Division of EMS Updates

Webinar Recording
https://illinois.webex.com/illinois/lsr.php?RCID=5380e8f14def8d1b41fdcf6af72f30a1

Ashley Thoele, MBA, BSN, RN
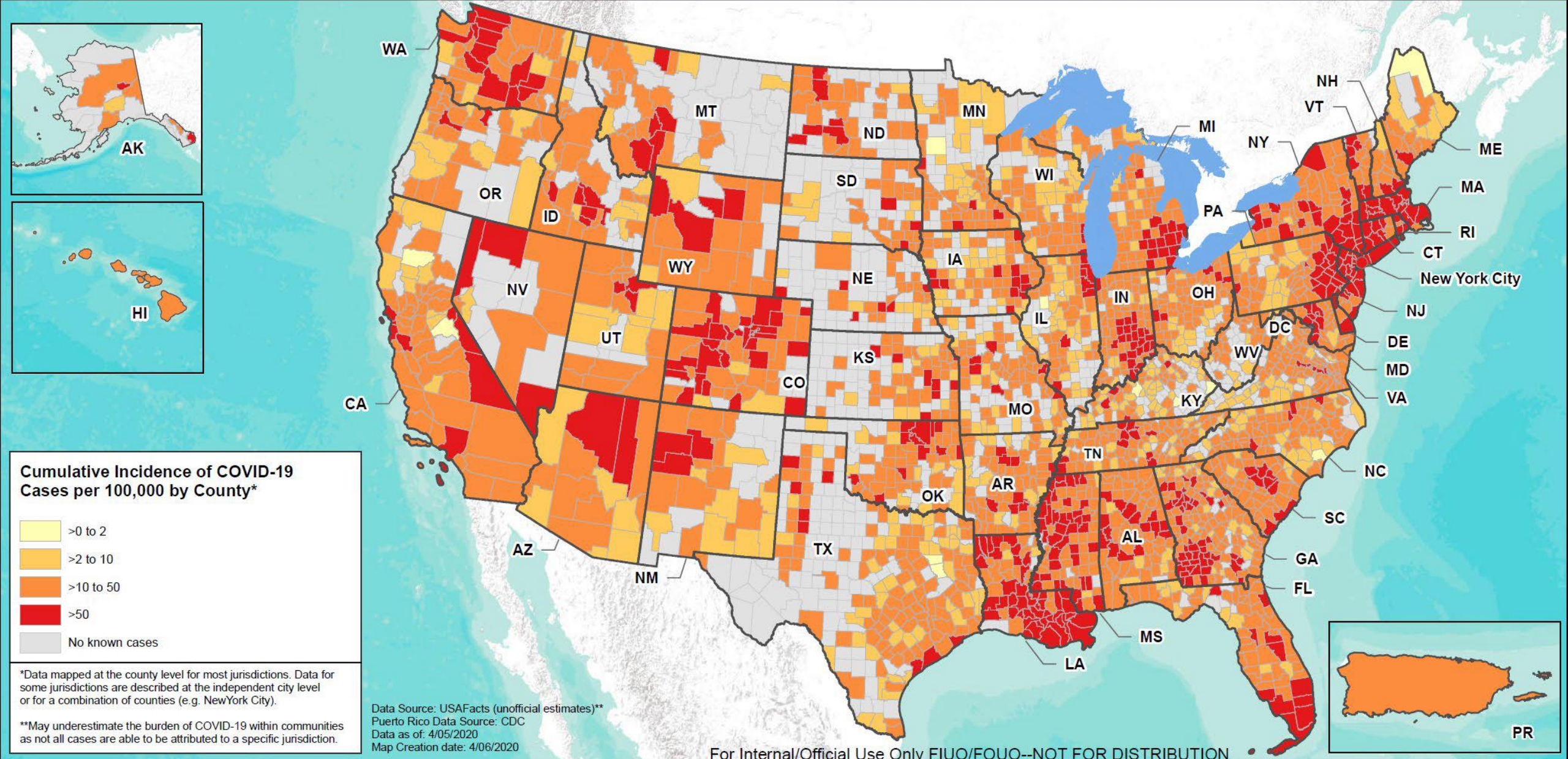
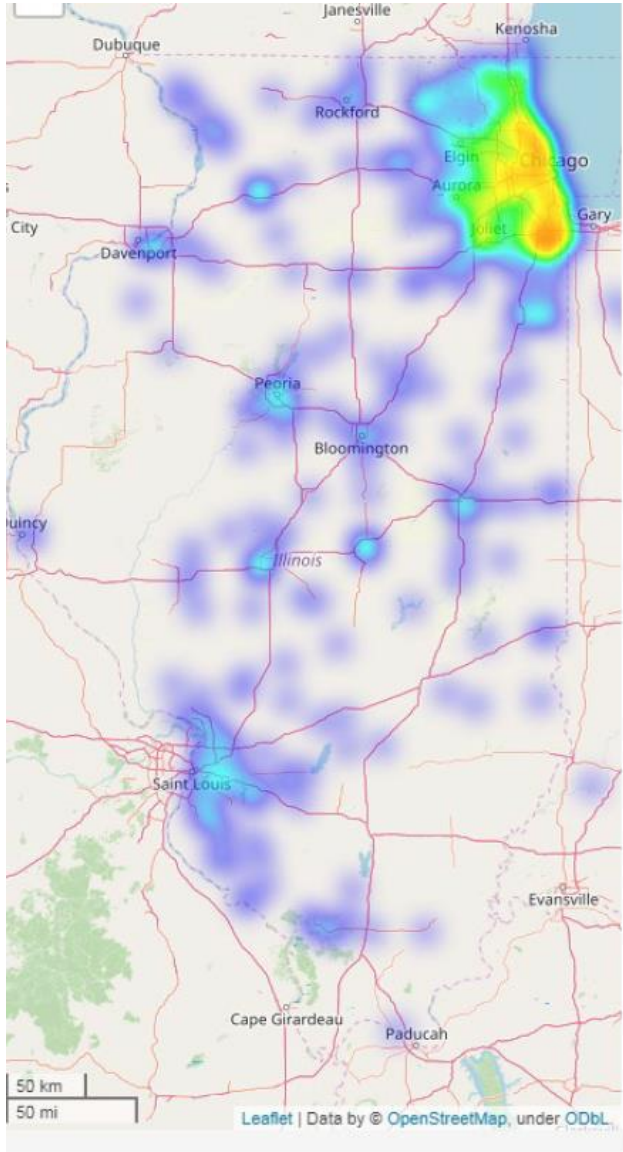Division Chief

