NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

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Date: April 16, 2020

System Memo: #391

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

New additions in RED

We continue operating under a state of CONTINGENGY CAPACITY

This memo is divided into 4 categories: Situation – Staff well-being – Safety – SOP/Procedures

S – Situation Report:

- While still high, the number of new COVID-19 patients appears to be leveling off and social distancing measures appear to be working where they have been implemented well. However, this could change in a moment if new outbreaks flare due to community transmission or relaxing our vigilance.
- EMS **practices are evolving daily** as science provides new insights, strategies, and technology or governmental/educational leaders provide new resources or temporarily relax/modify laws/ rules/guidelines.
- It is critical that all EMS personnel understand this and previous memos and comply with Covid-19 Contingency practices.
- Because documents can become outdated quickly, links are provided to credible resources and updated documents are attached to this memo. 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

Below is an excerpt from a report issued to NCH staff by Dr. Loren last Saturday that brilliantly offers insight into our current situation – We thought you would be encouraged to see his message:

On December 31, 2019 China first reported a cluster of pneumonia cases in Wuhan Province. By January 7, the Chinese health authorities confirmed this was a novel coronavirus. Approximately three weeks later, on January 30, there were 10,000 cases in at least 21 countries including the first confirmed case in the United States. We saw horrific stories on the news but never imagined this would happen in the United States. We were wrong. The virus has now spread to over 614,482 Americans in all fifty states with nearly 25,000 deaths. Chicago, Illinois was predicted to be one of the hot spots.

The first case in Illinois was diagnosed on January 24, 2020 and admitted to one of our neighboring hospitals. Cases #3 and #4 were diagnosed and admitted to NCH on February 29th and March 2nd. It suddenly became very real for all of us. An extremely aggressive screening process was rapidly implemented and our infection prevention protocols were tightened in a manner we had never before experienced.

Over the next several weeks, the numbers in Illinois began to grow. On April 9, the governor issued a disaster proclamation. The National Guard was deployed to support the operational response and we all watched in fear as McCormick Place Convention Center was converted to a temporary hospital.

Would that really become necessary? Schools were closed on March 13th, and bars/restaurants were closed two days later. In an effort to stop this seemingly unending progression and attempt to escalate the social distancing measures, a "Stay at Home Order" was issued on March 20, initially for just seventeen days, but soon expanded to April 30th What was previously unimaginable, has now become part of our daily lives. Would it work?

Many predictive models have been developed and we followed them closely in order to plan for the upcoming surge. We have all been hoping to "flatten the curve" and avoid the catastrophic outcomes experienced in other areas like China, Italy and New York. By most accounts, the peak in Illinois was predicted to be between April 11 and April 18. There was a predicted shortage of hospital beds, ICU beds and ventilators in addition to a major shortage of healthcare personnel available to treat these patients. That fearful date has now arrived and we all await the daily stats with anxious anticipation.

As you review today's news, I ask that you all take comfort in the fact that we appear to be making a difference. We are no longer predicting a shortage of beds, ICU's or even ventilators in Illinois. Our number of Covid-19 patients continues to climb every day, but we do indeed appear to be flattening the curve. **I ask each of you to remain diligent**, because this is far from over. At the same time, **be optimistic** that our aggressive measures do in fact appear to be working.

This crisis has taken a tremendous toll on all of us in so many ways; financial, psychological, physical and more. There is no way to measure the full impact, but one thing is clear. **We have all come together to fight this crisis and we will get through this.** We will get back to life as we once knew it, but each of us will somehow be changed forever. That time is close, but it has not yet arrived, so please continue to following protocols, maintain social distancing, wash your hands frequently and isolate immediately if you become symptomatic. I ask you all to continue to be safe and a **heartfelt thank you to each and every one of you**. You are making a difference!

Alan B. Loren, MD
Chief Medical Officer, EVP

S- Staff well-being: *How is everyone doing?*

Through multiple sources, we have been sensing natural feelings of concern, anxiety, fear, and in some far more limited and situationally isolated areas, anger, blame, and recriminations. All of us are likely pretty tired and dream of life returning to a new normal - but that does not seem likely in the short-term.

From the CDC website:- **Stress during an infectious disease outbreak can include**

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

We must effectively address needs of the **body, mind and spirit** to persevere and thrive through this crisis. Please let us know if there is anything the System can do more, make available to you, or should be doing that we are not, to best support you. **Our most valuable resources are our people** and your health and well-being are our top priority! The CDC has some great tips and resources for coping with stress during this pandemic. See: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

COVID-19 TESTING - State-operated **Community Based Testing Sites** (CBTS) to date. In order to receive testing, persons must meet the following screening criteria:

- Healthcare workers with symptoms
- First responders with symptoms
- Persons 65 and older with symptoms
- Persons with underlying health conditions with symptoms

No physician referral is needed.
Patients will receive verbal confirmation of CARS-Co-V-2 testing results within 3-7 days.

