

# Division of EMS Updates

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EMS and Highway Safety

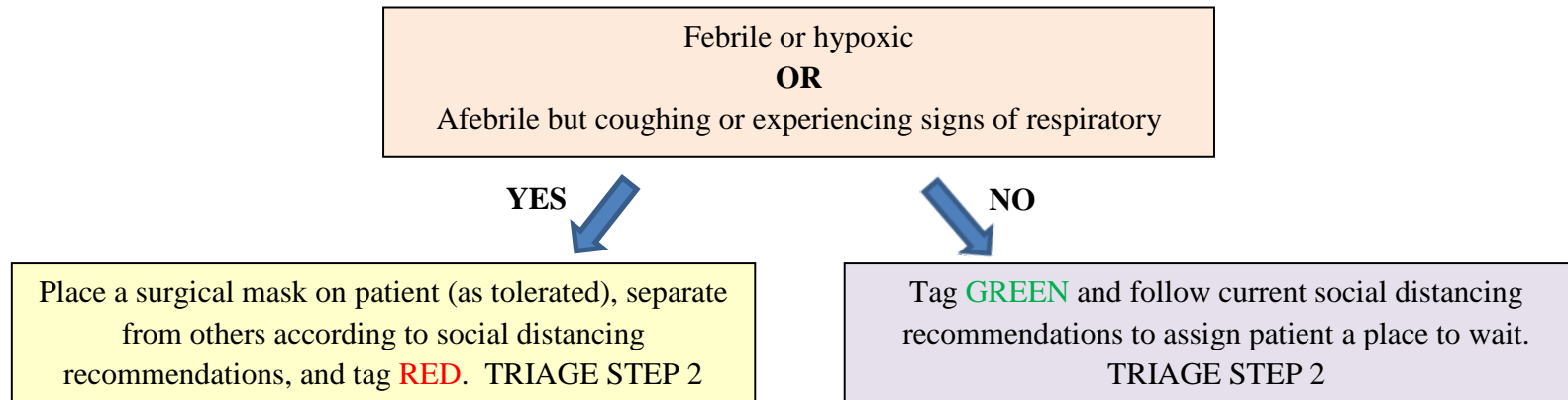
# Where we are right now

- 1865 positive cases
- 19 deaths
- Total 14, 209 tested
- # of hospitalized patients
- # of ICU beds
- # of ventilators

## Healthcare Facility COVID-19 Triage Screening for Non-Critical Patients

Limit the number of people accompanying each patient to a maximum of one (1). Pediatric patients and those who are not competent to make their own decisions should be allowed a visitor to stay with them. All others should be directed to wait in an area external to the healthcare facility/triage area, such as in their private vehicle.

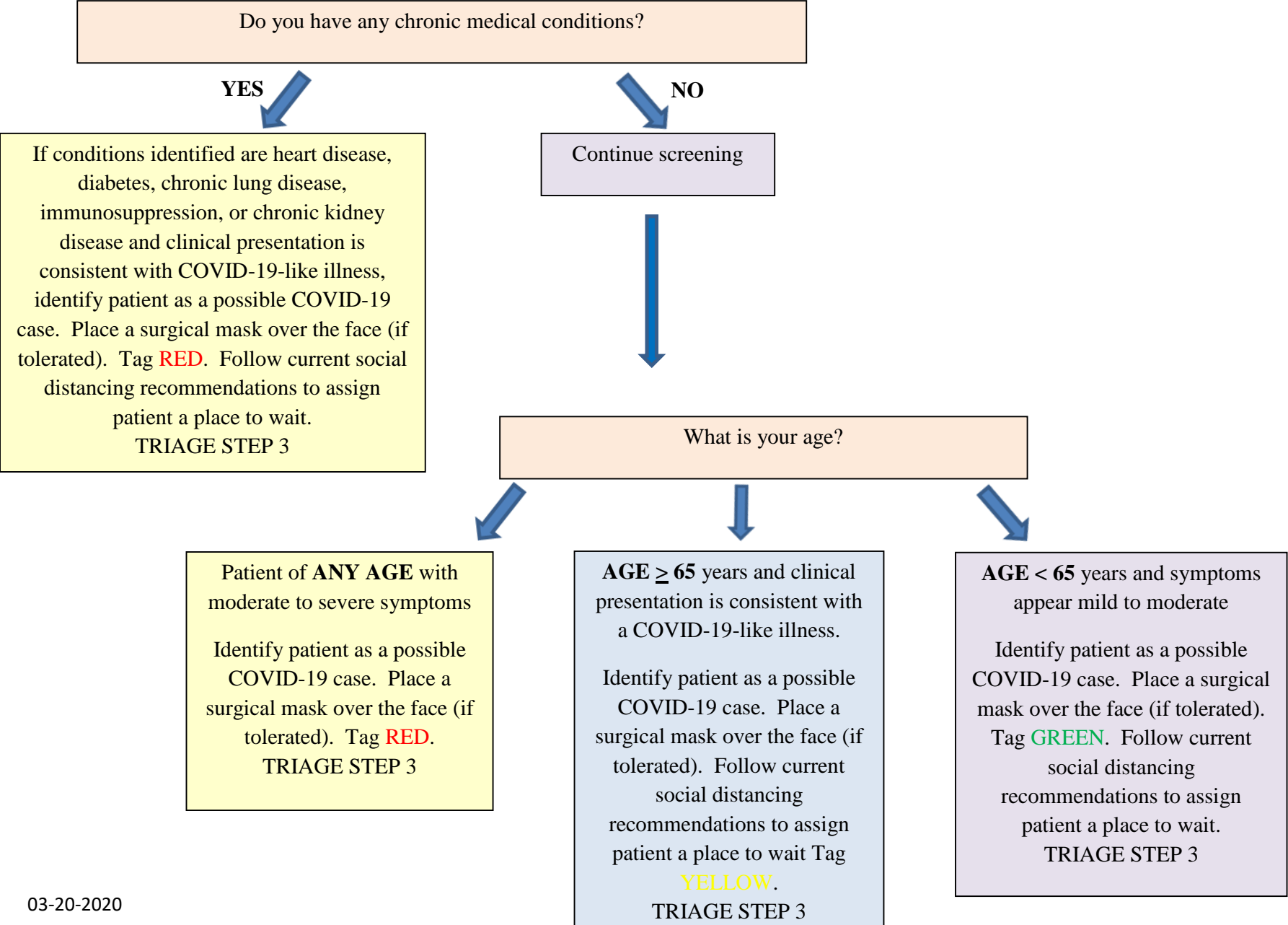
### TRIAGE STEP 1: CHECK THE TEMPERATURE AND OXYGEN SATURATION LEVEL OF ALL NON-CRITICAL PATIENTS DURING SIGN-IN



