Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

ABERRANT SITUATIONS

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Domestic Abuse and Elder Abuse/Neglect Protocol

Illinois law establishes requirements that any person licensed, certified, or otherwise authorized to provide healthcare shall offer immediate and adequate information regarding services available to abuse and neglect victims.

Abuse is defined as physical, mental, or sexual injury to (a child or) eligible adult. An eligible domestic partner is defined as a spouse or person who resides in a domestic living situation with another individual suspected of abuse. EMS personnel should not rely on another mandated reporter to file a report on the victim's behalf.

EMR Care

EMR Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: If respiratory distress is noted, 15 LPM via NRM or if unable to tolerate the mask, 6 LPM via nasal cannula.
    - If no obvious respiratory distress is noted, apply a pulse ox. If $\geq$ 94% and no signs/ symptoms of respiratory distress, no Oxygen is required. If $\leq$94% apply nasal cannula at 2-6 LPM or 15 LPM via NRM as needed to raise pulse ox to $\geq$94%.
3. Maintain control of the scene and request law enforcement if they have not already been called.
4. Survey the scene for evidence of factors that could adversely affect the patient's welfare:
    - Environmental
    - Interaction with family members
    - Discrepancies in history of events
    - Injury patterns that do not correlate with the history of patient use and mobility.
    - Signs of intentional injury or emotional harm
5. Treat injuries and/or illness according to protocol.
6. Initiate transport as soon as possible

EMT Care

1. EMT Care includes all components of *EMR Care*.
2. **Contact Medical Control** as soon as possible.

A-EMT/ EMT-I Care

1. A-EMT/ EMT-I includes all components of *EMT Care*.

Paramedic Care

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*

Domestic Abuse and Elder Abuse/Neglect Protocol

Reporting Methods

The following telephone numbers regarding services available to victims of abuse shall be offered to all victims of abuse whether they are treated & transported or if they refuse treatment & transport to the hospital:

Elderly Abuse Hotline	**(866) 800-1409**
Crime Victims Compensation Program	**(800) 228-3368**
Illinois Child Abuse Hotline	**(800)-252-2873**
Nursing Home Abuse/Neglect	**(800)-252-8966**

Rape/Sexual Assault Protocol

Rape and sexual assault are acts of violence and may be associated with traumatic injuries, both external and internal. A thorough assessment of the patient's condition should be done, and special attention should be given to the patient's mental health needs as well.

Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

EMR Care

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: If respiratory distress is noted, 15 LPM via NRM or if unable to tolerate the mask, 6 LPM via nasal cannula.
    - **a.** If no obvious respiratory distress is noted, apply a pulse ox. If ≥ 94% and no signs/ symptoms of respiratory distress, no Oxygen is required. If ≤94% apply nasal cannula at 2-6 LPM or 15 LPM via NRM as needed to raise pulse ox to ≥94%.
3. Treat injuries according to the appropriate protocol.
4. Survey the scene and give special consideration to preserving any articles of evidence on or around the patient. Gloves must be always worn to avoid evidence contamination.
    a. Strongly discourage the patient from urinating, washing/showering, or changing clothes.
    b. Collaborate with police to determine what articles (*i.e.,* clothing) will be transported with the patient.
    c. **Do not** physically examine the genital area unless there are obvious injuries that require treatment.
    d. All linen used by the patient should be left with the patient in the Emergency Department.
5. Transport the patient and notify law enforcement of patient destination.
6. The following information / telephone numbers regarding services available to victims of abuse shall be offered to all victims of abuse, whether they are treated & transported or if they refuse treatment & transport to the hospital:

Reporting Methods

Crime Victims Compensation Program
(800) 228-3368

Prairie Center Against Sexual Assault
3 West Old State Capitol
Springfield, IL 62701
(217) 744-2560

Growing Strong Sexual Assault Center
270 W Prairie Ave
Decatur, IL 62523
(217) 428-0770

Rape/Sexual Assault Protocol

EMT Care

1. EMT Care includes all components of *EMR Care*.
2. **Contact Medical Control** as soon as possible.

A-EMT/ EMT-I Care

1. A-EMT/ EMT-I includes all components of *EMT Care*.

Paramedic Care

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*

Date Rape Drugs

The use of drugs to facilitate a sexual assault is occurring with increasing frequency. These drugs can render a person unconscious or weaken the person to the point that they cannot resist their attacker. Some of the drugs can also cause amnesia and the patient will have no memory of the assault. Date rape drugs have a rapid onset and varying duration of effect. It is important for prehospital personnel to be aware of these agents as well as their effects.

