



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

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Date: March 29, 2020

System Memo: #388

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.

TODAY'S NEWS:

CARDIAC ARREST MANAGEMENT

Effective until further notice - the following is an addition to the NWC EMSS SOP for **cardiac arrest patients suspected of having Covid-19 illness**

- One responder to don full PPE and confirm unresponsiveness/pulselessness
- **If a candidate for resuscitation: Add an N95 mask to PPE** for all those working the cardiac arrest
- **ApOx is contraindicated in these patients as they have severe hypoxia prior to cardiac arrest.**

Deceased individuals with confirmed COVID-19 and those who had developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) prior to death **must be made known to the local COUNTY HEALTH DEPARTMENT for direction on disposition** before EMS leaves the scene.

IDPH has issued a Siren Alert regarding postmortem testing and autopsy guidelines for these decedents.

"Factors that support testing: documented COVID-19 infections, known community transmission, contact with a known COVID-19 case, or being a part of a cluster of respiratory illness in a closed setting (e.g., a long-term care facility)."

"Medical examiners, coroners, and other healthcare professionals should use their judgment to determine if a decedent had signs and symptoms compatible with COVID-19 during life and whether postmortem testing should be pursued. Testing for other causes of respiratory illness (e.g., influenza) is strongly encouraged."

It is our **preference that the bodies of deceased individuals are NOT transported to a hospital** at this time. Work with the local health department, medical examiner/coroner; law enforcement and funeral homes to determine to whom the remains are to be released.

If a high risk person is transported after death, IDPH recommends **placing them into 2 body bags**. Check your supplies and make sure you are able to get 2 bags to the scene if needed.

PPE REQUESTS beyond Hospital Exchange process – NEW STATE PLAN:

IDPH has changed the way EMS agencies are to request additional PPE beyond that received through hospital exchanges. All must now be processed by the Resource Hospitals. **See Siren Alert memo from March 29, 2020** – attached to this memo.

ALL NWC EMSS agencies that have PPE needs are asked to **forward their requests to Brian Stennett, MPH, PM** (NCH Emergency Preparedness Manager, and he will send the requests to the Cook County Health Department. **Contact Brian at:** 847-618-7504 office / 630-649-1943 mobile / 847-618-7588 fax

GENERAL EMS-SPECIFIC GUIDELINES - reminders

- Ask all responsive patients/bystanders the *Covid-19 screening questions*
- If a conscious person has suspected or confirmed Covid-19 OR they are known to be high risk for severe disease by age or comorbidities: One or two rescuers should **don standard contact/droplet PPE before advancing to less than 6 feet from the person.**
- **Documentation:** Updated **paramedic impressions** (ImageTrend template) for possible Covid-19 will be rolled out March 30th

Action Steps – NO TRANSPORT CALLS – Clarification of SOPs

- Patients who meet any of the high risk factors for severe disease and/or have S&S of moderate to severe clinical disease, are NOT a candidate for NO TRANSPORT
- If a physician has asked for transport to rule/out pneumonia – this is a high risk patient – please transport.
- Transporting an asymptomatic, low or no risk pt just for nasal swabbing is not required.

When calling in a COVID-19 NO TRANSPORT to OLMC – please include the following:

- Patient age; decisional capacity; absence of risk factors for severe disease
- S&S (absence of S&S of severe disease); full set of VS including Temp and SpO₂; lung sounds unless refused by pt
- Confirmation that home environment meets CDC requirements for shelter in place
- **Documentation:** Confirm that patient/caregiver has signed the **Covid-19 NO TRANSPORT form** (attached)

Covid-19 TESTING and NOTIFICATIONS - work restriction guidelines:

- EMS personnel should notify the ED prior to arrival if a patient is known to have tested positive or meets the criteria for being classified as a PUI for COVID-19 per CDC guidelines. It is understood and assumed that EMS would have been wearing appropriate PPE prior to and during patient contact.
- Under the national and state declared healthcare emergency, **individuals are only tested for Covid-19 if they meet CDC Guidelines** (see resource link below). Hospitals are not required to run the test just because EMS transported a patient.
- However, if it is determined that EMS had unprotected or insufficiently protected contact prior to discovering a patient's possibly infectious status, or their PPE was compromised in some way to tell the receiving ED physician ASAP.
- A **DICO** cannot require that a patient be tested solely because of EMS concerns for possible illness.
- If an agency determines that EMS had unprotected or insufficiently protected contact with a PUI, the CDC provides guidelines for possible work restrictions/home monitoring. See link below.
- Per IDPH directive, **hospitals must inform EMS personnel if a patient they transported tested positive** for Covid-19. Test results may currently take a week or longer to be received in some cases. Each hospital is using internal procedures for providing feedback to EMS in compliance with the state directive.
- **When notice is received**, we encourage providers to look at the PCR to determine the level/nature of PPE worn by EMS. If unclear from the PCR, please follow up with the individuals on the call.
- **If EMS personnel were wearing prescribed PPE** (Gloves, surgical mask, gown, eye protection/face shield) when within 6 feet of a PUI where no aerosolized procedures were performed by EMS and they added an N95 mask if aerosolized procedures were performed – they are not at risk and will be allowed to continue working as long as they remain asymptomatic.
- **If PPE worn is found to be insufficient based on national/state standards** – a determination will be made on a case by case basis as to the actions that should be taken to protect EMS personnel in compliance with guidelines set forth by the CDC.

Resource links:

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>

CDC Current recommendations for implementing homecare:

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

"20200327_COVID-19_Guidance_Transporting_High_Risk_Patients_for_Routine_Treatments" posted in the SIREN Document Library under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

https://www.ems.gov/projects/coronavirus_covid-19_resources.html