Locations:

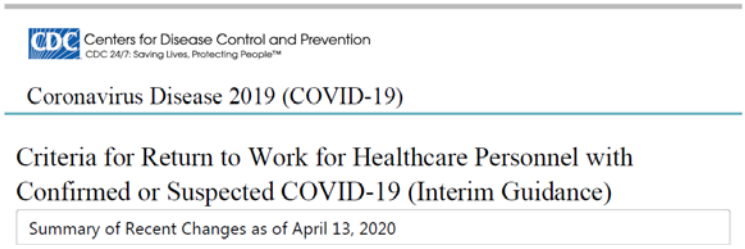
Chicago – Harwood Heights - EPA Emissions Testing Facility 6959 W. Forest Preserve Drive | Hours of operation: 7:30 am – 3:30 pm or until 750 max specimens have been collected.

Bloomington - McLean County Fairgrounds 1106 Interstate Dr. | Hrs: 0900-1700 (max 250 spec.)

Markham Emissions Testing Station 3824 W. 159th Place | Hours: 0800-1600 (max 800 specimens)

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 .
Instructions on what to do while waiting for your test results are attached.

NEW: CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19) updated April 13, 2010 – See attached – these supersede all previous guidelines.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html


Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

Summary of Recent Changes as of April 13, 2020

Also see new IDPH steps for releasing a person from quarantine; rev. 4/13/20: Attached.

NEW: IDPH Covid-19 Antibody Testing Interim Guidance 4/04/2020

IDPH is alerting providers and clinical labs to the unusual manner in which SARS-CoV-2 antibody testing is entering the marketplace. Under a new policy, the FDA is allowing manufacturers to distribute diagnostic serology test kits as long as the manufacturers state that the assays have been validated. Unfortunately, they often do not cite that they are validated for any of the Covid viruses.

One manufacturer (Cellex) has received an Emergency Use Authorization (EUA) from the FDA for an IgM/IgG rapid test. **The test is not FDA approved**. The package insert contains limited information regarding test performance. Because the FDA has not reviewed validation data for any other assays, they have not been assessed for reliability, sensitivity or specificity by a nonpartial regulatory agency.

The FDA is requiring serology testing reports to include the following messages:

- This test has not been reviewed by the FDA and may not reliably determine whether a person has been exposed to SARS-CoV-2.
- **Negative results do not rule out SARS-CoV-2 infection**, particularly in people for whom prior SARS-CoV-2 exposure is suspected. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals.
- **Positive results may be due to past or present infection with non-SARS-CoV-2 coronavirus species**, such as coronavirus HKU1, NL63, OC43, or 229E.
- Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection.

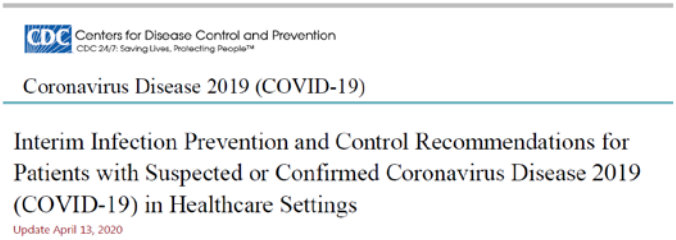
Bottom line: DO NOT rush to test yet. Scientists are working on a process that will be rolled out nation and/or state wide that will be fully defensible.

S – Safety (PPE): – Some PPE (gowns) are moving to CRISIS capacity, shortage or not available.

All PPE items need careful conservation and optimum use per CDC guidelines.

Thanks to DuPage County and Region IX Emergency Preparedness sources, the System received a modest supply of select PPE and hand sanitizer. On 4-15-20, **each agency was asked to let us know in specific numbers how many of the minimum stock of PPE required by the current Drug and Supply List on each EMS vehicle they are currently short.** We will immediately supply them from this central stock. All the rest will be distributed to the hospitals for EMS exchange items.