Rohypnol – A potent benzodiazepine that produces a sedative effect, amnesia, muscle relaxation and slowing of psychomotor response. It is colorless, odorless & tasteless and can be dissolved in a drink without being detected. Street names include: *Ruffies, R2, Roofies, Forget-Pill* and *Roche*.

GHB – An odorless, colorless liquid depressant with anesthetic-type qualities. It causes relaxation, tranquility, sensuality, and loss of inhibitions. Street names include: *Liquid Ecstasy and Liquid X*.

Ketamine – A potent anesthetic agent that is chemically similar to LSD. It causes hallucinations, amnesia, and dissociation. Street names include: *K, Special K, Jet* and *Super Acid*.

Ecstasy – Causes psychological difficulties including confusion, depression, sleep problems, severe anxiety and paranoia. It can also cause physical symptoms including muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, chills, and sweating. Street names include: *Beans, Adam, XTC, Roll, E, M and X*.

Critical Thinking Elements

- **Carefully and objectively document all of your findings including a thorough description of how & where the patient was found, all injuries/assessment findings and patient history.**
- **If a patient refuses treatment, refer to the *Patient Right of Refusal Policy*.**
- **Request local law enforcement if they have not already been called to the scene.**
- **Illinois law requires emergency services to bill a victim relief fund rather than bill the patient. Agencies must ensure they comply with all specifics of billing this patient population.**

Petitioning an Emotionally Disturbed Patient Policy

EMS providers should consider the mental health needs of a patient who appears emotionally or mentally incapacitated. This involves cases that the EMS provider has reasonable cause or evidence to suspect a patient may intentionally or unintentionally physically injure himself/herself or others, is unable to care for his/her own physical needs or is in need of mental health treatment against his/her will.

This does not include a person whose mental processes have merely been weakened or impaired by reason of advanced years and the patient is under the supervision of family or another healthcare provider unless the family or healthcare provider has activated EMS for a specific behavioral emergency.

1. Attempt to persuade the patient that there is a need for evaluation and compel him/her to be transported to the hospital.
2. If persuasion is unsuccessful, **Contact Medical Control** and relay the history of the event. Clearly indicate your suspicions and/or evidence and have the Medical Control Physician discuss the patient's needs with the parties involved in the situation. Suggest that the Medical Control Physician talk directly with the patient to assist in determining capacity or lack thereof.
3. The EMS crew will then follow the direction of the Medical Control Physician in determining the disposition of the patient or termination of patient contact. Another agency or party's opinion should not influence the EMS provider's assistance to a patient's physical and/or mental health needs.
4. If it is determined that the patient does not have decision making capacity, EMS providers must act in the best medical interest of the patient.
    - Under no circumstances does transport of the patient, whether voluntarily or against his/her will, commit the patient to a hospital admission. It simply enables the EMS providers to transport a person suspected to need mental health treatment.
5. If a patient is combative or may harm self or others, call law enforcement for assistance, and follow the *Patient Restraint Policy*.

Patient Restraint Protocol

Patients will only be restrained if clinically justified. The use of restraints is only utilized if the patient is violent and may cause harm to themselves or others. Physical and/or chemical restraints are a last resort in caring for the emotionally disturbed patient.