EMS and Highway Safety

Today's Agenda

- Opening Remarks

- Statewide Overview and Data/Case Monitoring

- FAQ's from Division of EMS

- Emergency Rules

- Alternative Care Sites

- Pre Hospital transport options

- Planning for short term, mid term and long term

Coronavirus Disease 2019 (COVID-19)
Cumulative Incidence by U.S. County

Cumulative Incidence of COVID-19 Cases per 100,000 by County*

- >0 to 2
- >2 to 10
- >10 to 50
- >50
- No known cases

*Data mapped at the county level for most jurisdictions. Data for some jurisdictions are described at the independent city level or for a combination of counties (e.g. NewYork City).

**May underestimate the burden of COVID-19 within communities as not all cases are able to be attributed to a specific jurisdiction.

Data Source: USAFacts (unofficial estimates)**
Puerto Rico Data Source: CDC
Data as of: 4/05/2020
Map Creation date: 4/06/2020

Resource Utilization

Beds Availability on April 8, 2020 (10am)

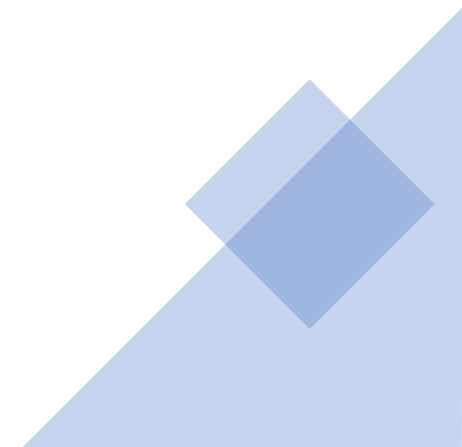| Region	Month, Day, Year of Date	Total_Beds	Available beds	Available Beds [%]	In Use Beds	Avg. In Use Beds [%]	Total Adult ICU Beds	Available Adult ICU	Avg. Available Adault ICU beds [%]	In Use Adult ICU	Avg. InUse Adult ICU[%]	Total Vents	Available Vents	Avg. Available Vents [%]	InUse Vents	Avg. InUse Vents[%]	Confirmed COVID Pt's in ICU:	COVID Pt in ICU [%]	Confirmed COVID Pt's on Vents:	COVID PtonVents[%]
1-RockfordRegionHospitals	April 8, 2020	1,625	937	58	688	42	148	82	55	66	45	139	128	92	11	8	10	17	7	12
2-PeoriaRegionHospitals	April 8, 2020	2,802	1,457	52	1,345	48	227	119	52	108	48	256	194	76	62	24	15	17	11	13
3-SpringfieldRegionHospitals	April 8, 2020	1,332	1,012	76	320	24	115	64	56	51	44	141	100	71	41	29	4	9	5	12
4-EdwardsvilleRegionHospitals	April 8, 2020	1,454	776	53	678	47	97	33	34	64	66	106	82	77	24	23	20	20	19	19
5-MarionRegionHospitals	April 8, 2020	1,274	702	55	572	45	85	44	52	41	48	91	83	91	8	9	3	12	1	4
6-ChampaignRegionHospitals	April 8, 2020	1,778	1,110	62	668	38	138	67	49	71	51	206	104	50	102	50	6	9	3	4
7-SouthwestSuburbsHospitals	April 8, 2020	3,528	1,121	32	2,407	68	426	85	20	341	80	287	113	39	174	61	179	21	153	18
8-WestSuburbsHospitals	April 8, 2020	2,903	1,069	37	1,834	63	283	70	25	213	75	270	155	57	115	43	137	26	102	19
9-NorthwestSuburbsHospitals	April 8, 2020	3,040	1,512	50	1,528	50	309	121	39	188	61	264	199	75	65	25	123	26	83	17
10-NortheastSuburbsHospitals	April 8, 2020	1,789	388	22	1,401	78	150	21	14	129	86	127	47	37	80	63	88	27	67	20
11-CityofChicagoHospitals	April 8, 2020	7,357	1,859	25	5,498	75	845	160	19	685	81	1,012	454	45	558	55	308	28	231	21