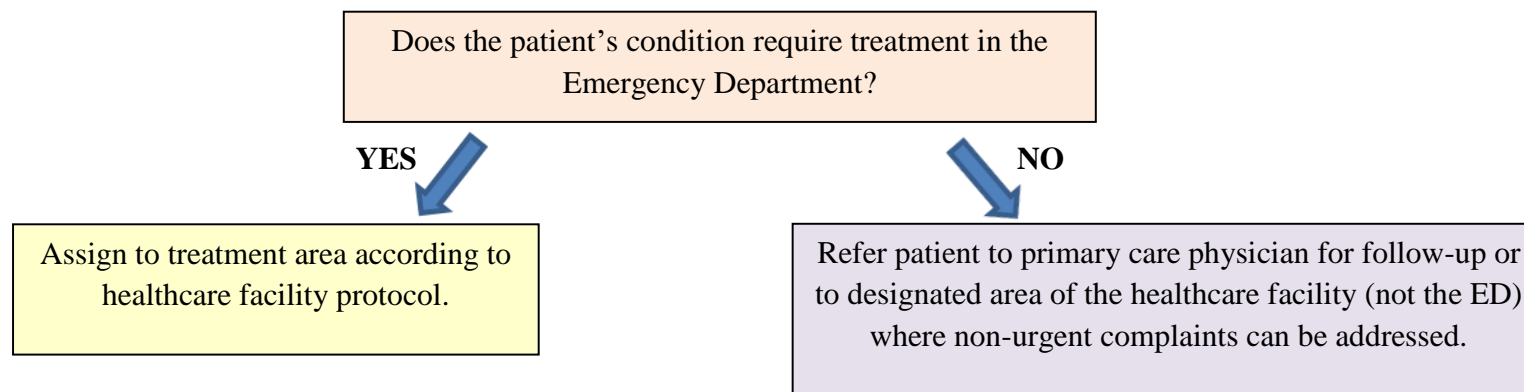
**\*If at any time a patient undergoing COVID-19 screening develops symptoms consistent with a critical condition, assume the patient is a possible COVID-19 case and prioritize for immediate medical triage and/or treatment.**



**TRIAGE STEP 2 CONTINUED: SCREENING QUESTIONS TO ASK ALL NON-CRITICAL PATIENTS**



### TRIAGE STEP 3: TRIAGE BASED ON CHIEF COMPLAINT ACCORDING TO HOSPITAL PROTOCOL



### TRIAGE STEP 4: CHIEF COMPLAINT TRIAGED TO BE “WORRIED WELL”

Provide patient with literature on COVID-19 and steps that individuals can take to decrease transmission. If applicable, provide information on healthcare facility Telehealth Program. Inform individual that Emergency Department and healthcare facility services are prioritized for people with clinical illnesses and medical conditions. Send individual home.

### CONSIDERATIONS

Color coded stickers, cards, or one-time use wrist bands can be used to “tag” non-critical patients for COVID-19 screening.

Identify two different waiting areas for TRIAGE STEP 3 and treatment. One location for patients who triaged as low risk/GREEN for COVID-19 during TRIAGE STEP 2 and a different location for patients who triaged as higher risk/YELLOW and RED for COVID-19. Separating these groups while waiting for TRIAGE STEP 3 and treatment may help to decrease nosocomial infection with COVID-19.

Updated fact sheets on COVID-19 for the public can be found at <https://www.cdc.gov/coronavirus>

Triage Step 4 can be staffed with non-clinical personnel. Staff can use “Frequently Asked Question” documents to provide consistent information to the public. Documents with the latest information can be found at <https://www.cdc.gov/coronavirus/2019-ncov/faq.html> and <http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

The location for Triage Step 4 should be different than the areas used for COVID-19 screening, medical triage, and treatment areas.

# Increase work force: waiver to License

Pursuant to 210 ILCS 50/3.185, all previously Illinois licensed paramedics whose license expired within Four (4) years of 3/23/20, may apply for a temporary waiver based on 77 Ill Adm. Code 515.640, after demonstrating compliance with the following essential conditions:

- The individual completes an Illinois application for Paramedic licensure and indicates when his/her license expired;
- The individual's Paramedic license was not revoked or suspended by the Department at the time of expiration;

# Waiver to license Cont:

Paramedic/EMT indicates, in writing whether he/she has:

- completed all continuing medical education as directed by the EMSMD;  
or has
- successfully completed the EMS System entry exam or System final written paramedic/EMT class exam.

And has

- the written approval to practice within an Illinois EMS System from a current Illinois EMS System Medical Director.