1. To safely restrain the patient, use a minimum of 4 people.
2. **Contact Medical Control** if the restraint protocol has been initiated to develop plan for continuity of care.
3. If available, may use police protective custody.
4. Explain the procedure to the patient (and family) if possible. The team leader should be the person communicating with the patient.
5. If attempts at verbally calming the patient have failed and the decision is made to use restraints, do not waste time bargaining with the patient.
6. Remember to remove any equipment from your person which can be used as a weapon against you (*e.g.* trauma shears).
7. Assess the patient and surroundings for potential weapons.
8. Approach the patient, keeping the team leader near the head to continue communications and at least one person on each side of the patient.
9. Move the patient to a backboard or the stretcher.
10. Place the patient **supine** and place **soft, disposable restraints** on 2-4 limbs and fasten to the backboard or stretcher. **Never is a patient to be placed/ restrained/ transported in the prone position.**
11. Transport as soon as possible.
12. Document **circulation checks** every ***15 minutes*** (of all restrained limbs). **Monitor VS, cardiac monitor, waveform capnography (if equipped), and SPO2 continuously during entire patient contact.** Thoroughly document the reasons for applying restraints, time of application, condition of the patient before and after application, method of restraint and any law enforcement involvement, including any use of law enforcement equipment (e.g. handcuffs) and the time Medical Control was contacted. Handcuffs should be placed in front of the patient to assess circulation during transport. Law enforcement should accompany the patient anytime they are in custody. Attempts should be made to change the patient from handcuffs to soft restraints when safe to do so. Document reasons if unable.
13. Do not remove restraints until released by medical personnel at the receiving hospital (or if a patient safety issue is recognized).
14. The only items that should be placed over top of a patient are linens, cot straps, and masks to control spitting. Use of a posey vest is allowed so long as circulation is assessed.
15. **All field activations of physical restraint qualify for QI (CQI). A copy of the call must be forwarded by the crew to the EMS Office within 24 hours, via HIPAA acceptable mechanism.**

Behavioral Emergencies / Chemical Restraint Protocol

Behavioral episodes may range from despondent and withdrawn behavior to aggressive and violent behavior. Behavioral changes may be a symptom of several medical conditions including head injury, trauma, substance abuse, metabolic disorders, stress, and psychiatric disorders. Patient assessment and evaluation of the situation is crucial in differentiating medical intervention needs from psychological support needs. EMS must perform their own independent assessment of the patient.

EMR Care

EMR Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as assuring personal safety.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: If respiratory distress is noted, 15 LPM via NRM or if unable to tolerate the mask, 6 LPM via nasal cannula.
    a. If no obvious respiratory distress is noted, apply a pulse ox. If ≥ 94% and no signs/ symptoms of respiratory distress, no Oxygen is required. If ≤% apply nasal cannula at 2-6 LPM or 15 LPM via NRM as needed to raise pulse ox to ≥94%.
3. Perform a **blood glucose level test** when able**.** If blood sugar ≤ 60mg/dL, refer to the Altered level of Consciousness Protocol.
4. Maintain control of the scene and request law enforcement if needed.
5. Determine if the patient is a threat to self or others.
6. De-escalation techniques may be effective and should be attempted whenever possible.
7. **Never is a patient to be placed/ restrained/ transported in the prone position.**

EMT Care

EMT Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as assuring personal safety and preparing the patient for or providing transport.

1. EMT Care includes all components of *EMR Care*.
2. **Contact Medical Control** as early as possible if **restraints** have been used to ease in safe patient handoff. **All field activations of physical restraint qualify for QI (CQI). A copy of the call must be forwarded by the crew to the EMS Office within 24 hours, via HIPAA acceptable mechanism.**
3. Apply **Waveform Capnography** (if equipped).
4. Call for Paramedic Care Intercept if needed and initiate transport as soon as possible.

Behavioral Emergencies / Chemical Restraint Protocol

A-EMT/ EMT-I Care

A-EMT/ EMT-I Care should be directed at continuing or establishing care, conducting a thorough patient assessment, ensuring personal safety, and preparing for or providing patient transport.

1. A-EMT/ EMT-I Care includes all components of *EMT Care*.
2. Initiate **IV access** when safe to do so.

Paramedic Care

Paramedic Care should be directed at continuing or establishing care, conducting a thorough patient assessment, ensuring personal safety, and preparing for or providing patient transport. The goal of utilizing the Chemical Restraint Protocol is to administer the minimum amount of medication required to ensure patient and crew safety while still allowing for a thorough E.D. evaluation upon arrival or ASAP.