April 13, 2020, the CDC issued updates to the Guidelines for PPE use. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html See attached.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Coronavirus Disease 2019 (COVID-19)

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Update April 13, 2020

Reminders re PPE and staff protection:

- CDC PPE optimization standards were attached to the System email sent Thu 04/02/2020 at 1:06 PM or see the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
- Follow **Donning and Doffing guidelines (with video link)** distributed in the EMS Micro-learning module. See System website for information and links under Breaking News.
- **PPE REQUIRED under contingency operation:**
  - Suspected Covid Illness & **NO aerosolized procedures**: Surgical/procedural mask on patient. PPE for 2 EMS personnel; gloves; surgical mask; gown (if you have it); eye protection.
  - Suspected Covid Illiness **+ aerosolized procedures** (ETI, CPR, BVM ventilations): gloves; N95 mask; full face shield; gown. Minimize the # of EMS personnel within 6 feet of the patient for 10 minutes or longer.
- The System **IS NOT endorsing the plastic cube** being marketed for protection during ETI procedures. They unnecessarily restrict the person's movements who is performing the ETI. Because the King Vision device rides high, it would be difficult to visualize the cords and the bougie could not be used effectively. It adds one more thing to be cleaned and disinfected and poses a challenge to where it might be stored on an EMS vehicle. If intubating, please follow the System Covid-19 ETI procedure issued 4-4-20 and posted on the System website. Careful use of required PPE adequately protects EMS personnel. If paramedics are performing DAI – ensure adequate sedation prior to blade insertion to avoid stimulating a gag reflex.
- The System is **not yet asking anyone to use a face mask on an extended basis** or to reuse it – while most hospitals have now gone to that. However, DO NOT immediately remove or discard face masks used during patient care if you are cleaning and disinfect the ambulance. We are prepared to implement extended use guidelines issued by the CDC if local resources become depleted (which they currently are not).
- **We are asked all the time about the use of cloth masks.** The CDC does not consider them PPE. See the above attached report. Also attached are updated guidelines on the use of these masks for the public and non-healthcare providers.
  - National Academies Press. (2020). Rapid Expert Consultation on the Effectiveness of Fabric Masks for the COVID-19 Pandemic (April 8, 2020)
  - Advisory Board (2020). PPE Optimization table_032520
  - IDPH Guidance on the Use of Masks by the General Public
- **If NO isolation gowns are available**; EMS may use the fluid-repellant Tyvek gowns already required 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 at the present time.
- 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.
- **Approved products for surface disinfection**: Link: https://www.epa.gov/newsreleases/epa-continues-add-new-surface-disinfectant-products-list-n-effort-combat-covid-19 . See also NCH table of approved products issued 4-16-20 (attached).

S - Standard operating procedures:

- Covid-19 SOPs are still in place and current with evolving guidelines from the CDC, IDPH, and AHA. We are trying to keep things as normal as possible for as long as possible without unnecessary change. **Be particularly vigilant for hypoxia and hypotension.**
- FYI: contingency protocols have been written if changes to the **cardiac arrest SOP** become needed due to crisis operations. So far, they are not necessary, but are ready if the time comes.

Update to System Drug and Supply List – 4-8-20: Email sent 4-9-20: Also attached were **photos of approved HEPA filters** and how they are used for easy reference.

NEW: How to document patient signatures obtained verbally

CMS announced on April 13, 2020, that it is improper to ask physically and mentally decisional patients with suspected or known Covid-19 illness to handle styluses, pens, and other devices or equipment used to obtain signatures on EMS forms due to the risk of infection. They authorize ambulance crews to obtain "verbal consent" from the patient to sign on the patient's behalf.

Process: After obtaining a decisional patient's consent to sign their name, EMS personnel shall sign the PATIENT's name in the usual box reserved on the PCR, Refusal, and Non-transport forms for patient signature; then place a forward slash mark and enter the initials of the person signing on behalf of the patient. They should then enter their own names under the crew signature sections as usual.

Example: If the patient's name is John Smith and the paramedic's name is Mark Johnson – the patient signature box should contain the following notation written by the paramedic: John Smith / MJ

The same process is used if a **surrogate decision-maker** is authorizing or refusing consent for a minor or non-decisional patient. In this case, write the surrogate decision maker's name in the box for the representative signature followed by the initials of the EMS personnel who obtained their verbal consent to sign.

In the **narrative section of the PCR**, **document the following**:

1. That the patient had suspected or known Covid-19 illness (and the clinical documentation supports that conclusion); and
2. That verbal consent of the patient or surrogate decision-maker to sign on their behalf was obtained by the EMS crew.

Reminders of previously sent information:

- 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: See System memo #390
- Steps to take to **protect the safety of your family**: See System memo #390:
- Guidelines for processing **Triple Zero pts** with suspected COVID-19: See System memo #390
- **Contingency System Practice Privileges**: See S3- **ALS/BLS Staffing Requirements (**3/27/20)
- If asked to send **EMS vehicles out of state to other disaster hot spots**: See IDPH memo forwarded on 4-14-20; 041320_Authority System Amendments for Providers .docx

Resource links: See System memo #390