# Waiver of Licensure Continued

- In the event that the applicant only complies with sections for licensure but does not take the paramedic exam than, he/she shall be granted an EMT-Basic license.
- All licenses granted under this emergency waiver procedure shall automatically expire One (1) year after issuance without further notice.
- All information needs to be submitted to your REMSC who will submit to Springfield for processing

## General requirements for all special licensees issued under this temporary special waiver:

### General requirements for all special licensees issued under this temporary special waiver:

- The applicant's DPH EMS license has been expired for less than 60 months, and must have been in good standing at the time it expired, *i.e.* not suspended or revoked.
- The applicant must not have been suspended from any Illinois EMS system as of the DPH license expiration.
- The applicant must demonstrate current CPR certification from either the AHA or ARC.
- Any licensee granted a license under this special waiver shall only practice with another regular DPH licensee at or above the level of the licensee. Two licensees granted a license under this special waiver shall not practice together and must be paired with a regular licensee.
- The applicant must submit a written application for the level of license sought, which may be downloaded from the Department's website.
- The application must demonstrate and comply with all of the following for the particular level of license sought:

For applicants seeking a paramedic license, the applicant must demonstrate all of the following:

That the applicant has either:

- Completed all Continuing Medical Education as currently required by 77 Ill Adm Code 515.580; OR
- Successfully completed an Illinois EMS System examination demonstrating competence with all current Paramedic protocols; and
- Regardless of above, the applicant must also have the written recommendation from a current Illinois EMS System Medical Director stating that the applicant is: (i) qualified to practice at the Paramedic level; and (ii) will be accepted into that EMS Medical Director's EMS system.

## For applicants seeking to practice at the EMT-B level,

That the applicant has either:

- Completed all Continuing Medical Education as currently required by 77 Ill Adm Code 515.560; OR
- Successfully completed an Illinois EMS System examination demonstrating competence with all current EMT-B protocols required with respect to the EMS System in which the applicant seeks to practice.
- Regardless of above, the applicant must also have the written recommendation from a current Illinois EMS System Medical Director stating that the applicant: (i) is qualified to practice at the EMT-B level; and (ii) will be accepted into that EMS Medical Director's EMS system.

**All licenses (EMT and Paramedic) granted under this special waiver shall automatically expire 6 months after being issued. License renewal shall require full compliance with all: (i) DPH and (ii) EMS system requirements.**

EMS MD responsible for all approvals and at what level they may function.

For licenses expired less than 60 months as of 3/23/20: :

- The EMSMD must submit a letter stating that the applicant completed the necessary system requirements for the level of license sought.
- EMSMD must state that the applicant demonstrated successful completion of system entrance requirements to function at the level of the expired license, e.g. expired Paramedic successfully completes system P entrance requirements,
- If they cannot successfully complete the system entrance exam for the level of licensure, then may function at the level of entrance requirements they can successfully pass, e.g a person with an expired Paramedic license can only successfully complete the EMT entrance requirements, then may only function at the EMT level.

# EMT/Paramedic Students

## Students:

- Paramedic Students in the last semester of class are eligible to take the system Paramedic entrance requirements.
- All other paramedic students are eligible to take the system EMT entrance requirements.
- EMR at any stage of class completion with successful completion of CPR
- Valid CPR for all levels or a CPR recognition with a grace period of 60 days post expiration

## Function” 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)
-

# Licensure Continued

## Documentation:

- System amendment presented to REMSC for approval
- System submits a roster with names of expired licensed personnel who successfully complete the system entrance requirements.
- The class roster will include:
  - Name of expired licensee, expired license number, phone number, social security#, level of function approved by EMS system for this individual, and date approved
  - Name of student, class site code if applicable, phone number, social security # level of function approved by EMS system for this individual and date approved
  - Name, system number, EMS MD signature of EMS System

## Employer:

- Submits name to EMS System when expired or student personnel are used.
- System has all EMS staff sign a felony no declaration

# Provisional Certificaton

- **How to obtain provisional certification– see Appendix A**
  - EMS systems must formulate a training and testing plan for reinstating or provisionally certifying EMS personnel who intend to work in their system.
  - All providers must have a valid CPR certification to be granted provisional licensure during a pandemic.
  - All documentation to ensure quality care in the form of quality assurance and improvement will be retained by the EMS Systems and made available to the Department upon request.
- All requests should go thru the REMSC with validation that the EMT/paramedic has been educated and trained to their level of licensure



# National Certificates licensure

- The following certification with an expiration date of March-June are extended for 90 days past expiration

CPR

ITLS

- NHTSA is following up for us on the following certifications to extend their expiration dates:

ACLS

PHTLS

PALS

COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities

The HIPAA Privacy Rule permits a covered entity to disclose the protected health information (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities<sup>1</sup> without the individual's HIPAA authorization, in certain circumstances, including the following<sup>2</sup> :

## COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders and public health authorities

- When the disclosure is needed to provide treatment. For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2).
- When such notification is required by law. For example, HIPAA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials. 45 CFR 164.512(a). [?](#)
- To notify a public health authority in order to prevent or control spread of disease. For example, HIPAA permits a covered entity to disclose PHI to a public health authority

# COVID-19 and HIPAA Continued

- To notify a public health authority in order to prevent or control spread of disease. For example, HIPAA permits a covered entity to disclose PHI to a public health authority (such as the Centers for Disease Control and Prevention (CDC), or state, tribal, local, and territorial public health departments) that is authorized by law to collect or receive PHI for the purpose of preventing or controlling disease, injury, or disability, including for public health surveillance, public health investigations, and public health interventions. 45 CFR 164.512(b)(1)(i); see also 45 CFR 164.501