Provisional Certification

- EMS w/ licenses expired less than 60 months
- Have an EMS MD recommendation
- Paramedics in last semester of class
- Other Paramedic students
- EMR at any stage of completion w/CPR
- EMD at any stage of completion
- ECRNS, PHRNs, PHPA, PHAPNs

Must Dos to have Provisional Certification

- Go through EMS System to obtain

- Complete entrance requirements such as an EMS system exam approved by the EMS MD

- Contact your EMSSC or Regional EMS System

EMS System Coordinators

- All candidates must EMS system entrance requirements prior to being given a provisional Cert

- If a candidate cannot pass the level as a paramedic they may take a test at a lower level and function only at that level

- No personnel may be give provisional cert if they have been suspended from any Illinois EMS System at the time of DPH license exp.

- MUST HAVE CURRENT CPR or within current expiration date window with extension

- Attest to no felony convictions 515.190

- Shall only function with another state licenses EMS profession at or above their level of provisional certification

Who's responsible?

- The EMSSC are responsible for creating these requirements and ensuring that they are fulfilled prior to cert being given

- Must be given a refresher and pass a system exam

- EMSSC must validate that person is knowledgeable and can perform skills based on level of cert. These skills should be verified.

Then what?

- Submit the system amendment to REMSC for approval
- Submit roster with names of expired licenses (Roster is on IDPH Web Portal)
- Outlines what is required info that needs to be sent

Provisional Certs for PHRNs, PHPA, PHAPNs

- Must have completed didactic portions of class
- Pass final exams as approved by the EMS MD
- Must operate in an EMS System in Illinois
- May only operate with another Illinois Licenses PHRN and Paramedic
- Can include calls in to required calls necessary for Illinois licensure
- EMS systems must maintain a QI program that includes
  - Review of at least 5 calls per month that include provisionally certified personnel
  - Review of care provided based on system protocls and standards of care
  - Identify areas of improvement and communicate with providers and personnel

Provisional Certs for ECRNs

- Must have completed the didactic portion of the ECRN course

- Must complete and pass a final ECRN examination approved by the EMS System Medical Director

- May seek provisional certification after completing course work and testing as approved by the EMS Medical Director

- The ECRN must have a co-sign by a State of Illinois licensed ECRN for any medical calls received

- Once the pandemic is over and the EMS system returns to normal operations, the ECRN may provide proof of all ECRN calls and field ride time hourly requirements, as required, and submit for State of Illinois ECRN licensure.

- The EMS System must maintain QI program that includes:
  - the review of at least 5 calls per month that include "provisionally certified" personnel
  - reviews the care provided based on system protocols and standards of care
  - identifies areas of improvement that is communicated with providers and personnel.

Additional Info:

- All certificates granted under this special waiver shall automatically expire 06/30/2020. If expiration extensions are needed due to a prolong pandemic response, information will be sent to EMSSC before 06/30/2020.

- Provisional certificate approval shall require full compliance with all: (i) DPH and (ii) EMS system requirements.

