



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

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Date: April 4, 2020

System Memo: #390

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**

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Because this is such a rapidly evolving situation and documents can become outdated quickly, links are provided to credible resources.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

CDC: Updated frequently. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

IDPH: <https://www.dph.illinois.gov/covid19>

New additions in RED

Update to System Drug and Supply List – 4-4-20:

NEW NOW: HEPA Bacterial and Viral Filter to reduce chance of exposure during advanced airway procedures (ETI or BVM ventilations); addition of UV disinfecting as approved products

Hospitals have been asked to make HEPA filters available to all front line EMS vehicles with advanced airway (intubation) capabilities ASAP. Because of supply limitations, we will get to all vehicles when able.

NEW System Procedure for Intubation of suspected Covid-19 patients

- These patients have unique needs for indications, equipment, and process steps.
- See attached procedure incorporating amended PPE; HEPA filters and changes to process steps
- **EMS Agencies: confirm notification and distribution of this process to all PMs/PHRNs by email to cmattera@nch.org.**

PPE UPDATES

Several hospitals are experiencing severe shortages of masks and gowns. Thus the **System is now activating use of the CDC optimization statements** for these two items. Documents were attached to the System email sent Thu 04/02/2020 at 1:06 PM or see the following links:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

- Follow **Donning and Doffing guidelines** distributed in the EMS Micro-learning module. See System website for information and links under Breaking News.
- **DO NOT immediately remove or discard face masks used during patient care if you are tasked with cleaning and disinfect the ambulance. We must conserve PPE as much as possible. We will follow extended use guidelines issued by the CDC if local resources are depleted.**
- **If NO isolation gowns are available;** EMS may use the fluid-repellant Tyvek gowns already required as PPE on ambulances or another improvised water and splash resistant covering during ETI and BVM ventilation.
- If you have supplemental stores of PPE supplies, please restock from your internal inventories and do not ask a hospital to replace you until the promised shipments from the Federal government arrive.
- The System has approved **local manufacturing of face shields** that are ready for immediate use and shipping. If you would like information on the approved sources, please contact Connie Mattera.

Statement on CDC's Recommendations for the Public on Cloth Masks: April 3, 2020

Given increasing evidence that infected individuals without symptoms can spread COVID-19, the CDC has put out important guidance to the public in the battle to reduce the spread of the disease. As organizations representing health care professionals and caregivers, we call on the public to be mindful of the need to ensure N95 respirators and medical grade surgical masks remain prioritized for health care heroes – doctors, nurses and other front line caregivers and workers—and use non-medical reusable masks, instead, as the CDC suggests.

As this pandemic spreads, our organizations will continue to urge that all levers be used by both the government and private sector to ensure front line caregivers have the necessary personal protective equipment (PPE) they need to protect themselves and their patients.

American Hospital Association

American Medical Association

American Nurses Association

FDA makes changes to face mask and respirator enforcement policy during COVID-19 outbreak

The Food and Drug Administration revised its [face mask and respirator guidance](#) to provide significant, additional enforcement discretion for PPE that is not subject to COVID-19 emergency use authorization. FDA says it "recognizes that, when alternatives, such as FDA-cleared masks or respirators, are unavailable, individuals, including healthcare professionals, might improvise PPE.

FDA does not intend to object to individuals' distribution and use of improvised PPE when no alternatives, such as FDA-cleared masks or respirators, are available."

FDA's policy provides enforcement relief from compliance under the revised guidance for the distribution and use of face masks, with or without a face shield (not including respirators); face shields that are intended for a medical purpose; and surgical masks.

Further, for the duration of the public health emergency, when FDA-cleared or National Institute for Occupational Safety and Health-approved (NIOSH) N95 respirators are not available, FDA does not intend to object to the distribution (including importation) and use of respirators identified in CDC recommendations. This would include respirators included in CDC crisis management recommendations, such as those approved under standards used in other countries.

Updated notes for processing/documenting Triple Zero patients with suspected COVID-19

As sadly expected, we have had our first deceased individual that resulted in a few gaps in communication with the local Health Department and Coroner that provided some learning opportunities. Please note:

- County health departments are not all prepared to give EMS clear direction on disposition of the deceased. Explain your situation and get the name and title of the person to whom you are communicating.
- County coroners/ medical examiners may not be willing to come to the scene, do not want all the bodies for autopsy, and may simply release the body to you pending removal by a funeral home. Get the name of the coroner/medical examiner releasing the body.
- Local law enforcement is understandably reluctant to do the body removals if not transporting for an autopsy. Nor do they have two body bags in which to place the remains. Get the name and star number of a law enforcement officer on scene who may helping you make the notifications of the Health Department and/or Coroner/Medical Examiner's office.
- Note all of these names in the comments section of the PCR and what they directed you to do.
- Family members are understandably upset and likely not in a good state of mind for us to just leave the deceased in the home and wait for them to make arrangements for removal by a funeral home.
- Please remember the importance of the **HUMAN SIDE OF CARING** – this is our strength! Work with on-scene family members to identify a funeral home they would wish to use or predetermine a funeral home in your jurisdiction that would be willing to be available to you for urgent removals until the family can make up their mind. Assist them in making phone calls and work with family members who seem in crisis for a mutually acceptable disposition plan based on your staffing resources. Transport to a hospital should be a last resort.