# COVID-19 and HIPAA Continued

- When first responders may be at risk of infection. A covered entity may disclose PHI to a first responder who may have been exposed to COVID-19, or may otherwise be at risk of contracting or spreading COVID-19, if the covered entity is authorized by law, such as state law, to notify persons as necessary in the conduct of a public health intervention or investigation. For example, HIPAA permits a covered county health department, in accordance with a state law, to disclose PHI to a police officer or other person who may come into contact with a person who tested positive for COVID-19, for purposes of preventing or controlling the spread of COVID-19. 45 CFR 164.512(b)(1)(iv). [?](#)
- When the disclosure of PHI to first responders is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. A covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat, which may include the target of the threat. For example, HIPAA permits a covered entity, consistent with applicable law and standards of ethical conduct, to disclose PHI about individuals who have tested positive for COVID-19 to fire department personnel, child welfare workers, mental health crisis services personnel, or others charged with protecting the health or safety of the public if the covered entity believes in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties. 4

# COVID-19 and HIPAA Continued

- When responding to a request for PHI by a correctional institution or law enforcement official having lawful custody of an inmate or other individual, if the facility or official represents that the PHI is needed for:
  - providing health care to the individual; or
  - the health and safety of the individual, or
  - other inmates, officers, employees and others present at the correctional institution, or
  - persons responsible for the transporting or transferring of inmates; or
  - law enforcement on the premises of the correctional institution; or
  - the administration and maintenance of the safety, security, and good order of the correctional institution.

For example, HIPAA permits a covered entity, such as a physician, located at a prison medical facility to share an inmate's positive COVID-19 test results with correctional guards at the facility for the health and safety of all people at the facility.

# COVID-19 and HIPAA Continued

- General Considerations: Except when required by law, or for treatment disclosures, a covered entity must make reasonable efforts to limit the information used or disclosed under any provision listed above to that which is the “minimum necessary” to accomplish the purpose for the disclosure. 45 CFR 164.502(b). In some cases, more than one provision of the HIPAA Privacy Rule may apply to permit a particular use or disclosure of PHI by a covered entity. The illustrative examples below involve uses and disclosures of PHI that are permitted under 45 CFR 164.512(a), 164.512(b)(1), and/or 164.512(j)(1), depending on the circumstances

# Examples

- Example: A covered entity, such as a hospital, may provide a list of the names and addresses of all individuals it knows to have tested positive, or received treatment, for COVID-19 to an EMS dispatch for use on a per-call basis. The EMS dispatch (even if it is a covered entity) would be allowed to use information on the list to inform EMS personnel who are responding to any particular emergency call so that they can take extra precautions or use personal protective equipment (PPE).

Discussion: Under this example, a covered entity should not post the contents of such a list publicly, such as on a website or through distribution to the media. A covered entity under this example also should not distribute compiled lists of individuals to EMS personnel, and instead should disclose only an individual's information on a per-call basis. Sharing the lists or disclosing the contents publicly would not ordinarily constitute the minimum necessary to accomplish the purpose of the disclosure (i.e., protecting the health and safety of the first responders from infectious disease for each particular call).



# Examples

- Example: A 911 call center may ask screening questions of all callers, for example, their temperature, or whether they have a cough or difficulty breathing, to identify potential cases of COVID-19. To the extent that the call center may be a HIPAA covered entity, the call center is permitted to inform a police officer being dispatched to the scene of the name, address, and screening results of the persons who may be encountered so that the officer can take extra precautions or use PPE to lessen the officer's risk of exposure to COVID-19, even if the subject of the dispatch is for a non-medical situation.

Discussion: Under this example, a 911 call center that is a covered entity should only disclose the minimum amount of information that the officer needs to take appropriate precautions to minimize the risk of exposure. Depending on the circumstances, the minimum necessary PHI may include, for example, an individual's name and the result of the screening.

# COVID-19 and HIPAA Additional Information

- Information about HIPAA Privacy and COVID-19 is available at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>.
- Information about disclosures of PHI to law enforcement officials is available in OCR's HIPAA Guide for Law Enforcement at [https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final\\_hipaa\\_guide\\_law\\_enforcement.pdf](https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf).
- Information about uses and disclosures of PHI for public health is available at <https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>.

# Highlights of the NREMT call this week

- Pearson Vue – NR & Pearson Vue worked over the weekend to get PV designated as “essential” services in order to keep testing going.
- Distinction between types of sites:
  - PPC – Pearson Professional Center
  - PVPC – locations that are not owned by Pearson Vue but have a 3<sup>rd</sup> party contract (typically located as colleges, etc.)
- NREMT working to extend the exam eligibility for candidates who might have been shut out of testing during COVID. Once a course is done, candidates have 2 years to successfully complete all components of testing for that level. If the 2 year period expires during COVID, they are granting a 6 month extension to those candidates. Until they get an automated process in place, they want candidates to contact them via [support@nremt.org](mailto:support@nremt.org) so their account can be manually extended.
- 250+ exams scheduled for today
- People asked if there was a list of open testing centers. Right now, the best way to know what centers are open is to have the candidate go online to try and schedule an exam, and they can choose from the available testing sites.

