



**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

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System Memo: #389

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**

LOTS of NEWS -PLEASE 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

Because this is such a rapidly evolving situation and documents can become outdated quickly, we will also provide links to credible resources. Please check the System website often.

US Centers for Disease Control and Prevention Updated frequently, the US CDC website has information and updates nicely organized for specific audiences.

Modeling: This link from the [Institute for Health Metrics and Evaluation](https://www.healthdata.org/) shows the projected peak of COVID-19 per state with continued effective social distancing. <https://covid19.healthdata.org/projections>

Monitoring: (Our favorite for numbers) [COVID-19 Data Visualization from the Center for Systems Science and Engineering \(CSSE\) at Johns Hopkins University](https://www.csis.org/analysis/covid-19-data-visualization)

New additions in RED

Action Steps – NO TRANSPORT CALLS

- 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
- **Additional clinical sign of concern for Covid-19: Loss of smell or taste**
- 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**
- **Have pt wear new glove to sign electronic device or form**
- **NT form available yesterday in printed NCR format for pick up at NWC EMSS office.**
- **OPTION: Agencies may take photo of signed form and attach electronically to ePCR. Delete photo from electronic device.**

Primary Impression: [dropdown menu with 'Suspected/Confirmed COVID-19' selected]

Secondary Impressions: [dropdown menu with 'CO', 'COPD with exacerbation', 'Cough', 'Cocaine related disorders', 'Feared Complaint Unfounded', 'Suspected/Confirmed COVID-19', 'Acute nasopharyngitis [common cold]', 'Adrenocortical insufficiency / Addison's Disease', 'Alcohol dependence with withdrawal']

Protocols Used: [Add button]

Initial Patient Acuity: [dropdown menu with 'Vital signs / Black']

Image Trend Users:

There are now provider primary and secondary impressions of COVID, along with Medical/Surgical History.

There are also COVID related PPE and Exposure changes.

HIPAA and EMTALA regulations relaxed during crisis – all new- Cliff notes version...

Increase Hospital Capacity – CMS Hospitals without Walls:

- CMS will now temporarily permit **non-hospital buildings and spaces (e.g. hotels) to be used for patient care and quarantine sites**, provided that the location is approved by the State and ensures the safety and comfort of patients and staff. This expands the capacity of communities to develop a system of care that safely treats patients without COVID-19, and isolate and treat patients with COVID-19.
- CMS will also allow hospitals, laboratories, and other entities to perform tests for COVID-19 on people at home and in other community-based settings outside of the hospital (*if test kits are available*). This allows healthcare systems, hospitals, and communities to set up testing sites exclusively for the purpose of identifying COVID-19-positive patients in a safe environment.
- CMS will allow hospital EDs to test and screen patients for COVID-19 at drive-through and off-campus sites.
- During the public health emergency, **ambulances can transport patients to a wider range of locations when other transportation is not medically appropriate**. These destinations include community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers, and any locations furnishing dialysis services when an ESRD facility is not available.
- EDs of hospitals can use telehealth services to quickly assess patients to determine the most appropriate site of care, freeing hospital space for those that need it most. New rules ensure that patients can be screened at alternate treatment and testing sites which are not subject to the Emergency Medical Labor and Treatment Act (EMTALA) as long as the national emergency remains in force. This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19.

Rapidly Expand the Healthcare Workforce:

- CMS's temporary requirements allow hospitals and healthcare systems to increase their workforce capacity by **removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community as well as those licensed from other states without violating Medicare rules**. (We've done this, see updated Staffing policy issued recently.)
- These healthcare workers can then perform the functions they are qualified and licensed for, while awaiting completion of federal paperwork requirements.

Further Promote Telehealth in Medicare:

- CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for a broad range of services. Providers also can evaluate beneficiaries who have audio phones only.
- For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).

Covid-19 and HIPAA for EMS and Law Enforcement (ALL NEW)

Disclosures to law enforcement, EMS, other first responders and public health authorities

We need to remain aware of all HIPAA guidelines for maintaining patient privacy. Accessing or sharing patient information should be limited to what is necessary to do your job. PHI includes written, electronic and oral communication.

The HIPAA Privacy Rule permits a covered entity to disclose the protected health information (PHI) of an individual who has been infected with or exposed to, COVID-19, with law enforcement, EMS, other first responders, and public health authorities without the individual's HIPAA authorization, in certain circumstances:

- When the disclosure is needed to provide treatment. Ex: HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to EMS personnel who will provide treatment while transporting the person to a hospital ED. 45 CFR 164.502(a)(1)(ii), 45 CFR 164.506(c)(2).
- When such notification is required by law. Ex: HIPAA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials. 45 CFR 164.512(a).
- To notify a public health authority in order to prevent or control spread of disease. Ex: HIPAA permits a covered entity to disclose PHI to a public health authority (such as the Centers for Disease Control and Prevention (CDC), or state, tribal, local and territorial public health departments) that is authorized by law to collect or receive PHI for the purpose of preventing or controlling disease, injury, disability, including for public health surveillance, public health investigations, and public health interventions. 45 CFR 164.512(b)(1)(i), 45 CFR 164.501.

- When first responders may be at risk of infection. A covered entity may disclose PHI to a first responder who may have been exposed to COVID-19, or may otherwise be at risk of contracting or spreading COVID-19 if the covered entity is authorized by law, such as state law, to notify persons as necessary in the conduct of a public health intervention or investigation. ED: HIPAA permits a covered entity health department, in accordance with a state law, to disclose PHI to a police officer or other person who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. 45 CFR 164.512(b)(1)(iv),
- When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat, which may include the target of the threat. Ex: HIPAA permits a covered entity, consistent with applicable law and standards of ethical conduct, to disclose PHI about individuals who have tested positive for COVID-19 to EMS personnel, child welfare workers, mental health crisis services personnel, or others charged with protecting the health or safety of the public if the covered entity believes in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties.

