

System Administration

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Welcome to the special addition of The Run Report. We are utilizing this, in efforts to simplify EMS awareness and reporting regarding COVID-19 Pandemic response. Within this newsletter you will find current policies, protocols, and best practices.

Please note that recommendations within this document are intended for SAMIC EMS agencies' response only. References are available upon request regarding documentation. Agencies needing guidance, support, or supplies should reach out to the EMS office.

Source Control Measures

- **Regardless of patient complaint, all patients, family members and providers must always wear face coverings.**
- **If they do not have a face covering, EMS should provide one to the patient and ask those uncovered to distance themselves.**
- **Masks are contraindicated for children under the age of 2 or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**
- **If a patient is receiving oxygen via non-rebreather mask or nasal cannula, a mask must be placed above the adjunct.**
- **EMS providers must always wear a mask, including in the cab, breakrooms, or any other area when others may be encountered.**
- **Before and after a provider contacts their facemask or respirator; they should perform hand hygiene.**

PPE Recommendations

It is mandatory on every call for service that all providers are wearing eye protection and surgical mask at minimum.

During interactions with persons who are suspected or known COVID-19 positives, providers should wear a N95 mask or higher-level respirator.

During aerosol generating procedures a N95 or higher-level respirator is required.

Aerosol Generating Procedures

Open suctioning of airways

Sputum induction

Cardiopulmonary Resuscitation

Endotracheal intubation and extubation

Non-invasive ventilation (BiPAP, CPAP)

Bronchoscopy

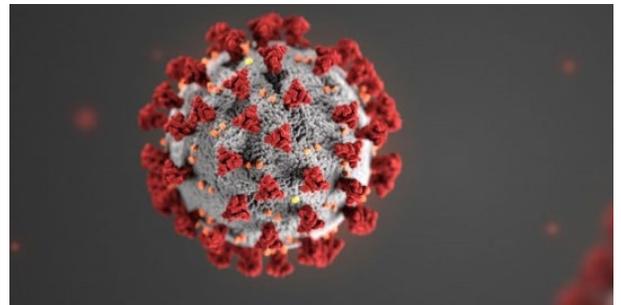
Manual ventilation

Nebulizer administration

High flow oxygen delivery

Physical Distancing

EMS providers should distance themselves as much as possible. Riders on the ambulance should be limited to only those who are essential. Family should be directed to stay home or follow. Please note that hospitals have strict visitor guidelines and family may not be allowed into the hospital. During non-patient activities, providers should physically distance and source control. When providers are unmasked, they must maintain a distance of at least 6 feet from other persons.



Protocol Changes

Nebulizers	Can be utilized, EMS must wear full PPE (including N-95 or greater). All PPE must be disposed of after call. Nebulizers must be finished before entering hospital.
CPAP	ALS Transport Only - Must have medical control consultation and agreement that no COVID-19 risk factors are present including: <ul style="list-style-type: none"> - No COVID positive living in same location - In the last 48 hours none of the following present: temp, cough, sore throat, headache, chills, loss of taste or smell, new muscle pain. Must have diagnosed history of COPD or CHF.
Intranasal Administration	Return to full use.
Capnography	Return to full use, inline monitoring should be connected on "clean" side, after HEPA filter.
Steroids	May be used for asthma and COPD cases only.

System Updates

Please help us welcome Dr. Scott Pasichow, Assistant EMS Medical Director. Dr. Pasichow comes to us as an EMS Fellow from the Northeast. He can be found working at HSHS St. John's Hospital and HSHS St. Mary's Hospital in the emergency department. We are very excited for the future of our system and Central Illinois EMS. You can contact Dr. Pasichow via email at spasichow24@siumed.edu.

IDPH is no longer offering extensions for EMS licenses, it is the responsibility of the EMS provider to turn in the required hours to the EMS office at least two weeks prior to the date of expiration. While we are aware that most in person learning is cancelled, each provider is still required to collect the minimum hours of CEs. Online CE hour maximums are being waived but, providers should strive to reach the required CE topic minimums.

Protocol revisions will begin this month. Any person willing to contribute and assist with the updates please let me know as soon as possible.

Reminder IDPH has still halted in person ambulance inspections. Agencies should still perform annual inspections and submit the Department and System forms to Brian or me by the due date. Updates are also being made to the inspection forms so, stay tuned for changes.

All EMS records are required to be submitted to the EMS office as soon as possible. They can be hand delivered, mailed, faxed, or sent via encrypted email. We are starting system QA/QI projects to analyze the effectiveness of our system. So please submit those as soon as possible. Starting for the month of October, all records should be received by November 15th.

Any ILS/ALS agency interested in participating in vaccine administrations should reach out to me as soon as possible. We are working on plans and protocols for consideration.