Governor Pritzker issues Executive Order providing immunity for Care Providers during COVID-19 Pandemic**Executive Order 2020-19: HEALTH CARE FACILITIES, PROFESSIONALS, AND VOLUNTEERS**

Defines healthcare facilities, health care professionals and health care volunteers. Calls for the postponement or cancelation of elective surgeries. Health care facilities, professionals, and volunteers are immune from civil liability for any injury or death alleged, unless caused by gross negligence or willful misconduct.

[Executive Order 2020-19 \(HTML\)](#) [\(English\)](#)

IDPH SIREN ALERT issued 4-3-20: IDPH has opened two state-operated **Community Based Testing Sites** (CBTS) to date. These locations are drive-through medical screening centers and intended to test individuals who are most likely to contract or spread COVID-19. In order to receive testing, persons must be symptomatic and meet the following screening criteria:

- Healthcare facility workers with symptoms
- First responders with symptoms
- Individuals over the age of 65 with symptoms
- Individuals with underlying health conditions with symptoms

Location: Chicago – Harwood Heights - EPA Emissions Testing Facility 6959 W. Forest Preserve Drive (Parking Lot) Chicago IL, 60434

Additional resources and information on testing, symptoms of COVID-19, and populations who may be at higher risk for more severe complications from COVID-19 is available at www.coronavirus.gov.

For full instructions on required ID and reporting of results: See IDPH Siren Alert (attached)

4-4-20 Illinois Fire Service Partner,

I am writing in regards to the first responder priority COVID19 testing site located at 6959 W Forest Preserve Dr, Chicago, IL. The state site, which is currently administering a FEMA-limited 250 tests per day, will be transitioning operations on April 10. IDPH and IEMA are actively preparing to continue operations at the site on April 10. In their continued effort to support the firefighters (*all EMS responders*) of Illinois, IDPH and IEMA plan to continue the administration of at least 400 tests per day prioritizing first responders.

I would urge all firefighters to continue following IDPH and CDC guidelines and recommendations. Having access to testing is in no way a replacement for the use of good hygiene, proper use of PPE and following exposure protocols. Thank you for your efforts to keep yourselves and the residents of Illinois safe and healthy. Please share this information with your respective organizations.

Matt Perez, Illinois State Fire Marshal

Link to recent **EM Cardiology Symposium** presented by Dr. Amal Mattu sponsored by the University of Maryland, School of Medicine: *Great info on the Covid Heart*

The full presentation: www.youtube.com/watch?v=XJjDgnOHmcs

Handouts: em.umaryland.edu/offsite_lecture/show/5033

Reminders – Previously sent information – still current recommendations

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.
- DICO responsibilities for suspected or positive COVID-19 notices: See System memo #389
- **IDPH will no longer be providing law enforcement personnel with positive Covid-19 results – See Siren Alert.**
- 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 **FOR HEALTHCARE PROVIDERS**.
- Per IDPH directive, it is our understanding that **hospitals must still inform EMS personnel if a patient they transported tested positive** for Covid-19. See System memo #389.
- **Instructions for action when notice of positive patient result is received: See System memo #389.**

Return to Work Practices and Work Restrictions: After returning to work, a HCP should:

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for S&S and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
- Wear a facemask while at work until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. Given the limited availability of PPE, use of surgical masks by asymptomatic exposed providers at work may need to be limited to those who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age ≥50, chronic lung disease (e.g., asthma, COPD), heart disease, diabetes immunocompromised).
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset

AHA CPR CARD Extensions**For Instructor Cards expiring beginning in March 2020:**

- AHA Instructor cards will be valid for 120 days beyond their recommended renewal date.
- Instructor candidates will have 10 months from the completion of their Instructor course to complete monitoring.

For AHA Provider Cards expiring beginning in March 2020:

- AHA Provider Cards will be valid for 120 days beyond their recommended renewal date.
- Management of this extension, and any record-keeping, will be the responsibility of the Training Center. If you have any questions regarding the NCH training center implementation of these guidelines, please contact Dara Sordo at dsordo@nch.org

REMINDER -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** (available in English and Spanish)
- 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.

IDPH again stresses that ALL providers must be monitoring temps before shift and half way through a 24 hour shift for EMS; and if sick, stay home.

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.

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.

HIPAA and EMTALA regulations relaxed during crisis Increase Hospital Capacity – CMS Hospitals without Walls – See System memo #389

<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)