

EMS Protocol Changes Enacted due to COVID- Pandemic

#	Date Added	EMD Change	EMS Change	Alters previous #	Specific actions/ direction/ protocol variance
1	At time of document creation	X	X	N/A	<p>Dispatch screening questions on EMD protocols 6 and 26</p> <ul style="list-style-type: none"> • Has the patient traveled in the last 14 days? Where? (trigger: international travel) • Has the patient been in contact with any patient who has tested positive or who has been ordered to isolate/ quarantine? (Trigger: yes) • If positive to either question patient is asked if they are able to meet EMS at the door. • Directions to responding units <ul style="list-style-type: none"> ○ Reminder of need for enhanced PPE ○ If pt can meet at the door, Non Transport (NT) agency is staging. ○ If pt cannot meet at the door, NT is directed to only have one member enter scene and assess if additional members need to enter.
2	At time of document creation		X	N/A	<p>PPE recommendations EMS should <i>immediately</i> place a surgical mask on ANY patient they suspect could possibly have COVID-19. Symptoms should include, at minimum, any of the following: Fever, cough, sneezing, respiratory distress, altered mental status, weakness, fatigue, malaise</p>
3	At time of document creation		X	N/A	<p>Treatment changes due to pandemic</p> <ul style="list-style-type: none"> • HEPA filter must be used any time a BVM is utilized. • Discontinue the use of all nebulizers (including in-line). Remove from vehicle and bags • Discontinue the use of CPAP. Remove from vehicles and bags • Discontinue all use of nasal cannula ETCO2 • Limit use of ETCO2 to in-line only on patients with advanced airways and MUST have a HEPA filter between the ETCO2 and the patient. • If administering O2 via NC or NRM, o2 devise should be placed under the surgical mask on the patient. If the surgical mask has to be removed to apply, remove strap on side away from EMS.
4	At time of		X	N/A	<p>EMS and ED confer on MICU report if suspicious of COVID-19 symptoms. Based on facility, EMS may be given room number at report. If not, EMS should wait to unload until contacted by ED and directed to specific room.</p>

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5	At time of document creation		X	N/A	<p>Based on IDPH and AHA guidance</p> <ul style="list-style-type: none"> • Waive System protocol testing requirement for all licensed providers until after Emergency Declaration expires. • Waive specialty certification requirements (ACLS, PHTLS, PALS, etc) until after Emergency Declaration expires. • Postponing annual Tier 1 protocol testing until after Emergency Declaration expires • Extending CPR expiration for 60 days.
6	3/27/20		X	2	Sangamon County Dept of Public Health is ordering any patient being transported by EMS into a Sangamon County hospital that the patient must have a mask on. This is every transport.
7	3/30/20	X	X	1	<p>Update EMD screening Dispatch screening questions on all Medical Calls</p> <ul style="list-style-type: none"> • Has the patient been in contact with any patient who has tested positive or who has been ordered to isolate/ quarantine? (Trigger: yes) • Does the patient have a fever, cough or shortness of breath? (Trigger: yes) • If positive to either question patient is asked if they are able to meet EMS at the door. • Directions to responding units <ul style="list-style-type: none"> ○ Reminder of need for enhanced PPE ○ If pt can meet at the door, Non Transport (NT) agency is staging. ○ If pt cannot meet at the door, NT is directed to only have one member enter scene and assess if additional members need to enter. • As a reminder, the EMD needs to be included in dispatch material as this is both a documentation requirement as well as a mechanism to prioritize calls, should we ever get to that need.
8	3/30/20		X	3	Treatment changes due to pandemic:

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					Unless EMR/BLS and obvious signs of narcotic overdose, use routes other than intranasal for medication administration.
9	3/30/20		X	2	All MHS and HSHS facilities require that individuals in patient care areas of their facilities wear masks and eye protection. This includes in the ED.
10	3/30/20		X	N/A	Training request to utilize EMS providers who have expired < 60 months. Staffing request to staff any vehicle with 1 provider at the level of the vehicle and an EMR.
11	3/30/20		X	7	Response change due to pandemic Nursing homes being contacted by their County Departments of Public Health with edict to require patients to be brought to the door and meet EMS to prevent cross contamination and speed call turnover time. This is now occurring in Sangamon County. Will start reaching out to the other counties to discuss.
12	3/30/20	X	X		FYI <ul style="list-style-type: none"> • EMS Clinical has been postponed through 4/30/20 • IDPH SIREN alert about PPE requests conflict other supply patterns and working through those at this time. • Illinois Helps alert that was send via the emergency alert network. Please communicate to your providers that we are checking on this and are cautious as to what commitments signing up could create. • If not already, it is encouraged that your employees do self-monitoring. Info attached.
13	4/3/20	X	X		Reminders and Challenges EMD screening is a courtesy/ remember for EMS and does not replace good practice and proactive PPE. Mask and eye protection are a must on all calls. Put a mask on all patients ASAP. Reminders and Challenges Each facility can set their own guidance regarding screening requirements. This is challenging for EMS.

