

COVID-19

Coronavirus in Illinois – To Date

- January 23, first case of Coronavirus announced in Illinois
- Governor Pritzker announces a State Declared Emergency-March 9, 2020
- President announces National Emergency March 13, 2020
- Weekly healthcare calls hosted by IDPH
- All EMS participants should sign up for Siren alerts

EMS and Patient Assessment Reminders

- EMS who will directly care for a patient with possible COVID-19 infection or who will be in the back of the ambulance with a potential infected patient should follow Standard, Contact, and Airborne Precautions, **including the use of eye protection**
- Recommended PPE includes:
 - A single pair of disposable patient examination gloves
 - Change gloves often or if they become torn or heavily contaminated
 - Disposable isolation gown
 - Respiratory protection (i.e., N-95 or higher-level respirator), and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)
 - Ongoing patient assessment per system protocols are required
- All personnel should avoid touching their face while working
- On arrival, after the patient is transported to the ED or designated area,, EMS should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

EMS and Patient Assessment Reminders

- EMS Drivers:
- If they provide direct patient care (e.g., moving patients onto stretchers and assisting in patient care), should wear all recommended PPE.
- After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- *It is advised to seal the area between the patient care compartment and the crew compartment*

Decontamination of the vehicle

- At the end of every transport the ambulance should be decontaminated
- Follow the directions provided by the CDC for ambulance disinfection

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

- EMS should notify medical control and/or receiving healthcare facility that the patient has an exposure, history and signs and symptoms suggestive of COVID-19, so that appropriate infection control precautions may be taken prior to patient arrival
- Keep the patient separated from other people as much as possible
- Adult family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors, vents and windows tightly shut.

EMS Transport of a PUI or Patient with Confirmed COVID19 to a Healthcare Facility (including interfacility transport)

- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area. Close the door/window between these compartments before bringing the patient on board. Consider changing cabin filters
- During transport, vehicle ventilation in both compartments should be on **non-recirculated mode** to maximize air changes that reduce potentially infectious particles in the vehicle.
- If the ambulance has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport): *DOCUMENTATION*

- EMS documentation should include a listing of the names of EMS personnel and public safety providers involved in the response and level of contact with the patient (for example; no contact with patient, provided direct patient care, etc). This documentation may need to be shared with local public health authorities
- Local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur, identifying if there are other patient care family members who are at home and may be exposed.

EMS Work Policies

- EMS providers should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to CoVID-19 in coordination with both the EMS System and with state or local public health authorities.
- Decisions for monitoring, excluding from work, or other public health actions for potential exposure to COVID-19 should be made in consultation with state or local public health authorities.
- EMS providers should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance

CDC guidelines for EMS-Updated

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Facemasks are an acceptable alternative until the supply chain is restored.
 - Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Eye protection, gown, and gloves continue to be recommended.

CDC guidelines for EMS-Updated

- **Summary of Key Changes for the EMS Guidance:**
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
 - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
 - Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

Close Contact - Defined

Being within 6 feet or within the room area for a prolonged period of time without PPE

Caring for, living with, visiting, or sharing a healthcare waiting room or room with a nCoV patient

Having direct contact with infectious secretions of a COVID-19 patient while not wearing PPE

Sample EMS Procedure/Policy

PROCEDURE

- *Standard Precautions*
- EMS providers should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.
- Patient contact should be minimized to the extent possible until a surgical mask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. EMS providers should follow standard procedures when assessing patients for a respiratory illness, including COVID-19:

