVID-19** see: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>
Also see Temporary PCR for full set of S&S that may present.

EMPLOYEE SCREENING FOR ILLNESS: EMS Agencies may require illness and temperature screening on all employees prior to their shift and at the 12 hour point if a 24 hour duty assignment. See e-mail sent Friday, March 20, 2020 at 1:48 PM with a sample template entitled **EMS Prescreen Covid-19 tool 3-20-2020.**

CURRENT PPE STANDARDS

All hospitals continue to report widespread inappropriate EMS use of PPE. Each has been directed to notify the chief if a crew arrives wearing too much or too little PPE so appropriate coaching can occur at the agency level. We need the unified support of all System leaders and members to navigate through this outbreak.

See letter sent to EMSSCs and EMS MDs from Ashley Thoele, IDPH EMS Division Chief dated March 20, 2020 and forwarded to our System Re: **Management of Acute Respiratory Symptoms during COVID-19 Pandemic**

See also the email sent to System EMS leaders on Saturday March 21st at 4:24 pm attaching a Siren Alert relative to **EMS and Hospital PPE Conservation** [20200321_IDPH_Recommendations_for_PPE Conservation].

See SIREN Document Library Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV). They can be viewed by logging in to www.siren.illinois.gov

The System modified our recommendations based on these directives. **A new SOP just for Covid-19 is being prepared and will be issued shortly.**

TAKE HOME POINTS: Conservation of PPE is not rationing. Not knowing what the future holds, we are asking everyone to conserve their PPE to assure its availability as we anticipate an increase in the number of COVID-19 cases in the coming weeks.

EMS should wear an N95 mask only if they intubate, provide BVM ventilation prior to intubating, they are transporting a patient that is intubated, and when resuscitating a patient in cardiac arrest.

All nebulizer treatments have been suspended per IDPH directions. Photo guide is updated eff. 3-23-20.

- Procedure (surgical) masks should be worn by patients and EMS for almost all cases.
- PPE for EMS continues to include gloves, gown, and eye protection.
- Eye protection should be cleaned and reused for the full shift per guidelines

If EMS personnel persist in inappropriate overuse of N95 masks, hospitals are not required to replace them as this decimates their inventories.

If a hospital is unable to restock an EMS agency following **appropriately used EMS PPE**, please contact Connie Mattera. We have a small cache of PPE for EMS that will be distributed by Brian Stennett, our Emergency Preparedness Coordinator.

Also effective immediately: Most hospitals are now denying any visitors in the ED. **No SUPPORT PERSON** should be brought in the ambulance with a patient to the hospital unless the patient is a minor.