



**NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM**

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Date: October 31, 2022

**System Memo: #409**

To: All System members

From: Matthew T. Jordan, MD, FACEP  
EMS Medical Director

Connie J. Mattera, MS, RN, PM  
EMS Administrative Director

RE: **SOP Go-LIVE | PPE updates | CESSA progress**

**PLEASE DISTRIBUTE IMMEDIATELY**

**We continue operating under IDPH COVID-19 Emergency Guidelines and Contingency Capacity. U.S. health experts are bracing for the prospect of a “tri-demic” – a convergence of COVID-19, a worse-than-normal flu season and rising respiratory syncytial virus (RSV) cases.**

PPE requirements are determined by two CDC metrics: Community Transmission Level (virus transmission within a community) and Community Level (measures the impact that disease has on hospital bed availability).

In our service area Community Transmission Levels of COVID-19 are **substantial**; RSV levels are very high; and influenza is beginning to rise. We continue vigilance for Monkeypox and alerts have been sent about Ebola.

**Healthcare worker PPE requirements in clinical settings:** Gloves, **masks** (procedure or surgical masks if no aerosolizing procedures and patient also masked | fit tested N95 masks if performing aerosolized procedures or caring for known Covid-19 positive patient); CDC metrics (to mask or not to mask) in other settings; and **eye protection** (goggles) during all direct patient contacts and all aerosolizing procedures. **HEPA filters** on airway equipment for aerosolization procedures. Place a procedural mask on all patients if possible for **source control**. **Gowns** for contact precautions (weeping vesicles, watery diarrhea, copious vomiting, or blood etc.).

**2022 SOP Go-LIVE 11-1-22**

As Sir William Osler said, *"This is an art based in science. Once you have good data, you have to apply common sense. And how does one use that science in a pragmatic way to help solve a problem? That's an art in and of itself. I think, when addressing a big question or the timely topic that's been chosen, it's necessary to do your homework, collect good data, organize the data in a way that's balanced and fair, with solid statistics, and then communicate in a way that combines the data with some real-life experience and wisdom that leads toward a practical recommendation."*

**2022 NWC EMSS Go-live info:**

- Posted to website now ([www.nwcemss.org](http://www.nwcemss.org) /Standards of Practice tab. The **APP** will launch 11-1-22 at midnight. **Can be accessed at:** iOS: <https://apps.apple.com/us/app/ppp-agency/id489096333>  
Android: [https://play.google.com/store/apps/details?id=com.acidremap.paramedicprotocolprovider.agency&hl=en\\_US&gl=US](https://play.google.com/store/apps/details?id=com.acidremap.paramedicprotocolprovider.agency&hl=en_US&gl=US)
- SOP full and reduced size copies already distributed to EMS agencies and current paramedic students.
- Neighboring EMS Systems in Regions 8 & 10 have been notified of changes.
- Latest (updated) **Changes and Rationale Document** dated 10-30-22 is posted on the System website
- Updated **Drug & Supply List** dated 11-1-22 sent for posting. Attached to this memo.
- Updated **Procedure Manual** dated 11-1-22 sent for posting
- System entry self-assessments coming next with roll out of new exams



**IV acetaminophen is being launched as a pilot**

**IV acetaminophen** is now very affordable, is an excellent alternative to an opioid or ketamine for pain, has been endorsed by multiple states and EMS jurisdictions for EMS use, and has been added as an optional drug within the Region IX master document. **Much like the controlled pilot roll-out of videolaryngoscopy, we are adding the IV formulation as a PILOT study on agencies that are assigned to NCH and/or one of the NCH EMS educators: AHFD, BGFD, INV, LRW, MPFD, PFD, PHTS, & RMFD. (NCH will stock & replace pilot agencies). We will not be immediately adding IV acetaminophen to the inventories of System agencies assigned to an Advocate or Ascension hospital.** We will study the use and efficacy of the drug for at least six months, review the data and then make a determination on next steps.

See the Changes and Rationale document for information on other states & programs that have approved the IV formulation.