Perform initial assessment and history from a distance of 6' whenever possible

Place a surgical mask on any patient with cough, sneeze and/or runny nose

Surgical mask can be applied over a nasal cannula, if utilized

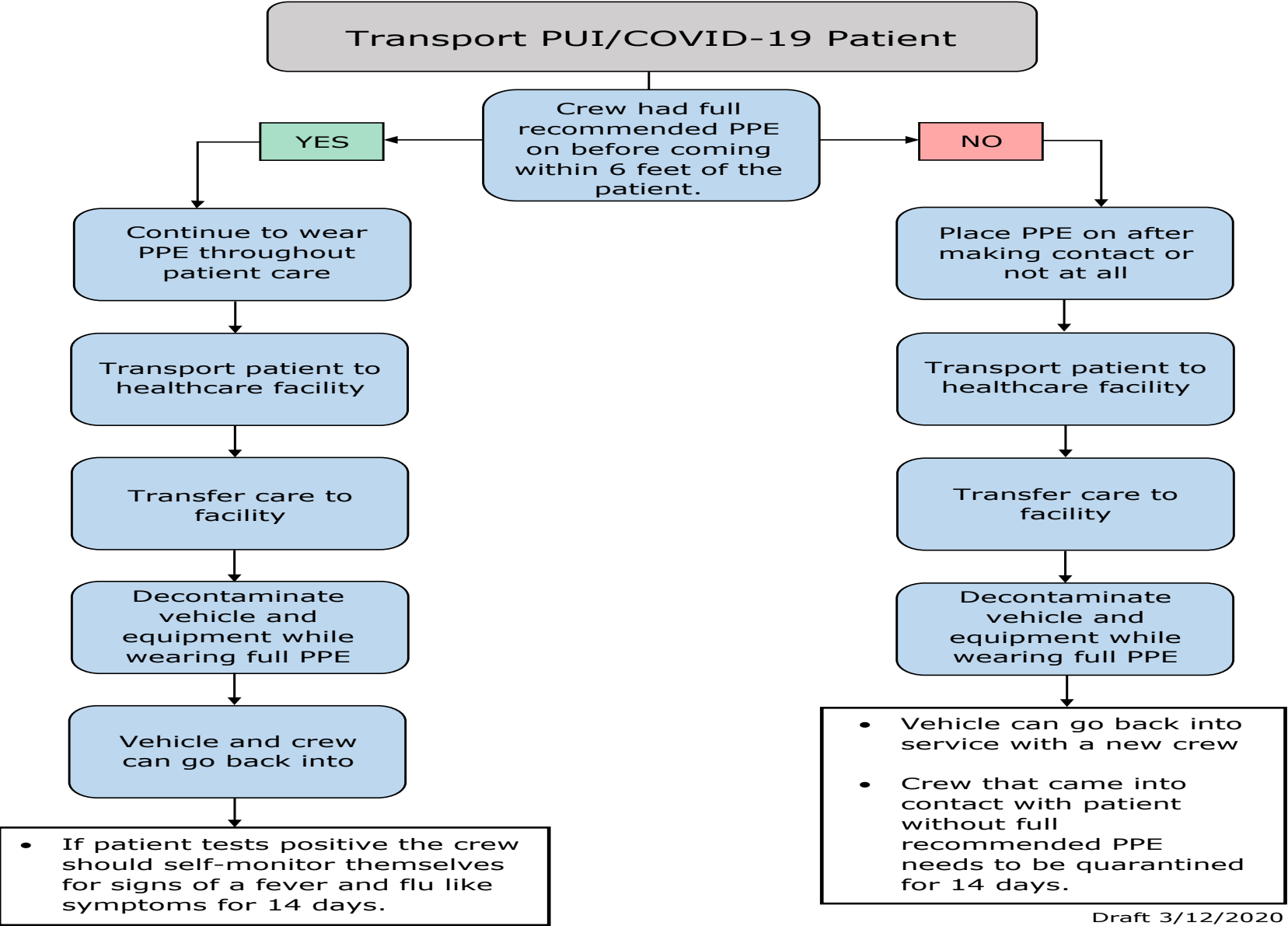
Providers will don N95, N100 or P100 respirator for any patient with cough, sneeze or runny nose

Providers will don face shield or goggles for eye protections

General EMS guidelines

- Follow direction based on system protocols as pre-approved by local EMS Medical Director
- Prior to Suspected Patient Assessment, EMS Should:
 - Don recommended PPE
 - Initially EMS personnel should remain at least 6 ft from person, if possible
 - Place facemask on patient prior to patient contact
- If a COVID-19 infection is not suspected, EMS should follow all standard procedures and use appropriate PPE for a patient with potential respiratory infection
- Limit # of providers in the patient compartment to limit exposure
- Avoid use of aerosol-generating procedures

Transport of a Potential COVID-19 patient



PSAP/911

PSAP Call Screening

- Request for EMS service received by the Communications Center should be screened utilizing the Medical Priority Dispatch System (MPDS) Emerging Infectious Disease Surveillance (EIDS) Tool, or other type of screening caller information, developed in consultation with the EMS Medical Director and local and state health departments
- Screening tools that are pre-approved by the Medical Director for potential infectious diseases from a specific complaint should be sent to your REMSC for review and pre-approval

PSAP/911

- For the purposes of COVID-19, Communications call-takers (**for both 911 and private provider agencies**) should screen calls that are identified as a “Breathing Problem” or “Sick Person” as well as any pre-hospital call from a medical facility. Calls should be screened with, at a minimum the following questions:
 - Does the patient have fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)?
 - If Answer is “Yes,” proceed to the following:
 - Any person, including health care workers, who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset, or,
 - A history of travel from affected geographic areas (see below) within 14 days of symptom onset

PSAPs/911 Call Centers

- If Public-Safety Answering Points (PSAPs)/911 (including private provider agencies) call takers advise that the patient is suspected of having the COVID-19, EMS personnel should put on appropriate PPE BEFORE entering the scene.
- EMS staff should consider the signs, symptoms and risk factors of COVID-19:

(<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>)

Scene Response

- If information about the potential for COVID-19 has not been provided by the PSAP/911 center, EMS personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.
- Begin initial assessment from a distance of at least 6 feet from the patient, if possible.