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					<ul style="list-style-type: none"> • If asked by a facility- did you screen, the best answer for all would be to respond back with what specific screening you did. • If transporting to a facility, explain what your suspicions are. (If it's a direct admin and already being tested or has tested positive, communicate that in the MICU/radio report. If it a 911 transport and you suspect something, ask the facility if they want you to wait or if they already have a location where they are assigning you to. • One specific ask that is being pushed from multiple organizations is that the EMS agencies have a screening tool and use it on a daily basis at shift change. Form attached to email. • Access to facilities is changing as facilities are locking down. <ul style="list-style-type: none"> ○ Memorial Express Cares- front door only, except South 6th Street.
14	4/7/20	X	X		<p>Continue to reiterate the EMD screening is a heads up, does not replace good index of suspicion. Mask and eye protection on every call, traumas too! Dispatch, if they had not already will be including the full EMD in the dispatch info to assist not only identification and documentation, but may also be needed to prioritize calls.</p>
15	4/10/20	X	X		<p>IDPH reminders</p> <ul style="list-style-type: none"> • Anyone can sign up for SIREN notices. Please note, treatment info/ flow charts being distributed are not to be utilized unless an EMS System adopts them. • Provisional workers. Adding a process for EMD and EMT-B students • Per IDPH CMS has waived the requirements for 2 EMT license numbers on reports as well as IMPACT registration. Please validate before moving to such a model. • Springfield Vibra- still a work in progress. Current model does not have that as a destination for prehospital patients. <p>Local Updates</p> <ul style="list-style-type: none"> • Ongoing work on a surge plan to handle potential increase in 911 calls. • Lessons learned from Taylorville situation.
16	4/14/20	X	X		FYIs

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					<ul style="list-style-type: none"> • Reviewed ARCH approach to COVID patient treatment • A bundle of nationally made COVID training courses are available on Healthstream. These are not MMC EMS specific.
17	4/17/20	X	X		<p>FYIs</p> <ul style="list-style-type: none"> • Concerns about use of CPAP in crew quarters. Reminder to clean electronic equipment also. • IDPH notices about KN95- if obtained via IEMA, disregard SIREN about discontinuing use. Additional mask Tronex N95 are not NIOSH approved and the recommendation is not to use them as a respirator. • Trends in call volume • ALMH OB status changing Monday (4/20/20). Imminent deliveries will still go there, but will go to ED. • N-95 re-sterilization process being developed with MHS hospitals. Working to see how EMS can work with this process. DO NOT throw away masks. Name on the mask, place in paper bag, even it being provided with a new mask by your agency. • Ambulance inspections for the June cycle are still tbd. Feel free to go ahead and mail in your payment.
18	4/21/20	X	X		<p>FYIs</p> <ul style="list-style-type: none"> • F/u on concerns about public delaying healthcare needs. <ul style="list-style-type: none"> ○ https://www.facebook.com/ChooseMemorial/ • F/u ref NT units staging for EMD 6 and 26. After 10 minutes on scene by the transport unit, if not requested the NT unit can be released. • Action planning for when you have a positive. • Recommendations for workplace practice changes to improve safety. <ul style="list-style-type: none"> ○ https://www.firehouse.com/safety-health/press-release/21131124/firefighter-safety-incident-safety-officers-fire-department-safety-officers-association-fdsoa-fdsoa-releases-covid19-safety-recommendations

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					<p style="text-align: center;">Specific actions/ direction/ protocol variance</p> <ul style="list-style-type: none"> ○ https://www.fdsoa.org/wp-content/uploads/2020/04/Station-Exposure-Reduction-20200413.pdf ● N-95 mask re-sterilization. Working on a process. Please do not dispose of any masks. ● Supply concern: gowns. ● Back to work guidance <ul style="list-style-type: none"> ○ https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/public-health-management-hcw-exposed.html ● Survey of who has UV lights, so we have a list if needed.
19	4/24/20				<p>FYIs</p> <ul style="list-style-type: none"> ● EMD-Starting week of 4/27, will move to calls on Tuesday. Ask that you keep the time available on Friday, but will email the night before based on need for call on Friday. ● EMS- continue to have 2 calls per week. ● Regardless of patient condition, the ERs need to know any concerns ref COVID. Please include positive and negative assessment in the MICU/radio communication. If unable to assess, relay that. The benefit of this is appropriate use of PPE, more expeditious handoffs and the most appropriate room use. ● Question about interfacility transports and testing. EMS can expect patients to be tested, if appropriate, at local hospital. This may not be a rapid test, which would mean the patient would be transported as a PUI.
20	4/28/20				<p>FYIs</p> <ul style="list-style-type: none"> ● Reminder that emergency services should be screening their employees. We ask that a log of this be kept until the emergency declaration ends. ● Any agency who would like to participate in the N-95 mask re-sterilization, is asked to reach out directly. This is only occurring on the MMC Spfld campus. ● Update on ambulance decon.