- Expired and student EMS personnel may only function with a licensed EMS personnel at the same or higher level. (consider a P level to function as a lead B by EMSMD)

PPE Challenges for EMS

- State and Federal government are aware of the challenges in obtaining PPE

- Current shortages apply to all health care disciplines

- PPE allocations are based on specific and identified need and prioritized based on those needs

- Provide Justification for Need:
  - Continue to submit requests for replenishment through identified channels and through normal challenges
  - Identify specific materials needed and quantities requested based on burn rates
  - Detailed risk/exposure justification
    - Current supply on hand, burn rates, and other information pertinent to the request
  - Identify gaps in the process
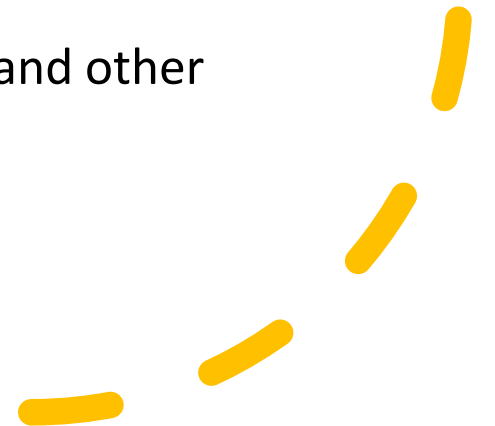
Emergency Rules- Ambulance Providers
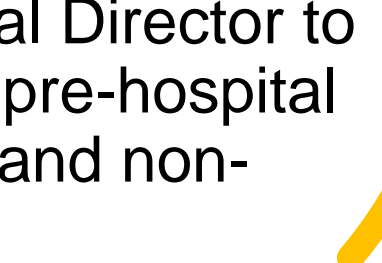
Contract or thru Emergency Management Assistance Compact, the provider shall submit a request thru the EMS System and IDPH for approval. The request shall include the following information:

- 1)   List of vehicles and their respective vehicle identification numbers (VIN) requesting to be deployed;

- 2)   List of EMS personnel and level of licensure;

- 3)   Expected amount of time to be out of state;

- 4)   Approval by the EMS System; and

- 5)   A letter assuring that current service area is covered.

- 6)   The Department will review existing needs and approval may not be granted for any ambulance to be deployed out of Illinois during a state of emergency or State declared disaster

Emergency Rules-Bypass

- e)	*The Department may impose sanctions, as set forth in Section 3.140 of the Act, upon a Department determination that the hospital unreasonably went on bypass status in violation of the Act.* (Section 3.20(c) of the Act)

- f)	Each EMS System shall develop a policy addressing response to a system-wide crisis.

- g)	<u>Bypass status will not be honored during a State disaster.</u>

Emergency Rules- Staffing

- Advanced Practice Registered Nurse or APRN – a person currently licensed as an advanced practice registered nurse under the Illinois Nurse Practice Act by the Illinois Department of Financial and Professional Regulation.

- Pre-Hospital Physician Assistant or PHPA – a graduate PA, with an unencumbered Illinois Physician Assistant License, who has successfully completed supplemental education in accordance with this Part and who is approved by an Illinois EMS Medical Director to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

Testing Update

- NREMT and Pearson View are working on Remote Proctoring for testing candidates from home

- The candidates sign up for remote proctoring

- The Testing center runs a software check

- If approved, meet with Pearson Vue to review the person and home they will be testing via web cam

- A-EMTs are the first to be able to trial since it is small group

- If successful, will move on to other groups such as EMTs hopefully in a couple weeks

EMS Goals During COVID-19 Pandemic

- Sustain capabilities for providing EMS services to patients who call 911

- Prioritize transport resources for patients who require immediate medical treatment

