



03/09/2020

FOR IMMEDIATE RELEASE

RE: COVID-19 update

To All PAEMS Agencies and Providers:

As everyone gears up for the expected COVID-19 pandemic, we have taken steps to enact a pandemic response mode at our PSAPS/ECC's/EMD agencies (most of which are on Priority Dispatch), and have begun drafting a policy regarding these patients and how we are going to respond and interact with them.

From a ministry perspective, I ask that if you oversee PSAPS that provide EMD, that you devise, and enact a pandemic response mode for your systems. This will help us identify these patients, and appropriately protect our providers and hopefully keep as many people as possible out of quarantine.

To give perspective on where we are in Peoria:

We recently had a meeting regarding Priority Dispatch card 36 implementation (Pandemic/flu response) in Peoria and Peoria County, tailored to fit COVID-19 concerns. A few points were decided upon:

The initial modified caller Queries will be broad and encompassing in order to net as many covid-19 cases as possible from a dispatcher perspective. The thought was that it was better to initially screen more people into the pandemic pathway than not in order to give our crews appropriate situational awareness prior to getting on scene.

The queries will primarily consist of asking about:

Recent onset of fever (in the past 14 days) –and- acute respiratory symptoms (cough and shortness of breath).

There are three levels to the card. Level 1 will be considered a surveillance and awareness mode, and will be enacted this week.

Level 2 will be enacted when there are confirmed cases in the area/community, when staffing levels and resources are still at prime levels. Some determinants may have a single responding unit.

Level 3 will be enacted when we start quarantine on crews and/or call volumes start to spike. This will be a conservation mode aimed at preserving our response capabilities. During this time, in most areas, there will be a single unit response.

As far as the responders are concerned, we are advising crews to do a “from the door assessment” initially from the highest level provider on scene, with everyone else outside. During level 1 and 2 responses, the providers will ask about travel history (including internationally or from endemic areas), and will be inquiring about possible exposures to people who have been in these areas, or who have been exposed to patients with known to be

positive for the virus. IF these are positive, along with fever and acute respiratory illness, the appropriate providers will don appropriate PPE (gown, N95, face shield, etc.). Only providers needed for direct patient care will don PPE (including lifting, etc.). If a patient can ambulate, the cot will be brought to the patient, and the patient will be assisted to the cot. The patient will be masked, and placed in the ambulance. All non-essential personnel will be dismissed as soon as possible. Receiving facilities will then be notified that we have a possible Person Under Investigation (PUI).

During Level 2 and 3, we will be enacting a “Keep at Home Policy” for patients who:

1. Do not have comorbidities
2. Are under 50 years old
3. Have stable vital signs (including pulse ox >95)
4. Do not have priority symptoms (altered mental status, tachypnea, altered vital signs)

These must be cleared by medical control, and will have instructions left with them (we are working on this piece).

Keep in mind that this is a fluid and evolving situation, and these parameters may change. As such, please keep checking the website and email for further updates.

If there are any questions, please feel free to reach out to me.

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