Scene Response

- Patient contact should be minimized to the extent possible until a facemask is on the patient.
 - If COVID-19 is suspected, all PPE should be used.
 - If COVID-19 is not suspected, EMS should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control.
 - If a nasal cannula is in place, a face mask should be worn over the nasal cannula.
 - Alternatively, an oxygen mask can be used if clinically indicated.

EMS Equipment Replacement in Illinois

As a reminder:

- All hospitals participating in EMS systems whether they are Resource, Associate, or Participating hospitals have agreed (and must) replace medical supplies **used** by EMS and provide for equipment exchange for participating EMS vehicles.
 - This applies to PPE exchange. If a provider brings a patient in that is showing signs or symptoms of COVID-19 and PPE is used, such as gowns, gloves, and masks, these supplies **MUST be replaced by the receiving hospital** per the agreement of the system plan.

EMS Equipment Replacement in Illinois

- Hospitals are to replace items used in the care of the patient transported to their facility. They are not responsible for bulk restocking. EMS providers are encouraged to reach out to their supervisors for any bulk restocking issues
- If an EMS provider is having low supply problems, please contact your Resource hospital to discuss this request
- EMS Systems should follow the resource request process if a state supply request is necessary

How Better Prepare EMS

- Review current infection control and decontamination policies and procedures with all EMS personnel
- Provide any necessary training and education to employees and EMS participants in accordance with EMS system program plan and as approved by EMSMD
- Medically clear, train, and fit test for respiratory protection devices
(N-95 and/or PAPRs)
- Adequate supply of PPE or a way to obtain supply from Resource hospital/provider/local health department
- Ensure supplies appropriate for disinfection (per CDC guidelines)

Changes and Requests

- As Illinois is now in a state of emergency and the COVID-19 response escalates, there may be any requests for variations to the EMS rules and regulations in order to meet the high demand of patient requests.
- In addition, many EMS providers may see many of their personnel now on quarantine or isolation due to exposures. In light of this, EMS Systems should submit the following information whenever requesting any waiver for any EMS rule or requirement:
 - EMS Systems should define triggers through their local pandemic planning that would require changes in staffing models, equipment, and/or response patterns.
 - These triggers may be different based on the location in the state, number of providers, and the EMS systems day to day operations.

Changes and Requests

- If the system or provider requests a change in staffing plans, a submission must be made if the change is anticipated to be longer than 72 hours. These staffing plans need to be submitted to the RH and RESMC
- No request will be granted longer than 30 days without a re-evaluation of the request.
- If a provider requests a change in staffing model, a QA process must be put in place by the local EMS System to have the provider evaluate at least 5 calls during the duration of the request to ensure there were no deficiencies in care due to the staffing change. This information will be submitted to and retained by the system and made available to IDPH upon request.

EMS Issues/Concerns

- Changes to any existing EMS training programs should be submitted to your REMSC including any of the following:
 - Clinical site canceling students
 - Ambulance ride time canceled
 - Classroom time canceled
- EMS Re-licensure CME: may need to extend site codes
- Look at extending re-licensure period for up to 3 months, this should be sent to your REMSC
- All ambulance inspections are canceled until further notice

EMS Issues/Concerns

- One EMT and one paramedic on an ambulance requires system plan amendment and approval.
 - Must be submitted to the Resource Hospital for initial approval and then to IDPH for final approval
- EMS personnel who have been retired and have not worked but have a current license, should be put thru “just-in-time-training” to be activated.
- All “just-in-time-training” requires an IDPH approval for continuing education. A training site code application needs to be submitted to the Resource Hospital and RESMC. The normal 60 day notice to IDPH will be waived.

EMS Issues/Concerns

- EMS personnel with an expired license, who are asked to volunteer or come back to work should work with their EMS System for “just-in-time-training” and notification for a request to active their license for a maximum of 3 months.
 - This request should go thru the REMSC with validation that the EMT/paramedic has been educated and trained to their level of licensure
- Identification of alternative transport site: any alternative transport sites, such as tents etc., need to have notification to IDPH

EMS Issues/Concerns

- EMS providers may request to go back in-service and clean an ambulance prior to finishing the EMS run report.
 - The run report needs to be completed within 2 hours of the call and either faxed or emailed to the receiving facility
- PSAPs/911 centers-using MIHP paramedics and/or nurses to triage calls, a system plan amendment must be submitted thru the Resource Hospital and REMSC

Pending EMS Issues

- Existing EMS training program changes should be submitted to your REMSC for pre-approval including any of the following:
 - Clinical site canceling students
 - Ambulance ride time canceled
 - Classroom time canceled
- EMS Re-licensure CME-may need to extend site codes:
 - Look at extending re-licensure period

