



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

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Date: March 27, 2020

System Memo: #387

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 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.

If you or someone you know thinks they may have been exposed to, or if they feel they have symptoms of Covid19 please refer to CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

CDC: Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) –

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html> see attached.

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, your **County Department of Health (see attached list)**, Dr. Jordan and/or Connie Mattera for direction.

CDC Current recommendations for implementing homecare:

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

Appropriate hand hygiene cannot be stressed enough!

Today's news and guidelines

Huge thanks to Jim Denna (EGFD) - Send yesterday: The **Covid-19 Ems App** has been updated with the Covid-19 Guidelines. If users go to google play, they can find the update. The Apple iOS update should go out soon.

Q: Should we stop using the **Lucas device** due to its fan?

A from Dr Jordan: The amount of aero that occurs with that fan imho is minimal. During any arrest there likely will be some aerosolization no matter how CPR is done. Given that the crew is or should be in full PPE with N95 mask, eye protection/face shield, gown and gloves anyway during cardiac arrest resuscitation, with proper PPE this shouldn't be an issue. So business as usual with CPR devices.

Q: We are hiring someone from outside Region 9, **how can we get them temporary privileges** while System Entry testing is suspended?

A. A draft update to our System EMS staffing policy (S3) for Contingency and Crisis operation has been forwarded to our Regional IDPH EMSC for her approval per Ashley's direction. When approved, we will forward to our System members. In the meantime, For CONTINGENCY temporary EMS privileges please do the following:

1. Agencies who are hiring licensed paramedics from outside of Region 9 during Contingency Operation and suspension of System Entry testing and/or labs may petition for Contingency practice privileges after the licensee opens a file and submits required documents per usual System Entry processes, submits a letter of good standing from the most recent EMS System, and submits the SOP and Policy Manual Self-assessments that is scored as acceptable by the NWC EMS office.

2. **Contingency privileges are temporary** and shall only be awarded while the state of Contingency operation continues. These individuals shall serve in a support role alongside at least one other licensed ALS practitioner with full NWC EMSS privileges. They shall not perform assessments or procedures using devices or equipment for which they have not been educated, competencied, or credentialed. When the state of Contingency is lifted, those who have been hired by NWC EMSS Agencies must complete the full System Entry testing and credentialing process per System Policy.

Legal questions and HIPAA answers: Sent yesterday via e-mail

- PWW answers many of the HIPAA-related questions we have received.
- They give good examples of what should be charted in the narrative of calls with possible Covid-19 illness.
- Two of the documents they list as links for easy reference are attached

EMS-SPECIFIC GUIDELINES - reminders

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** 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 NEMESIS 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 EMS Covid-19 Guidelines for full set of S&S that may present.

EMPLOYEE SCREENING FOR ILLNESS: EMS Agencies should continue to 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

Send yesterday in leadership email – reminder today...

Our EMS System currently meets the guidelines set forth in federal and state documents that direct PPE practice for known or suspected Covid-19 patients at this time.

- Procedure (surgical) masks should be worn by patients and EMS for almost all cases.
- PPE for EMS also continues to include gloves, gown, and eye/face protection.
- Eye protection/face shield should be cleaned and reused for the full shift per guidelines
- We are NOT asking EMS personnel to reuse N95 masks at the present time. EMS use of N95s is currently severely limited in keeping with conservation directives (see below).
- If the case numbers of Covid-19 patients (PUI or confirmed) increases to a point where we must invoke CRISIS standards of care, we will revisit our policy.
- Right now, between us all, we have adequate supplies of all PPE to meet the demand but conservation and appropriate use is critical. Our apex numbers have not yet hit, and cases are going up daily.
- This is not the time to create unnecessary tension or conflict between hospital and EMS personnel over PPE – we're on the same side in this war against the virus!

TAKE HOME POINTS: Conservation of PPE is not rationing. Not knowing what the future holds, we are asking everyone to conserve their PPE now to assure its availability in the future.

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

All nebulizer treatments and use of CPAP masks by EMS have been suspended on all patients per IDPH directions. Alternative care is prescribed in Covid-19 guidelines.

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