- Transport patients directly to the appropriate level of medical care

EMS Transport Options During COVID-19 Pandemic
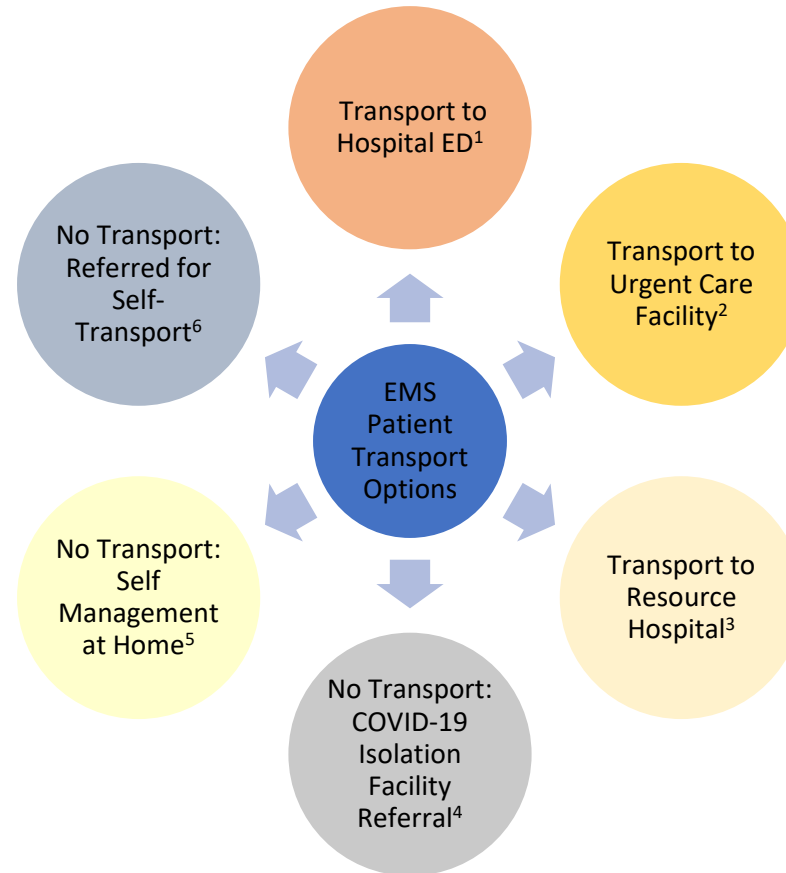
Prioritization and Utilization

- Hospitals
    - prioritized for patients with critical injuries and illnesses that require advanced treatment interventions, surgery, intubation, or specialty care.
    - Conditions that fall within this scope include: heart attack, stroke, advanced trauma injuries, aneurysm, open fracture, acute abdomen, GI bleed, obstetrical emergency, significant burn, inhalation injury, and pediatrics.
    - Be mindful of external COVID-19 screening areas already established
- Urgent Care facilities
    - can provide medical care for acute problems to non-COVID-19 adult and pediatric patients
    - may receive patients who are transported by EMS, referred from primary care or Emergency Departments that are at capacity, and self-referrals/walk-in.
    - include: asthma, lacerations, closed fractures, dehydration, changes in mental status (not suspected of being stroke related), nausea/vomiting/constipation, rashes, allergic reactions, diabetic reaction, acute congestive heart failure, acute vision changes, and fevers.

COVID Isolation facilities

- facilities where people who have mild to moderate COVID-19 related illness or an asymptomatic COVID-19 infection are housed in an effort to decrease potential exposures to household and community contacts.

- focused on symptom relief.

- These facilities may receive patients via walk-in or referral from a healthcare provider.

- All transports to this type of facility are self-transports.

- *EMS **DOES NOT** transport patients to this type of facility.*

Telephone/Triage PRotocols

- Used to make "no-transport" decisions
- Online medical control provides the patient with home treatment instructions

Self – Report Options

- EMS determines that the patient requires non-urgent medical care
- Instructed to self-transport to alternative treatment area that is part of a hospital system (ex: tents, outpatient facilities, urgent cares, PCP, clinics, or Isolation Facility)
- Make referrals if patient does not have transportation resources

EMS GUIDELINES FOR PATIENT TRANSPORT DURING COVID-19 PANDEMIC: DECISION SUPPORT FOR CRITICAL PATIENTS

EMS arrives on-scene to assess patient[1,2]

Does patient have reported symptoms of respiratory distress, cyanosis, palor/ashen skin or fever?[3,4]

YES: *Limit entry. PPE= airborne precautions[5]*

NO: *PPE= droplet Precautions[6]*

Screen for potential COVID-19 infection. Is patient's history, symptoms, and course of illness consistent with a possible COVID-19 infection?

YES: *PPE= airborne precautions[5]*

NO: *PPE for new contacts = droplet precautions[6]*

Does patient require intubation or have another critical illness or injury?