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*.
2. **Midazolam (Versed)**: 0.1mg/kg IM (max single dose is 10mg) for severe agitation, ***if absolutely necessary.***
   OR
   Ketamine: 4mg/ kg IBW IM for severe agitation, ***if absolutely necessary***. Dose on ideal body weight (see formula below).

   The formula for calculating IBW is:
   Men= 50 kg + 2.3 kg for every inch over 5 foot tall.
   Women= 45.5 kg + 2.3 kg for every inch over 5 foot tall.
   Patient height must be documented in the PCR

3. **Contact Medical Control** for additional dosing.
4. Initiate transport as soon as possible, **Monitor VS, cardiac monitor, waveform capnography, and SpO2 closely during entire patient contact.**
5. These patients are medical patients and must be transported by EMS to the E.D.
   - All physical and chemical restraints are reviewed via the MEMS CQI process. **A copy of the call must be forwarded by the crew to the EMS Office within 24 hours, via HIPAA acceptable mechanism.**
   - **Failure to document complete VS (including waveform capnography) or time-stamped attempts with reasons as to failures are an actionable event by the EMS System.**

Critical Thinking Elements

- **These patients are at high-risk for adverse medical outcomes, including SUDDEN DEATH, especially when restraints are utilized. Careful monitoring should be exercised when dealing with these patients.**
- **Consider Versed over Ketamine in cases of suspected stimulant ingestion with severe agitation.**
- **Use with extreme caution in the Alzheimer's, Dementia, and Intellectually Disabled patient populations.**
- **Document the patient's behavior, statements, actions, and surroundings.**
- **Continuously attempt to verbally calm and/or re-orient the patient.**
- **If restraints are used, thoroughly document the reasons for applying restraints, time of application, condition of the patient before and after application, method of restraint and any law enforcement involvement, including any use of law enforcement equipment (e.g. handcuffs) and the time Medical Control was contacted.**

Less Lethal Weapons Protocol

As law enforcement agencies look for alternative means of subduing dangerous subjects and bringing individuals into custody, they have begun using a set of devices known as ***"less lethal"* weapons**. These include but are not limited to:

- Teargas / Oleoresin capsicum sprays (*i.e.* pepper spray)
- Tasers
- Pneumatic Fired Projectiles

All levels of providers in the System should do the following when encountering these patients:

1. Ensure that the scene has been secured by law enforcement personnel and that the scene is safe to enter.
2. Ensure no cross contamination occurs to providers or equipment.
3. Ensure that the patient is subdued and is no longer a threat to EMS personnel.

Teargas / Oleoresin Capsicum (Pepper Spray) Exposure

EMR Care

EMR Care should be focused on assessing the airway and breathing.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen**: If respiratory distress is noted, 15 LPM via NRM or if unable to tolerate the mask, 6 LPM via nasal cannula.
    a. If no obvious respiratory distress is noted, apply a pulse ox. If $\geq$ 94% and no signs/ symptoms of respiratory distress, no Oxygen is required. If $\leq$94% apply nasal cannula at 2-6 LPM or 15 LPM via NRM as needed to raise pulse ox to $\geq$94%.
3. **Flush eyes (if affected) with sterile water** to get rid of gross contamination and to aid in recovery.

EMT Care

EMT Care should be directed at conducting a thorough patient assessment and preparing the patient for or providing transport.

1. EMT Care includes all components of *EMR Care*.
2. **DuoNeb:** Albuterol (Proventil) 2.5mg + Ipratropium bromide (Atrovent) 0.5mg via nebulizer for S/S of breathing difficulty including wheezing, coughing, distress, etc. May repeat the DuoNeb x2 after completion of the first if needed for continued symptomatic relief.
3. Apply **Waveform Capnography** (if equipped).
4. Assess for secondary trauma that may be present and treat appropriately per trauma protocols.

