

Date: March 27, 2023

System Memo: # 415

To: All System members

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

Connie J. Mattera, M.S., R.N., PM
EMS Administrative Director

RE: **Policy Updates A5, C2, D4 | Albuterol shortage contingency | System report**

Distribution and verification instructions

IDPH emergency rules became final in December 22. Multiple policies require updating and an albuterol shortage requires a contingency plan. Our Compliance plan requires effective education & understanding of all new policies & procedures.

1. Provide this memo, a copy of each policy, and the EMS PCR Short Form to each EMS practitioner (paper or electronic)
2. Obtain their signature that they have received, read, and understood all three policies, use of their related forms, and use of nebulized epinephrine in the absence of albuterol
3. Send verification of education and understanding to Resource Hospital EMS Office by May 15, 2023

2023 Policy Manual updates

A5 Abandoned (Relinquished) Newborn Protection

Updated language aligns with current laws, guidelines, and resources. Embedded links to current forms added to checklist.

The Abandoned Newborn Infant Protection Act offers a protected, legal alternative to unsafe infant abandonment. An unharmed newborn, up to 30 days old, may be handed to staff (a person, not a drop box) at a hospital, emergency medical care facility, police station, firehouse, college/University police station, or Illinois State Police district headquarters. For a full-text copy of the law go to: <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1459&ChapterID=32>

Also see: <https://saveabandonedbabies.org/>

C2 Continuing Education

References: (210 ILCS 50/) EMS Systems Act; EMS Rules 515.330 I), G, & H eff. effective December 16, 2022; 560, 580, and 590 (Eff. September 20, 2018); DPH Powers and Duties Law of the Civil Administrative Code of Illinois Section 2310-710 a

- For license renewals occurring on or after January 1, 2023, EMS personnel must complete at least a one one-hour course on the diagnosis, treatment, and care of individuals with Alzheimer's disease or other dementias per license renewal period. Adding to System's academic calendar this fall.
- Pre-approval of EMS CE OK from the Commission on Accreditation for Prehospital Continuing Education (CAPCE).
- Cleaned up language on submission of credit questions. See IV.A.5.
- Cleaned up and clarified requirements for annual competency validations. See IV.C.
- Added Section VIII: Nationally Registered EMTs (NREMT) CE requirements

D4 Data Collection & submission | ePCR software | Short Form

Substantially updated – need to read thoroughly and review each section for understanding

Medical records are used to track events and transactions between patients and health care providers. EMS patient care reports (PCRs) provide details of the patient encounter for handoff to other healthcare providers and data necessary for ambulance coders to create a bill to reimburse for care provided. EMS data is also used in legal investigations, trauma, stroke, and CPR registries, state and national databases, research, and QI initiatives. EMS documentation serves an important role as a data repository. (Short & Goldstein, 2022).

- Definitions expanded to **define a PATIENT; EMS MEDICAL RECORDS; and SPOILATION.**
- Section III.E. Adds language defining a **NON-PATIENT CONTACT.**
- Section IV.A.2. Clarifies required EMS **signatures**
- Section IV.B. Clarifies EMS duty to provide an EMS PCR to receiving facility before leaving (ePCR or **PCR Short Form**)
- Section IV.D. Significant revision: Data analysis for QI; problem identification, evaluation, patient care gaps, disease/injury surveillance, and monitoring in reference to patient care and/or reporting discrepancies by System members:
- Section IV.E. Totally updates **how to correct or edit a PCR entry** – includes **immediate lock** of a document upon posting; who can unlock and edit a PCR; and the need for a **"litigation hold"** program at each hospital & agency.
- Adds IV.G. End of year data reporting to the EMS System
- Adds Section VIII: Medical records retention period in Illinois
- Adds Section IX: IX. Requesting older archived records

Albuterol shortage Contingency

The ongoing drug shortages continue. The latest drug needing an approved alternative is ALBUTEROL. The Region IX EMS MDs have authorized the following if albuterol or DuoNeb stock is running short and receiving hospitals cannot provide replacement:

- Pull inventories from reserve and NT vehicles and transfer to front-line ambulances.
- Consider carefully if albuterol is indicated or whether alternate treatments are a better choice.
- **Follow current SOPs regarding indications for epinephrine 1 (mg/1 mL) IM and/or (1 mg/10 mL) IV/IO**
- If a patient has their own albuterol (Proventil) **metered dose inhaler (MDI)**; ask if they have already used that option to its optimal dosing. If not, observe or assist patient in administering dosing as prescribed unless contraindicated.
- **If nebulized albuterol is indicated for bronchospasm associated w/ asthma, COPD, or allergic reactions; and stock is depleted; EMS may administer the following if not contraindicated:**