YES → Transport to Resoruce Hospital[8] with ICU availability *or* closest ED[9]
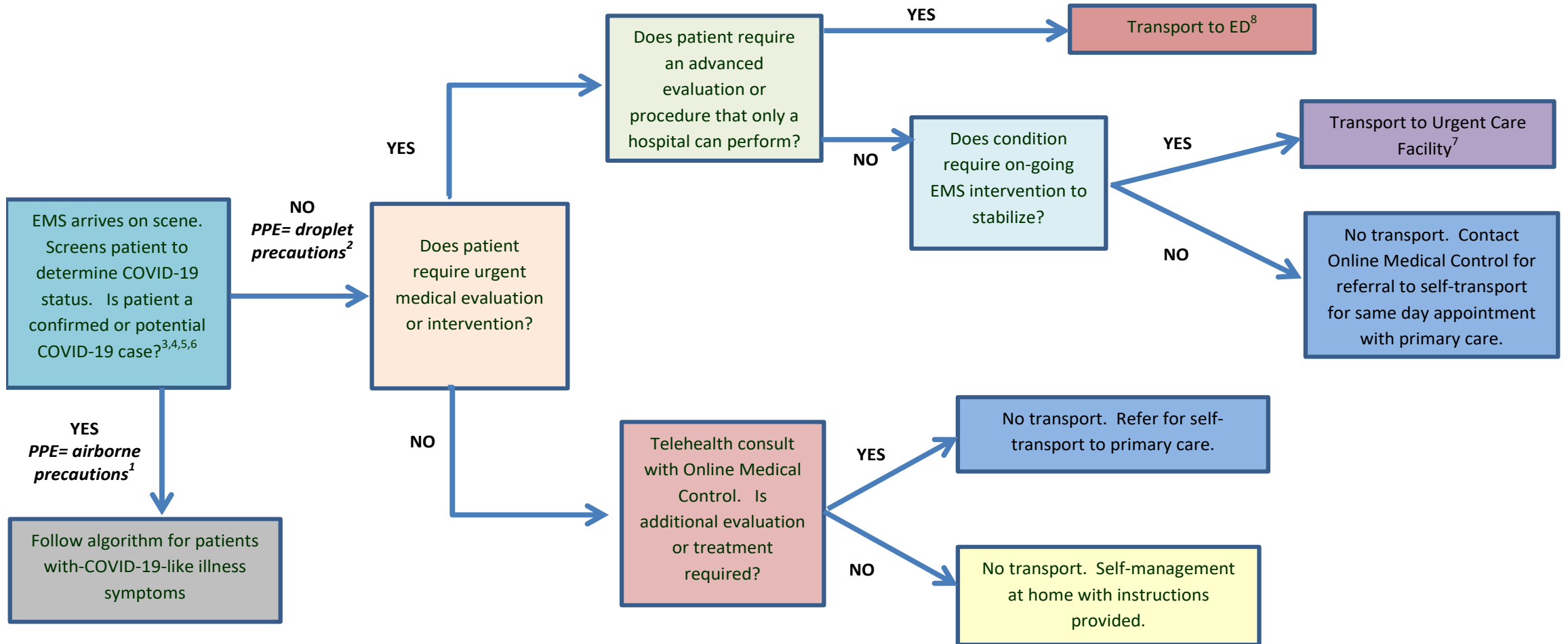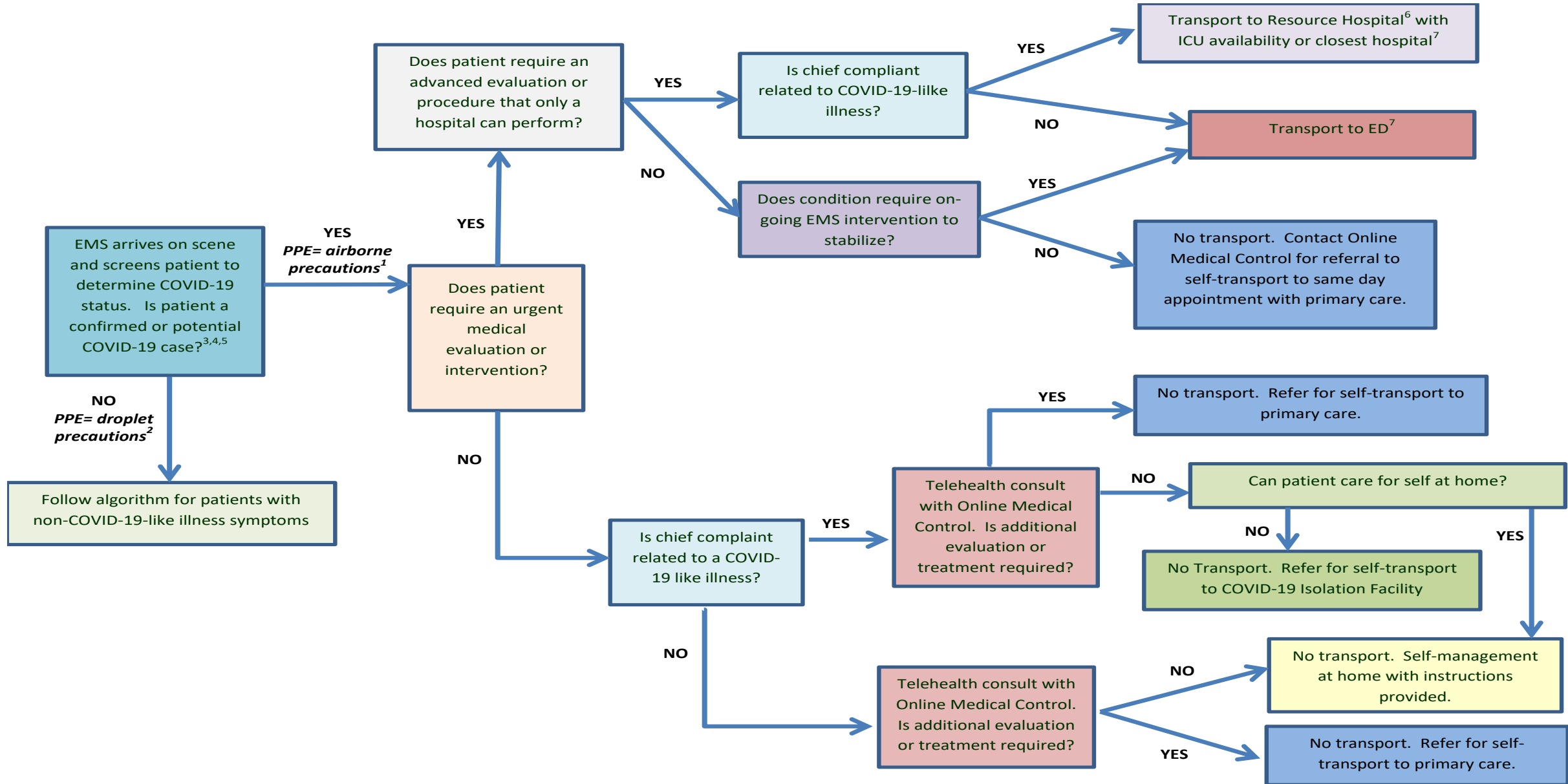
NO → Can vital signs be stabalized via EMS treatment SOPs?
- **NO** → Transport to ED[9]
- **YES** → Contact Online Medical Control to determine appropriate transport/no transport decision.