Less Lethal Weapons Protocol

EMT Care {Continued}

5. Assess for any secondary causes of patient behavior which lead to law enforcement subduing the patient. These secondary causes include:
    - Alcohol intoxication
    - Drug abuse
    - Hypoglycemia or other medical disorder
    - Psychotic disorder
6. See "Patient Restraint Policy" if needed.
7. If the patient has an altered mental status, then the patient must be assumed incompetent to refuse care. **Contact Medical Control** for ALL refusal issues.
8. Initiate Paramedic Care Intercept if needed and transport as soon as possible.
9. Contact receiving hospital as soon as possible or **Medical Control** if necessary.

A-EMT/ EMT-I Care

A-EMT/ EMT-I Care should be directed at conducting a thorough patient assessment and preparing the patient for or providing transport.

1. A-EMT/ EMT-I care includes all components of *EMT Care*.
2. **IV Fluid Therapy**: 500mL fluid bolus if the patient is cooperative and to maintain a systolic BP of at least 90mmHg.
3. Initiate cardiac monitoring per *Routine Cardiac Care Protocol* or if the patient appears agitated.

Paramedic Care

Paramedic Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion, and preparing for or providing patient transport.

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*.

Less Lethal Weapons Protocol

Critical Thinking Elements

- **Chemical defense sprays such as oleoresin capsicum (pepper spray) leave residue that may be contacted and transferred to providers. Care must be taken to ensure cross contamination does not occur. Avoid touching your own face, eyes, or any other mucous membrane.**
- **Due to the oil base of oleoresin capsicum, if exposure to responders, washing with baby shampoo may be most effective way to remove.**
- **Patients who have been subdued using *less lethal* weapons are commonly agitated and may be combative. Safety of the EMS crew is of utmost importance.**
- **Contaminated clothing should be removed and sealed in a plastic bag to prevent further irritation and to reduce cross contamination.**

Taser-Related Injuries

A taser is an electrical device that is capable of shooting out two small, barbed probes that are designed to pierce a subject's skin for the purpose of delivering a subduing pulse of electricity that causes the subject to lose voluntary muscular control. Anecdotal and theoretical consequences of taser use include *cardiac arrhythmias* and *seizures* (especially if the subject is under the influence of alcohol and/or illegal drugs).

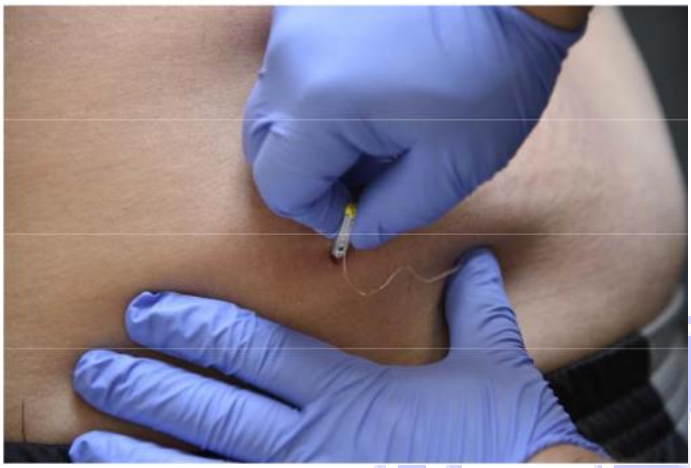
EMR Care

EMR Care should be focused on assessing the airway, breathing and circulation.

1. Ensure that the law enforcement officer has removed the cartridge from the gun.
2. Render initial care in accordance with the *Routine Patient Care Protocol*.
3. **Oxygen**: If respiratory distress is noted, 15 LPM via NRM or if unable to tolerate the mask, 6 LPM via nasal cannula.
    a. If no obvious respiratory distress is noted, apply a pulse ox. If $\geq$ 94% and no signs/ symptoms of respiratory distress, no Oxygen is required. If $\leq$94% apply nasal cannula at 2-6 LPM or 15 LPM via NRM as needed to raise pulse ox to $\geq$94%.
4. If the probes are in a sensitive area such as the ***face, eye, neck, genitalia,*** or a ***female's breast,*** leave the probes in place and bandage.
5. Removing sooner after use causes less discomfort to the patient as sensation is reduced.
6. To **remove barbs**, break the wire 5-10 inches away from the probe.
7. Place non-dominant hand approximately 5 inches away but on patient.
8. Firmly grasp barb with dominant hand thumb and fore finger.
9. Pull up at 90-degree angle to impact location. If unable to remove in quick pull, discontinue efforts and transport.
10. Ensure the perpendicular barb is removed intact.
11. Place removed barb upside down in used cartridge and return to law enforcement.
12. Assess for bleeding and clean wound with alcohol wipe. Treat identified and suspected injuries based on appropriate trauma protocol(s).