### CDC updates COVID-19 infection control guidance for health care settings

On Sept. 23, 2022, The Centers for Disease Control and Prevention Friday [updated its COVID-19 infection control guidance](#) for U.S. health care settings based on current information. The guidance updates the circumstances when source control (respirator and face mask use) and universal personal protective equipment are recommended, and no longer uses vaccination status to inform source control, screening testing or post-exposure recommendations. It also updates recommendations for testing frequency, and clarifies that facilities may use their discretion regarding screening testing for asymptomatic health care personnel, among other changes. To allow for earlier intervention to prevent a strain on the health care system, the guidance recommends health care facilities use data on COVID-19 community transmission rather than COVID-19 community levels to guide certain practices. See [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

### Document and communicate isolation precautions needed for SNF patients

**S:** Patients coming from vSNF, SNF w dialysis, SNFs caring for patients with trachs, g-tubes and wounds are not being placed in appropriate isolation precautions upon ED arrival

**B:** During chart review hospital infection control preventionists (ICP) found several pts not to be in any type of isolation precautions despite history of Multidrug resistant organisms (MDRO) VRE, MRSA, ESBL and or Extremely drug resistant organisms (XDRO) Carbapenem resistant Enterobacteriaceae (CRE), Carbapenem resistant Acinetobacter baumannii (CRAB). Generally the MDRO/XDRO documentation was found on page 8 buried in referring facility transfer records.

**A:** Isolation status and history of MDRO/XDRO is not being shared with EMS therefore, EMS isn't aware to inform the ED. ICP also uncovered patients are coming primarily from four local facilities: Alden Estates Barrington; Bella Terra Streamwood; Inverness Nursing Home Inverness; Symphony Hanover Park.

**R:** Based on the above, **ICP requests EMS to verify with SNF/vSNF and to communicate with ED and document Isolation precautions/MDRO/XDRO on the run sheet** (place in narrative please and communicate on handover to ED staff)

Abbreviation key: SNF: skilled nursing facility; vSNF: ventilator SNF

### The new 988 Suicide and Crisis Lifeline became operational July 16<sup>th</sup>

Data released by the U.S. DHHS show that in August – the first full month that 988 was operational — the Lifeline saw a 45% increase in overall volume of calls, texts and chats compared to August 2021. The number of calls answered went up from 141,400 to 216,000 – a more than 50% increase - and texts answered went up by a whopping 1000% – from 3,400 in August, 2021, to 39,900 in August of this year. The number of chats on the Lifeline's website that were answered saw a 195% increase.

The state SAC was informed that IDHS is in the process of extending the January 1, 2023 effective date, however their representative was not on the call to provide specific details.

The SAC and subcommittees are currently concentrating on the criteria for transferring calls from 911 to 988. There are around 170 Public Service Answering points (9-1-1 centers) in Illinois which use a number of different software platforms, however all use a similar decision tree to determine dispatcher actions. No calls are currently being diverted from 9-1-1 to 9-8-8 so it is business as usual until direction is provided by the SAC and Regional committees.

The 9-8-8 centers are up and running based on the MAP below for callers calling directly. Cook County (outside of Chicago) is answered by the Bloomington Call center which is the primary answering center for the majority of the state. There is still some work to be done with routing of 9-8-8 calls based on the location of the caller. DuPage is slightly ahead of the game in working with 590 providers when an individual calls 9-8-8 directly. They are also in the process of defining response boundaries for crisis response teams.

<https://www.npr.org/sections/health-shots/2022/09/10/1121921647/new-988-mental-health-crisis-line-sees-jump-in-calls-and-texts-during-first-mont?sc=18&f=1001>. MORE TO COME....

### School of Public Health data center leads new health database for Cook County

<https://today.uic.edu/school-of-public-health-data-center-leads-new-health-database-for-cook-county/#:~:text=The%20Cook%20County%20Health%20Atlas,located%20in%20suburban%20Cook%20County>.

A new community-level public health data portal is now available for Cook County.

The [Cook County Health Atlas](#) is a searchable database that residents, community organizations, researchers and public health stakeholders can use to easily access, analyze and download neighborhood-level health data from 26 cities and 176 ZIP codes located in suburban Cook County. Users can look at more than 100 indicators of health and see them visualized in maps, charts, graphs and tables for free. The atlas is a collaborative, multi-agency project facilitated by the U of I Chicago, the Cook County DPH and Metopio, supported by funding from The Chicago Community Trust. The [PHAME Center at the UIC School of Public Health](#) oversees the database, which runs on a Metopio-powered interface.

Questions or concerns? Please reach out to Matt Jordan: [mjordan@nch.org](mailto:mjordan@nch.org) or Connie Mattera [cmattera@nch.org](mailto:cmattera@nch.org)