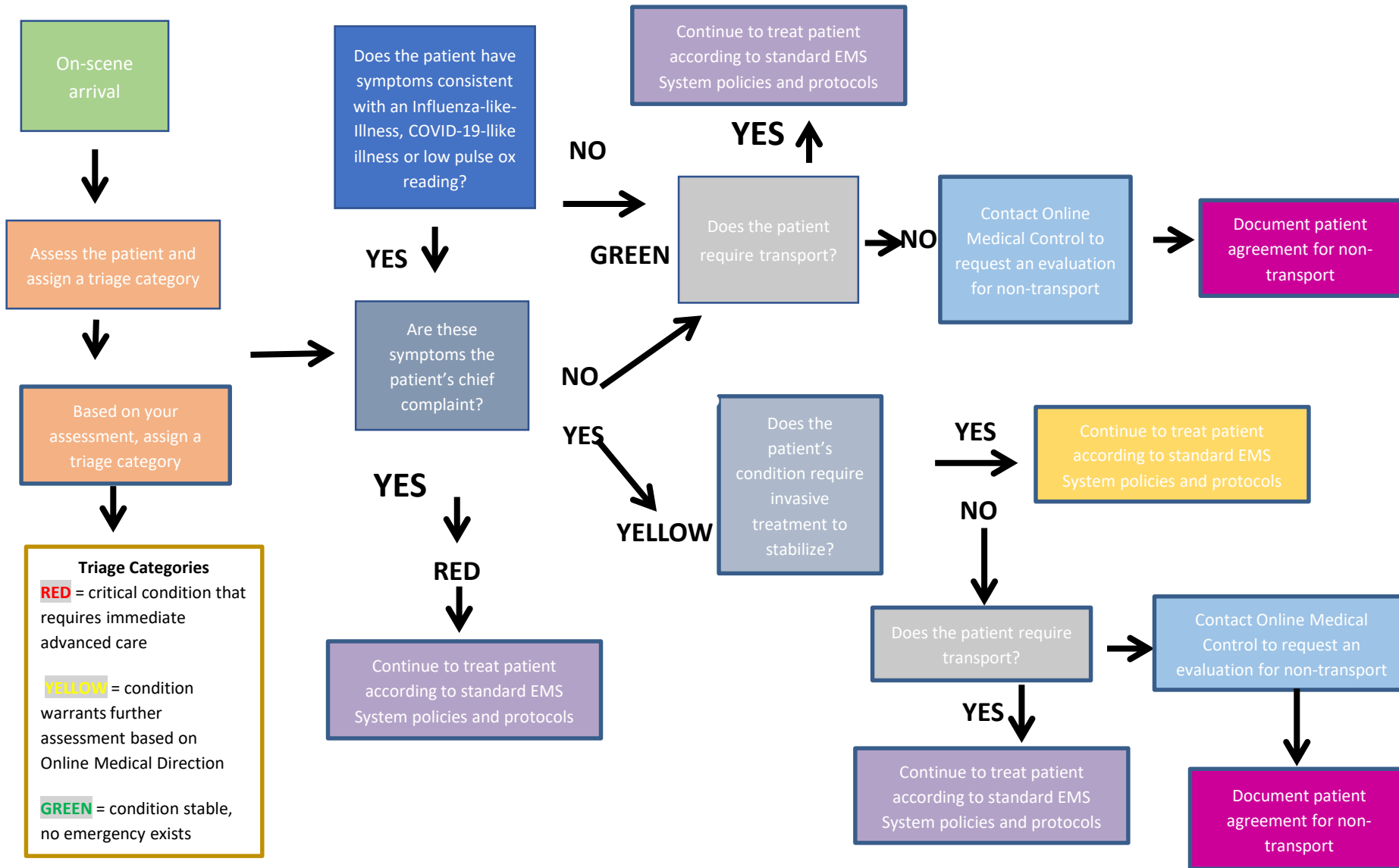
# Non Transport Options

- System Plan amendment
- Assess and document findings
- No urgent/emergent findings
- Patient signs or add language by IDPH for not transporting
- QA non transports

# COVID-19 EMS Telehealth or Telephone Consultation for Non-Transpo

- The purpose of this decision tree is to assist EMS providers as they assess patients during the COVID-19 pandemic to determine which patients may be candidates for evaluation by Online Medical Control for non-transport.
- *Adoption of this protocol or a similar one is a System Plan Amendment that must be signed off on by the EMS MD and approved by the Illinois*

# COVID -19 Non-Transport Decision for EMS



# Examples of Non transport

## **NO TRANSPORT CONSIDERATIONS:**

EMS transport of non-critically ill persons with possible COVID-19 infections may not be in the best interest of the patient, providers, or healthcare system. It is our goal to ensure the greatest good for the greatest number during this public health emergency and to conserve and preserve scarce resources for when they are most needed.

### **CANDIDATES for ASSESS AND RELEASE – Shelter in Place**

**Asymptomatic:** Person is asymptomatic and concerned about possible exposure. Encourage them to take their temperature twice a day, be alert to S&S of illness, and contact their personal healthcare provider for direction.

### **Symptomatic**

- History of possible (but not confirmed) exposure
- Patient is younger than 60 years of age
- No risk factors: travel, co-morbidities or S&S of severe illness (see above)
- Mild symptoms: fever, cough, without alternative diagnosis (flu, RSV, etc.) with VS/GCS WNL for patient