Less Lethal Weapons Protocol

Taser-Related Injuries {Continued}



Source: Smart Probe Wound Study

EMT Care

EMT Care should be directed at conducting a thorough patient assessment and preparing the patient for or providing transport.

1. EMT Care includes all components of *EMR Care*.
2. Apply **Waveform Capnography** (if equipped).
3. Assess for any secondary causes of patient behavior which lead to law enforcement subduing the patient. These secondary causes include:
    a. Alcohol intoxication
    b. Drug abuse
    c. Hypoglycemia or other medical disorder
    d. Psychotic disorder
4. See "***Patient Restraint Policy***" if needed.
5. If the patient has an altered mental status, then the patient must be assumed incompetent to refuse care. **Contact Medical Control** for ALL refusal issues.
6. Initiate Paramedic Care intercept if needed and transport as soon as possible.
7. Contact receiving hospital as soon as possible or **Medical Control** if necessary.

A-EMT/ EMT-I Care

A-EMT/ EMT-I Care should be directed at conducting a thorough patient assessment and preparing the patient for or providing transport.

1. A-EMT/ EMT-I Care includes all components of *EMT Care*.
2. Initiate **IV access** if safe to do so.
3. Initiate **cardiac monitoring**.

Less Lethal Weapons Protocol

Taser-Related Injuries {Continued}

Paramedic Care

Paramedic Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion, and preparing for or providing patient transport.

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*.
2. See ***Chemical Restraint*** Protocol if needed.

Critical Thinking Elements

- **If law enforcement has removed the probes, treat the probes as biohazards. Exercise caution to prevent accidental needlestick-like injuries.**
- **Be alert for potential for patient to fall, forcing probes in further.**
- **Patients who have been subdued using *less lethal* weapons are commonly agitated and may be combative. If the patient is not yet subdued and/or is violent, do not initiate contact. Safety of the EMS crew is of utmost importance.**

Less Lethal Weapons Protocol

Pneumatic Fired Projectile

EMR Care

Care for any patient who has received impact with a pneumatic fired projectile should include care assessment and ongoing monitoring for injury to underlying organs and tissues. Treat identified and suspected injuries based on appropriate trauma protocol(s).

EMT Care

EMT Care should be directed at conducting a thorough patient assessment, initiating routine patient care to treat for shock and preparing the patient for or providing transport.

1. EMT Care includes all components of *EMR Care*.

A-EMT/ EMT-I Care

A-EMT/ EMT-I Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion, and preparing for or providing patient transport.

1. A-EMT/ EMT-I Care includes all components of *EMT Care*.
2. Obtain peripheral IV access as needed.

Paramedic Care

Paramedic Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion, and preparing for or providing patient transport.

1. Paramedic Care includes all components of *A-EMT/ EMT-I Care*.

Functional Needs/ Special Needs Population

These guidelines should be used when an EMS provider, responding to a call, is confronted with a patient using specialized medical equipment that the EMS provider has not been trained to use, and the operation of that equipment is outside of the EMS provider's scope of practice. The EMS provider may treat and transport the patient, if the EMS provider doesn't monitor or operate the equipment in any way while providing care.

When providing care to patients with special needs, EMS personnel should provide the level of care necessary, within their level of training and certification. When possible, the EMS provider should consider utilizing a family member or caregiver who has been using this equipment to help with monitoring and operating the special medical equipment if necessary, during transport. If a caregiver is unavailable or unwilling to accompany the patient, transport as usual. **Contact Medical Control** should you encounter any complications.