Does patient have a previous diagnosis that can explain respiratory symptoms?

YES → Contact Online Medical Control to determine appropriate transport/no transport decision.

NO → Does patient require intubation or have another critical illness or injury?
- **YES** → Transport to ED[9]
- **NO** → Transport to Urgent Care Facility[7]

Does patient a life threatening emergency?
Chest pain or other signs/symptoms suspicious for cardiac ischemia, or pulmonary embolism?
Signs or symptoms of shock, severe/uncontrolled bleeding?
Altered level of consciousness, new focal neurologic signs, seizures, severe headache with sudden onset and/or neck pain stiffness, or head injury with loss of consiousness or continued neck pain?
Significant trauma with chest/spinal/abdominal/ neurologic injury deemed unstable?
Other critical injury or illness?

YES → Transport to ED[9]

NO → Are vital signs within the normal range for patient age and medical history?
- **YES** → Reassess patient's status and follow Decision Trees for "non-critical" patient.
- **NO** → Can vital signs be stabalized via EMS treatment SOPs?
  - **YES** → Transport to Urgent Care Facility[7]
  - **NO** → Transport to ED[9]

04/07/2020

EMS GUIDELINES FOR PATIENT TRANSPORT DURING COVID-19 PANDEMIC: DECISION SUPPORT FOR NON-CRITICAL PATIENTS WHO <u>DO NOT HAVE</u> COVID 19-LIKE ILLNESS SYMPTOMS

EMS GUIDELINES FOR PATIENT TRANSPORT DURING COVID-19 PANDEMIC: DECISION SUPPORT FOR NON-CRITICAL PATIENTS WHO <u>HAVE</u> COVID-19-LIKE ILLNESS SYMPTOMS
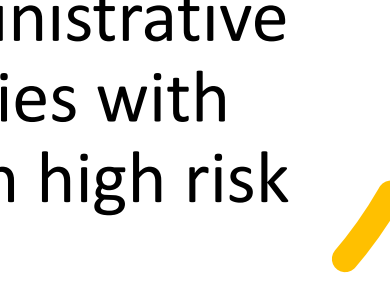
Alternative Care Sites

- McCormick Place
  - 500 beds
  - Non-critical patients
  - Rush Hospital to train staff
  - April 16 approx
- WestLake
  - 350 Level 2 Patients
  - April 26 Approx
- Sherman Hospital
  - May or may not be used

Volunteers

- 71 Medical Reserve Corps

- 40,000 people in HELPS system

- 26,000 want to help in COVID-19.

- About 13,686 are in the 29 high level medical occupations most needed for alternative care work.