**If YES to all of the above:** Patient is a candidate for NON-Transport. **Process Refusal per usual procedure.**

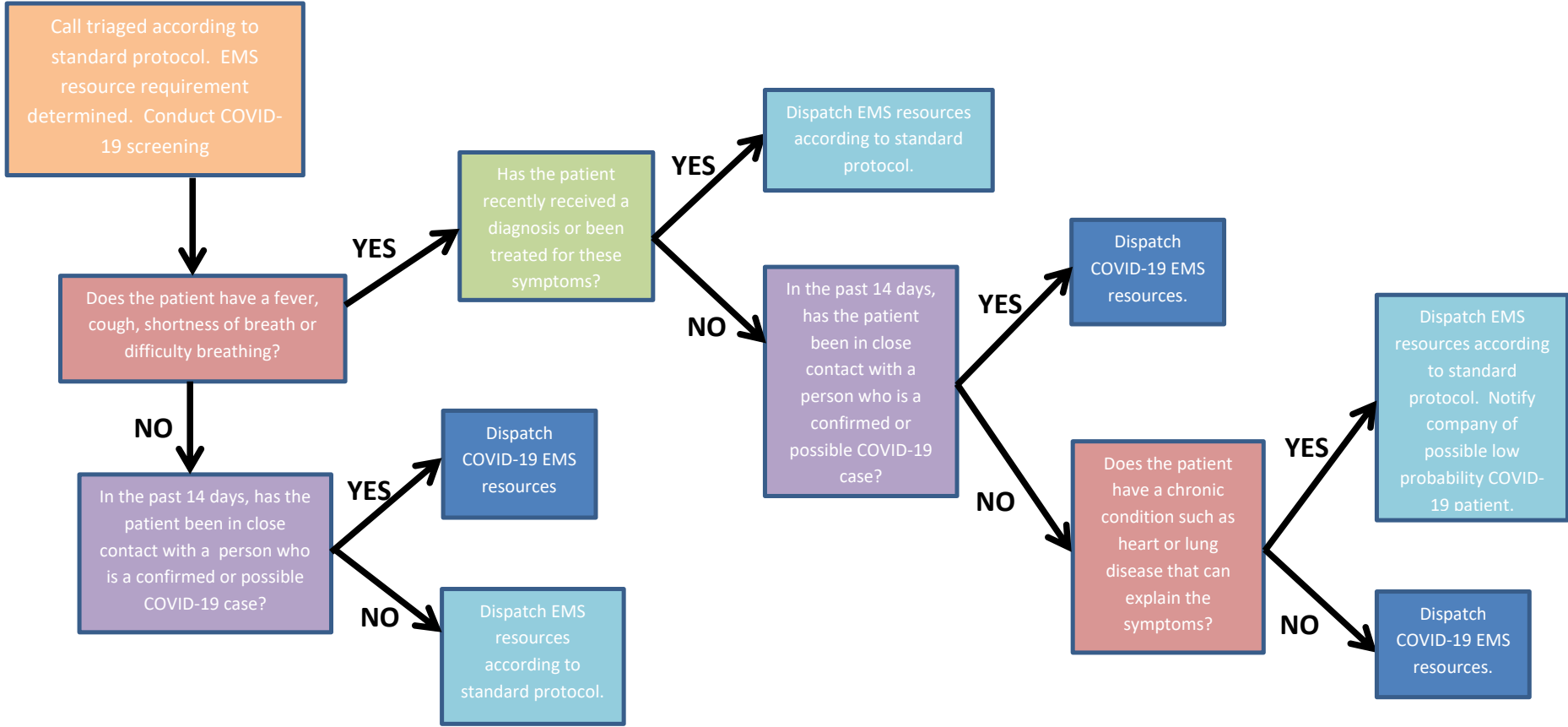
Mildly ill patients should be encouraged to stay home for at least 7 days and contact their healthcare provider by phone for guidance about possible testing and clinical management.

### **Refusal disclosure to patient:**

Based on your age, medical history, and our current assessment, you may have an infectious condition that could include Covid-19, but your condition currently appears mild. Currently, hospitals are unable to test everyone who presents to the ED and immediate care for mild cases consists of rest, hydration, taking acetaminophen (Tylenol) for fever and muscle aches.

Fortunately, you do not currently meet the criteria for evaluation in the emergency department. In order to limit exposures and preserve resources, we will not be transporting you to the hospital. We encourage you to contact your personal healthcare practitioner. Many medical groups are able to conduct a virtual visit if you have computer access. There are also state and county hotlines set up if you would like to call them for information, If your condition worsens please do not hesitate to call your doctor, call us again, or have someone take you to the emergency department.

# Decision Support for Call Centers



Symptoms of Influenza-like-illness include abrupt onset of: fever, chills, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis. Some people who are sick with influenza do not develop a fever, especially the elderly and people who are immunosuppressed. Young children may also have nausea, vomiting, or diarrhea.

Symptoms of COVID-19-like illness include: fever, cough, and shortness of breath. Emergency warning signs include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, and bluish lips or face.



**Patient Agreement for Non-Transport during COVID-19 Pandemic**

I, \_\_\_\_\_, understand the clinical recommendation I received on this date from  
(patient's name)  
\_\_\_\_\_ Hospital Online Medical Control being that my current health  
(name of the hospital)  
condition does not warrant transport to the Emergency Department at this time. I acknowledge  
that I was assessed, had an adequate opportunity to ask questions, and am comfortable with  
following the instructions provided to me by EMS and the on line physician to manage my health  
condition at home without immediate transport to a hospital. I understand that if my condition  
worsens, I should seek medical care and that I can do this by contacting my physician or by  
calling 9-1-1 or by proceeding to a healthcare facility for care.

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EMS Provider Name: \_\_\_\_\_

EMS Provider Signature: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_ License # \_\_\_\_\_