Some examples of special medical devices include.

- Out-patient infusion pumps to include but not be limited to PCA (patient-controlled analgesic), TPN, Antibiotic infusions, Chemotherapy agents.
- Chest Tube
- Ventilator
- Wound Drainage Devices (i.e., Wound Vac)
- Left Ventricular Assist Device (LVAD)
- Life-vest

If a communication barrier exists between the EMS Provider and the patient, then that provider should utilize staff, caregivers, family etc. to facilitate the best possible history and physical assessment. The EMS provider should notify the E.D. staff of these communication difficulties during the patient report.

This protocol is not intended for inter-facility transfers.

Relinquished Newborn

The Illinois Abandoned Newborn Infant Protection Act (325 ILCS 2/) recognizes that newborn infants have been abandoned to the environment or to other circumstances that may be unsafe to the newborn infant. This Act is intended to provide a mechanism for a newborn infant to be relinquished to a safe environment, for the parents of the infant to remain anonymous if they choose, and to avoid civil or criminal liability for the act of relinquishing the infant.

Every fire station, police station, and emergency medical facility must accept and provide all necessary emergency services and care to a relinquished newborn infant, in accordance with this Act.

The act of relinquishing a newborn infant serves as implied consent for the fire station, police station, or emergency medical facility and its emergency medical professionals to treat and provide care for the infant, to the extent that those emergency medical professionals are trained to provide those services.

After the relinquishment of a newborn infant, the fire station, police station, or emergency medical facility's personnel must arrange for the transportation of the infant to the nearest hospital as soon as transportation can be arranged.
If the parent of a newborn infant returns to reclaim the child within 72 hours after relinquishing said child, staff must inform the parent of the name and location of the hospital to which the infant was transported.

"Newborn infant" is defined as a child who a licensed physician reasonably believes is 30 days old or less at the time the child is initially relinquished.

EMS will care for the child and transport to the closest appropriate facility regardless of suspected age.

The following link provides facility specific details such as signage, on-site packet requirements, and liability etc.
http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1459&ChapterID=32

Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the Routine Patient Care Protocol.
2. Maintain control of the scene and request law enforcement if they have not already been called.
3. Assess the infant for signs of abuse.
4. Treat injuries and/or illness according to protocol.
5. Initiate transport as soon as possible

Communicable/ Highly Infectious Diseases Protocol

Dispatcher Screening and EMS Guidance for possible Communicable/ highly infectious disease patients

When a call taker receives a call for a patient with any of the following:

- Fever
- Abdominal Pain
- Nausea/ Vomiting
- Diarrhea
- Body Aches

AND who has traveled from any country with widespread virus transmission in the last 2-21 days **or** has had contact with someone who has been diagnosed or presumed to have such a virus by a physician.

1. Request that the patient meet EMS at the door of the house/ apartment, when EMS rings the bell/ knocks at the door, if possible.
2. Dispatch is to notify EMS of all symptoms **PRIOR** to EMS arrival. EMS is to don protective gear prior to any patient contact. Level of gear is based on level of symptoms.
    a. Fever/body aches: gloves, mask, eye protection, and gown.
        i. Limit the number of care givers who interact with the patient.
    b. Nausea/ vomiting/ diarrhea: gloves, mask (N-95 or PAPR if available), eye protection, impervious gown, or impervious jump suits.
        i. Limit the number of care givers who interact with the patient.
        ii. Limit intravenous procedures.
        iii. **Contact Medical Control** for guidance regarding any treatment and destination decisions.
        iv. If patient is actively passing fluid/ bleeding, and time allows, all surfaces need to be covered with Visqueen to protect the interior of the ambulance. If no, use a layer of Visqueen under the blanket on the stretcher. Soap and water cleaning and then decontamination is needed. Decontamination of the surfaces needs to be done be using 1:10 bleach solution or a solution such a Cavacide. Any soiled items need to be left in the patient room.
3. If such a situation arises that meets these criteria, the information is still patient protected and only those with a need to know, should be involved in the discussions regarding. Information should be transmitted via telephone and CAD as much as possible.