Nebulized EPINEPHRINE (1 mg/10 mL) **0.5 mg (5 mL) / HHN/mask** (aim mist at child's face)

O₂ at 6-8 L depending on nebulizer unit until mist stops (5-15 min) | Position patient to optimize air exchange (upright)

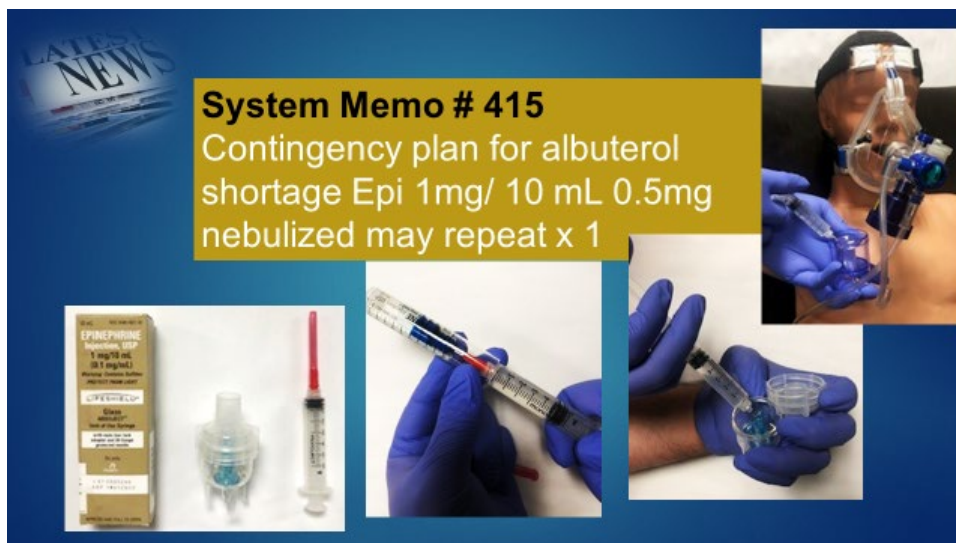
- Add O₂ 6 L/NC if patient is hypoxic (Asthma: SpO₂ < 94%; COPD: SpO₂ < 92%) & using a HHN
- Begin transport as soon as neb is started - do not wait for a response
- Continue nebulizer therapy enroute | Assess for side effects and/or need to switch to alternate drug routes
- Adults: May repeat X 1 if mild S&S persist; not contraindicated; & max dose not exceeded
- Peds: Repeat dose requires OLMC.

Anaphylaxis: Max total dose of epinephrine all routes: Adults: 2 mg | Peds: 1 mg

Additional doses require OLMC

Note: This drug and dosing approach is already approved in the SOP for croup/epiglottitis/RSV and should be familiar to EMS personnel. April CE reminds all how to draw up this concentration of Epi for nebulization.

The compatibility of nebulized epinephrine and ipratropium has not been verified, so we are **not adding ipratropium** to nebulized epinephrine at the present time.



EMS System Report March 2023: See slide deck posted to System website for general System news related to:

- Entry-level educational programs, CE and annual competencies verification due June 30th, exploration of Vector Solutions; relicensure requirements (state and NREMT), System entry updates
- **Reports from all standing committees** (PBPI, CARS, Education, Cardiac Arrest); Advisory Board (new officers), PEMSCs (new officers) – Thanks and recognition to **Scott Motisi** (BCFPD) for his leadership as he steps away from both groups due to his impending promotion to chief on May 15th and Pete Retuerto (INV) on his retirement.
- **System:** Thanks & appreciation to **Kathy Fitzpatrick (EMS secretary)** on her retirement; ImageTrend billing sent out; DICO list updates in process
- **Region IX updates:** All policies under revision due to new EMS rules; EMS transport of sexual assault cases
- **State updates:** preparing for CESSA go-live; pending legislation, welcome to new Chief IDPH Division of EMS Bobby Van Bebber, MSN, RN, TNS;
- **National updates:** EMS Week May 21-27, 2023; preparing for emergency declaration related to Covid-19 to end May 11th; CLEAR Field Guide for Emergency Preparedness; and siren alerts re: Group A strep.