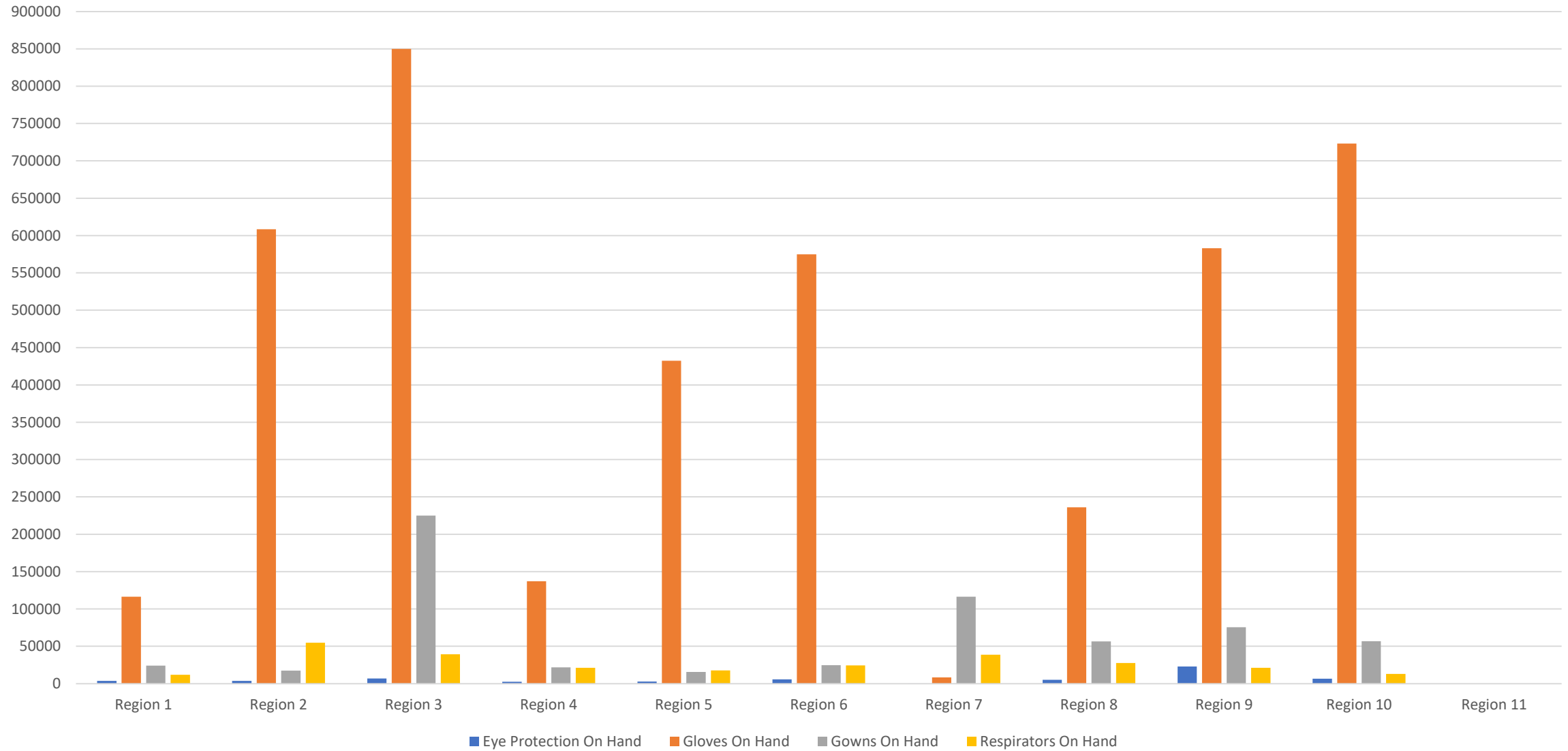
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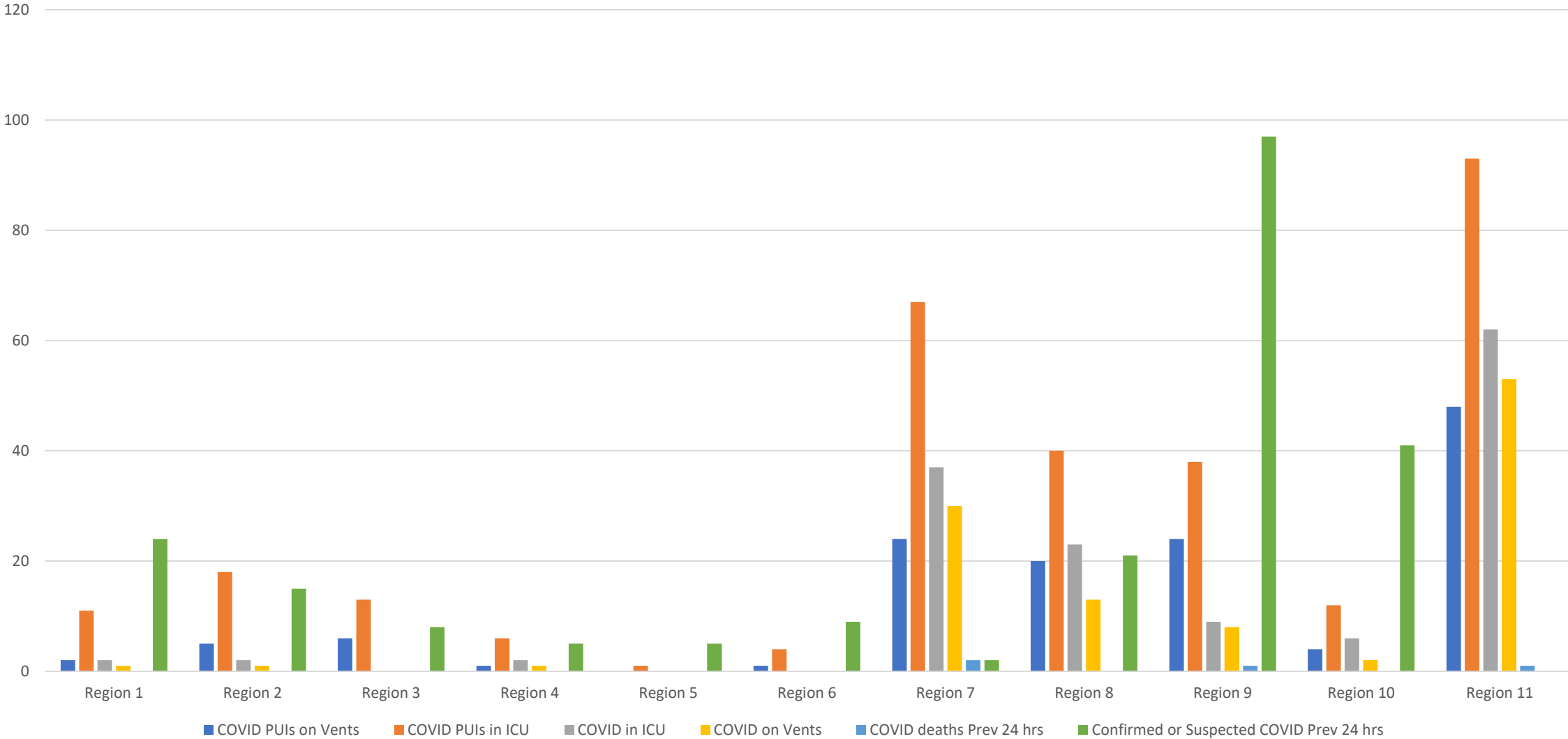
# Ongoing issues