General Considerations: Except when required by law, or for treatment disclosures, a covered entity must make reasonable efforts to limit the information used or disclosed under any provisions listed above to that which is the “minimum necessary” to accomplish the purpose of the disclosure. 45 CFR 164.502(b). In some cases, more than one provision of the HIPAA Privacy Rule may apply to permit a particular use or disclosure of PHI by a covered entity. The illustrative examples below involve uses and disclosures of PHI that are permitted under 45 CFR 164.512(b)(1), and/or 164.512(j)(1), depending on the circumstances.

Example: A covered entity, such as a hospital, may provide a list of the names and addresses of all individuals it knows to have tested positive, or received treatment for COVID-19 to an EMS dispatch agency for use on a per-call basis. The EMS dispatch center (even if it is a covered entity) would be allowed to use information on the list to inform EMS personnel who are responding to any particular emergency call so that they can take extra precautions or use PPE.

Discussion: Under this example, a covered entity should not post the contents of such a list publicly, such as on a website or through distribution to the media. A covered entity under this example also should not distribute compiled lists of individuals to EMS personnel, and instead should disclose only an individual’s information on a per-call basis. Sharing the lists or disclosing the contents publicly would not ordinarily constitute the minimum necessary to accomplish the purpose of the disclosure (i.e., protecting the health and safety of the first responders from infectious disease for each particular call.)

Example: A 911 call center may ask screening questions of all callers, for example, their temperature, or whether they have a cough or difficulty breathing, to identify potential cases of COVID-19. To the extent that the call center may be a HIPAA covered entity, the call center is permitted to inform a police officer being dispatched to the scene of the name, address, and screening results of the persons who may be encountered so that the officer can take extra precautions or use PPE to lessen the officer’s risk of exposure to COVID-19, even if the subject of the dispatch is for a nonmedical situation.

Discussion: Under this example, a 911 call center that is a covered entity should only disclose the minimum amount of information that the officer needs to take appropriate precautions to minimize the risk of exposure. Depending on the circumstances, the minimum necessary PHI may include, for example, an individual’s name and the result of the screening.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

Information about HIPAA Privacy and COVID-19 is available at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF.

[Disclosures of PHI to Law Enforcement, Paramedics, Other First Responders and Public Health Authorities - PDF*](#) (printable version)

Covid-19 TESTING and NOTIFICATIONS - work restriction guidelines - UPDATED:

- 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 or law enforcement officers 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 national/state/System directives.
- **This notice shall be provided to the agency DICO and/or Provider EMS Coordinator via e-mail as soon as possible after results are received under this public health emergency. The DICO/PEMSC shall respond to the hospital EMSC that the message has been received. *Sample language:***

_____ (EMS Agency) incident/run number _____; patient (initials/gender/age) was transported to _____ (hospital name) on _____ (date) and tested positive for COVID-19. From the report it appears that the crew wore full PPE; or from the report it is unclear if the crew wore appropriate PPE.

Please complete an internal review of this call and follow CDC and System recommendations for risk assessment and follow-up.

Please respond back to me that you have received this e-mail.

Let me know if you have any questions or concerns.

_____ (name and contact information of the hospital EMSC)

- **Hospitals have no further duties relative to EMS testing or follow up after notification of a positive test result is given to the DICO/PEMSC and confirmation of receipt is received from the agency unless the agency reaches out to the hospital for clarification or direction.**
- **When notice is received**, providers are **required** to look at the PCR to determine the level/nature of PPE worn by EMS and make a determination of risk. If unclear from the PCR, please follow up with the individuals on the call. **If the PPE listed on the report is missing or incorrectly noted, the crews must complete an addendum.**
- **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 or breached 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 and IDPH.

FYI: Quest diagnostics testing: NCH has transitioned to Quest Diagnostics for COVID-19 testing. This will allow a more rapid turnaround time (less than 24 hours). The test evaluates two targets on the virus with Target 1 being 100% specific for COVID-19 and Target 2 being very sensitive, but less specific since it is also shared by other viruses in the Corona virus family. Quest reports will provide results for both targets. See attached table for guidance in interpreting the results.

Cleaning and reuse of face shields/eye protection:

- Do not dispose of face shields or eye protection goggles. They can be cleaned and reused. Put your name on them with a marker and keep in a safe, clean place (paper bag).
- **Cleaning/storage instructions:**
 - While wearing a clean pair of gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
 - Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered disinfectant solution.
 - With a new wipe, clean the headband moving from inside to outside.
 - Allow wet dwell time recommended by disinfectant product.
 - There may be a film left on surfaces that can be removed by rinsing with a wet paper towel or alcohol.
 - Fully dry (air dry or use clean absorbent towels).
 - Remove gloves and perform hand hygiene.
 - Place face shield in a bag labeled with the staff member's name, date and time.
 - Prior to next use, inspect face shield for defects or damage such as cracks, tears, or a stretched out headband. If present, do not reuse.

N-95 masks

- N95 masks for EMS are only necessary when performing an aerosolized procedure.
- N95 masks should be discarded and NOT reused after an aerosolized procedure.

For the safety of your family, please follow the following recommendations when returning home from a shift:

- Immediately remove your clothing and put in a safe place for cleaning/laundrying;
- Wash hands with soap and water;
- Shower as soon as possible;
- Continue Social Distancing;
- Continue to monitor signs and symptoms for potential illness.

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

"Guidance Pregnant Women" 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.