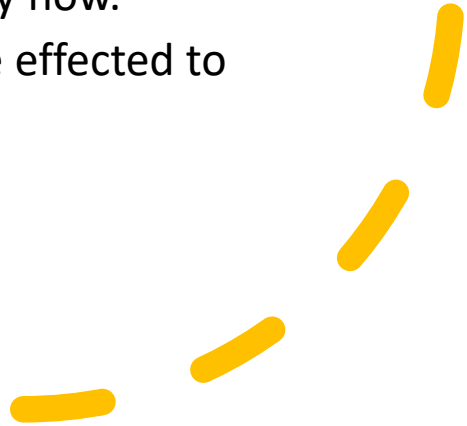- 678 of these 29 occupations have cleared background

Short Term Planning- Next 30 days ~May 1 2020

- Impacts to workforce due to exposures
- Often don't know when exposure happened
- Fear that household members will be affected
- Mitigation:
  - Develop decon best practices for all clinicians
  - Free sheltering options
  - Prioritize HCW for more testing with quicker results
  - Provide access to PPE: N95s, gowns, faceshields for patient encounters
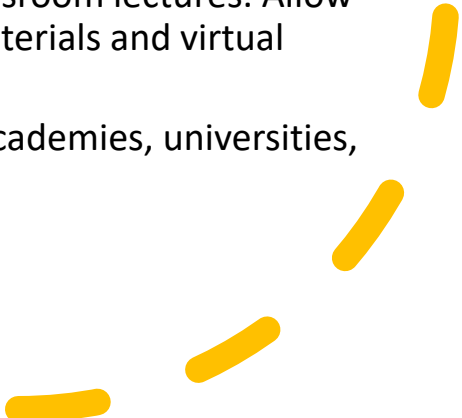
Short term cont'd

- May be asymptomatic person with COVID-19
  - Inadvertently infect vulnerable populations
  - Due to lack of testing there is higher likelihood that the clinicians will cross-contaminate facilities that were otherwise unaffected
  - Areas such as Skilled nursing facilities, dialysis centers, shelters
  - Mitigation:
    - Access to more tests, more often, with quicker results

- It is necessary to have strict administrative and workplace controls for facilities with high risk patients or patients with high risk for spread (congregate settings)

Mid Term (~60 Days / 1 June 2020)

- <u>New disasters will compete for resources.</u>
  - onset of hurricane/Tornado season
  - expected seasonal increase in natural disasters will add pre-hospital support requirements that will either not be met or that might impact the COVID-19 response.
  - includes mutual aid, State Emergency Management Assistance Contracts, and national resources managed by HHS through ESF-8 including the national ambulance contract.
  - *Potential Mitigation Measures*:
    - Build additional EMS surge capability now.
    - Central and Southern Illinois may be effected to include EMS and Hospital capacity

Long Term (~120+ Days / 1 August 2020 and Beyond)

- <u>Staffing Shortages caused by training delays:</u>
  - Annual turnover for EMTs and paramedics ranges from 20%-30%.
  - Backfilling these vacancies requires a steady influx of new clinicians to fill existing staffing gaps.
  - the COVID-19 incident led to the delay or outright cancellation of EMT and paramedic courses nationwide.
  - These delays and cancellations will reduce the number of licensed providers available to fill staffing vacancies.
  - *Potential Mitigation Measures*:
    - Develop accelerated hands-on clinical programs for students to utilize once the programs restart.
    - Incorporate field training into the COVID-19 response by allowing students to use their skills in healthcare setting under physician or nurse supervision (hospitals, medical shelters, etc.) rather than a program proctor.
    - Fund virtual learning options to replace classroom lectures. Allow smaller jurisdictions to leverage training materials and virtual options developed by larger jurisdictions.
    - Permit alternate testing facilities use (fire academies, universities, etc.) until Pearson Vue centers reopen.

Long Term Continued

- The existing pre-hospital EMS workforce will see rapid attrition increase in 2020.
  - A combination of incident-specific factors including high demand, provider illness and mortality, stress, and family member concerns will worsen existing attrition drivers within EMS that include low pay, difficult hours, and complicated billing procedures, etc.
  - *Potential Mitigation Measures*:
    - Greater recognition of pre-hospital clinicians.
    - Hazard pay and/or tax breaks for clinicians.
    - Greater disability and survivor benefits pro-rated by years of service

- The long-term health of many pre-hospital providers will be impacted by their COVID-19 experiences.
  - The COVID-19 pandemic is a uniquely tragic event, and pre-hospital care providers will be impacted to a great extent.
  - This may include PTSD, survivor guilt, lingering illness or injuries caused by exposure to COVID-19 (lung damage, etc.).

THANK YOU !

YOU GOT THIS