- PPE for first responders: public, private and volunteer
- Emergency transports vs. non urgent replacement
- Ventilators
- Staffing
- Planning for 1 week, 2 weeks and a month out

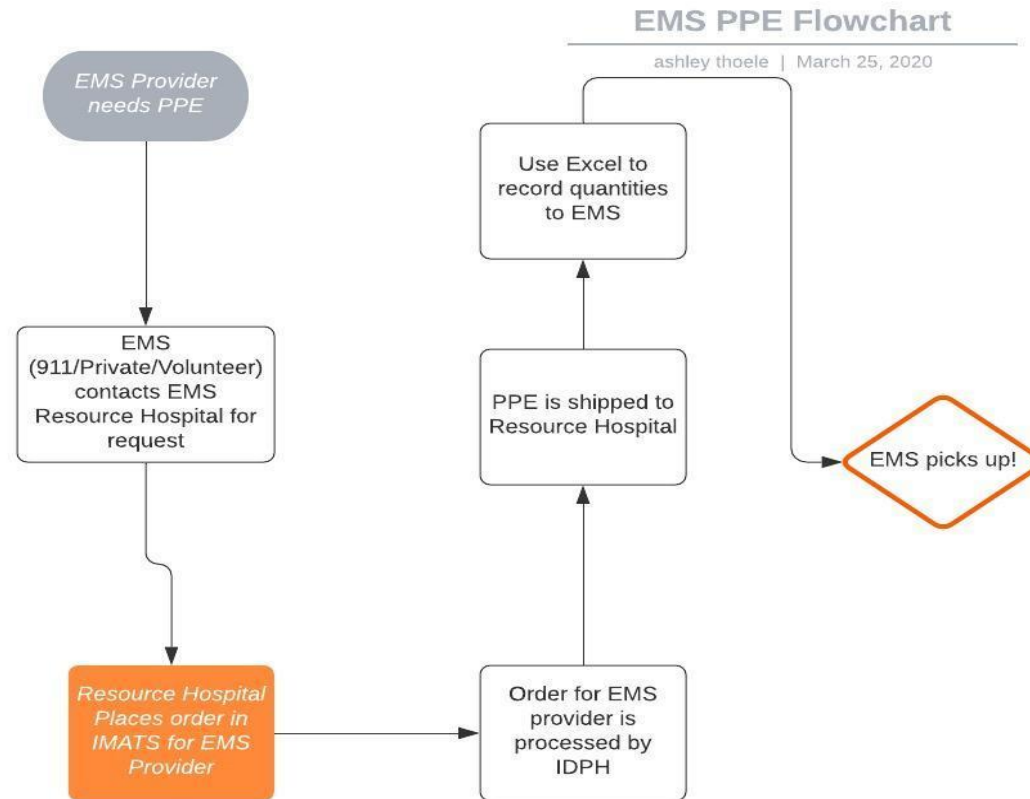
### Hospitals reporting PPE on Hand 03/23/20



### Hospitals reporting 03/24/20 COVID - 19 Patients



# How to order PPE



# Testing of First Responders

Testing sites have been set up for first responders to be tested for COVID 19 as a priority:

HHS Criteria:

- Anyone 65 and older with on-site confirmed temperature of 100.4°F AND with respiratory symptoms.
- First responder, healthcare workers\* (regardless of presence of symptoms). \*This includes only staff with direct contact with patients (not those in administrative roles) or as determined at the state level.

# Covid 19 Testing Sites

State run site:

Harwood Heights site

(Former EPA Emissions Testing Facility)

6959 W Forest Preserve Drive, Chicago, IL

Hours of operation: 9-5

Private sector sites:

Wal-Mart,

137 E North Ave,

Northlake IL

Hours of operation: 10-4

Wal-Mart,

2424 W Jefferson,

J Joliet IL

Hours of operations: 10-4

Walgreens,

695 W Boughton Rd,

Bolingbrook IL

Hours of operation: 10-4

# EMS Plan Amendments or Staffing

- **Changes to Plans or Staffing –**

- EMS Systems should define triggers through their local pandemic planning that would require changes in staffing models, equipment, and/or response patterns.
- Any changes to system plans, such as on scene triage and treat, refusals, and dispatch protocols **MUST** be approved by the System's EMS Medical Director and IDPH.
- Triggers may be different based on the location in the state, number of providers, and the EMS systems day to day operations.
- 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 90 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.



# System Plan Amendments

- Reminder that all changes to your EMS System must be submitted to IDPH. These include but are not limited to:
  - Ambulance staffing changes
  - Upgrade/downgrade of any EMS response vehicles
  - Policy on refusal to transport
  - Patient release forms
  - Relicensure/licensure of EMS personnel for expired licenses and EMT students
  - Bypass will not be and cannot be honored unless an internal hospital disaster

# Over site by EMS System

- Review of dispatch calls and identification of when an ambulance is not sent
- Review of any EMS call in which a potential COVID 19 patient is not taken to the hospital
- Review of EMS calls where there is a deviation of staffing based on what is their norm.
- Identification of EMS requests for equipment, drugs or PPE that cannot be met