Pending EMS Issues

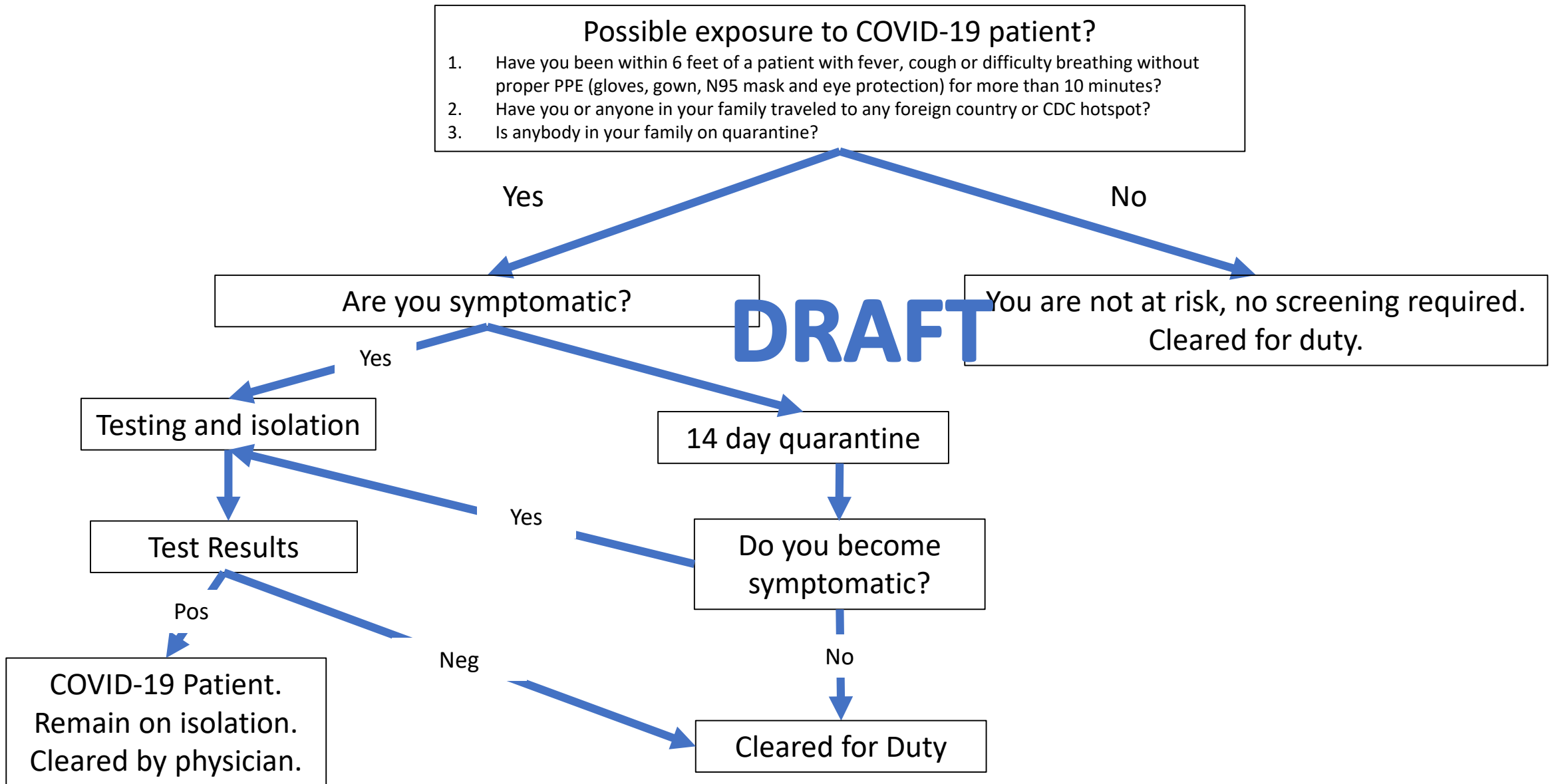
- CPR verification
 - extend expiration for 60 days
- One EMT and one paramedic on an ambulance requires a system plan amendment and pre-approval. Submit to the Resource Hospital and REMSC
- Identification of alternative transport sites (*i.e.* tents or other non-hospital settings) need notification to IDPH

Waivers that will be denied

- Requests for ambulances to transport a patient with only a driver
- Requests for ambulances to be used as stretcher vans unless so noted on the outside of an ambulance
- Use of EMT's or Paramedics who have expired licenses who have not been retrained/reeducated
- Ambulances transporting a patient with minimally no BLS equipment

COVID-19 First Responder Screening

3/17/20



Additional Questions or Concerns?

- Refer to the CDC website. Contains updated information as situation evolves
- Contact your IDPH Regional EMS Coordinator via email or phone