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					<ul style="list-style-type: none"> ○ If the patient wore a mask the entire time in the ambulance (mask never removed) and no ventilation procedures occurred, we feel comfortable reducing the vent time to 15 minutes. Otherwise remain at 45 minutes. ● MHS facilities beginning to reduce their outdoor screening. Transport agencies be alert to parking changes as we reduce some operations. ● IDPH has extended self-inspections for ambulances. America and Meredosia will be self-inspections. Please forward to Memorial EMS when completed. Fees still apply and cannot be done online. ● Starting thinking about how we can prepare for an additional wave in the late fall.
21	5/1/20	X	X	7	<ul style="list-style-type: none"> ● Updated Screening Questions. Since this is quite a list, it would probably be best to relay any positives from the list to the next provider in the process. <ul style="list-style-type: none"> ○ Does the patient have <ul style="list-style-type: none"> ▪ Cough ▪ Shortness of breath or difficulty breathing ○ Does the patient have at least two of these symptoms <ul style="list-style-type: none"> ▪ Fever ▪ Chills ▪ Repeated shaking with chills ▪ Muscle pain ▪ Headache ▪ Sore throat ▪ New loss of taste or smell ● Ambulance access. Most hospitals are taking May 1 as their date to update the process. As a result ambulance parking areas that were being utilized are opening up. ● Hospitals and clinics beginning limited electives which increases transport needs. ● Please do not take the changes in healthcare as a reason to loosen PPE needs. Illinois numbers still rising.

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22	5/5/20	X	X	18	<ul style="list-style-type: none"> • Monthly newsletter- provider care needs. <p>FYIs</p> <ul style="list-style-type: none"> • IDPH licenses April- June, at least some, are coming back with June 30 expiration. Please note expirations and update tracking accordingly. • Reach out with challenges on obtaining CE • If EMD needs to have a call on Friday, email will be sent out Thursday evening. • There will not be an EMS call this Friday 5/8/20 • SIEU nursing home strike is scheduled for 5/8/20. Workers are still required to come to work, however we want EMS to be aware. • Shortly after today's call we received updated guidance from CDC regarding healthcare worker back to work. This extends the time before a healthcare worker can return to work. Will add this to website. <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</p>
23	5/12/20				<p>FYI's</p> <ul style="list-style-type: none"> • We fully expect there to be a 2nd wave in the fall. While summer may have some residual cases, it may also be the time to train up back up staff. <ul style="list-style-type: none"> ○ IAED hosting online courses, ○ IDPH pathway to reactivate licenses • Looking to form a small work group to plan for 2nd wave and how to improve response plans. EMD group established. Asking for volunteers from EMS. Meetings will be virtually and via email. • NREMT will resume testing May 12, 2020. Plan is to do remote testing. Very specific computer requirements. Please forward to students. <p>https://mailchi.mp/nremt/national-registry-announces-online-examinations?e=8c2842cab9</p>

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					<ul style="list-style-type: none"> • Reminder to be vigilant with PPE, social distancing and cleaning of common use/ shared items.
24	5/15/20				<ul style="list-style-type: none"> • Lesson's Learned- please do not share any PPE, even if it's designed to be reused. In the moment cleaning is an opportunity for failure. • We are still looking for volunteers for a workgroup to plan for the anticipated increase of COVID cases in the fall. • Please forward your annual call volume. This would be the number of times your agency made patient contact. We are working with emergency planners on PPE numbers. • We will not be able to engage in any EMS Week activities due to the CDC and State of Illinois guidance. Plans for an alternate week in the fall.
25	5/19/20				<ul style="list-style-type: none"> • Moving to just Friday calls moving forward as the rate of information has slowed significantly. • Asking all agencies to forward both the good and the bad of our COVID response planning and activities related to EMS/ Fire and EMD so we can plan for the fall response. If it includes external organizations feel free to include to see if that is a trend, but understand we have a much different role with those organizations.
26	5/26/20		X	3	<ul style="list-style-type: none"> • One last call for positives and negatives to help guide the plan for fall 2020. • EMS is able to bring capnography back into service. If using while ventilating, it still needs to be after the HEPA filter. Can be utilized with nasal cannula and normal COVID cleaning precautions. • Reminders- fabric masks not appropriate for patient care, but appropriate for source control when not on calls (in rigs and quarters). Ongoing ability to have N-95 sent in for sterilizing at MMC. • Any agency with paramedic students who want to explore the provisional pathway, please reach out. NREMT is not hosting psychomotor testing for the near future, still a process to get IDPH license.