

From: [Tony DeRose](#)
To: [Sarah Schillerstrom](#)
Subject: FW: COVID-19 Updates
Date: Tuesday, March 23, 2021 12:06:17 PM
Attachments: [COVID-19 Memo.pdf](#)

Tony DeRose | Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

 : 847.657.6785 |  : tderose@glenview.il.us

From: Tony DeRose
Sent: Wednesday, March 18, 2020 3:51 PM
To: Fire Department <firedepartment@glenview.il.us>
Subject: COVID-19 Updates

There have been many questions regarding the COVID-19 responses and plans as this epidemic evolves. We have been working in the background with the Village and in contact with neighboring departments regarding their policies and practices in order to ensure we're all on the same page. Attached is a Memorandum regarding best practices from the IDPH, CDC and IFCA.

Quarantine - In the event someone was exposed or potentially exposed and a quarantine or restricted service is needed, we have access to the bunk room at public works for the short term. Under no circumstances should we quarantine at the stations. We're currently setting up an agreement with the Residence Inn by Marriott at 3205 Old Glenview Rd in Wilmette for long term quarantine if needed. If a member is quarantined long term we can arrange for clothing and any other necessities that may be needed.

If we are alerted to a known COVID-19 exposure either from dispatch or after patient contact we can use A13 for transport. Ideally the "clean" ambulance will have to follow in case any other supplies are needed.

When on potential COVID-19 calls we may not be able to bring care to the patient but if the patient is ambulatory have them walk to the ambulance or at least outside to the cot. This will hopefully limit potential exposure to additional personnel.

Wear your PPE!!

If you have been potentially exposed either at work or home please notify the on duty Battalion Chief.

Please let me know if you have any questions or concerns with this continuously evolving situation.

Tony DeRose | Deputy Fire Chief / Interim Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

 : 847.657.6785 |  : tderose@glenview.il.us



M E M O R A N D U M

TO: Fire Department
FROM: INTERIM CHIEF DEROSE
DATE: 03.18.2020
SUBJECT: COVID-19

Purpose:

To provide guidance and information to firefighters in regards to the COVID-19 Coronavirus. This SOG includes dispatch information, personal protective equipment information, and exposure information.

Dispatch:

GPSD Center has added the use of the Emerging Infectious Disease (EID) screening tool as part of the ProQA. This tool is intended to decrease risk to first responders by relaying information that will prompt the use of appropriate person protective equipment. This surveillance tool will be launched with all medical calls, responding crews will be notified if there are two or more symptoms present. This protocol has been changed at the direction of MPDS and Dr. Hassard.

Dr. Hassard, Medical Director for LGH has requested the use of surgical masks to be used by first responders and every patient unless an N95 is appropriate. The following are recommended questions to ask:

Listen carefully:

- Have you had any contact with anyone in the last 21 days that is exhibiting FLU like symptoms? (asked on all 911 calls)
- Has s/he traveled outside of the United States in the last 21 days (if so, where?)
- Has s/he had contact with a person who has traveled outside of the United States from a known infected area in the past 21 days?

Has s/he had any of the following symptoms?

- Fever
- Difficulty breathing or shortness of breath
- Persistent cough

If the enhanced screening yields information, the information should be relayed to the responders.

The above directives will be used as a supplement to the computer based ProQA. The dispatcher/call taker will add this information into the comments of the CAD incident with a radio message to "check your comments and acknowledge receipt of this information" which is the prompt for your personnel to simply acknowledge the update.

When information is gathered that there may be a possible patient with FLU like symptoms indicative of COVID-19 the responding crews should limit the amount of personnel conducting patient care. For example, one paramedic in full PPE makes patient contact and advises what equipment and personnel is needed to accomplish patient care and transport.

Personal Protective Equipment:

PPE for Coronavirus will include the four following items:

1. Gloves
2. Eye protection
3. Gown
4. N95 mask
5. Surgical mask on the patient

If GPSDC has positive factors during their enhanced screening crews will don the above PPE prior to patient contact.

If you are dispatched for respiratory infection symptoms and/or fever where COVID-19 is a possibility, all EMS crews **MUST** wear full PPE before entering the scene. Appropriate PPE includes eye protection, N95 mask, gloves and gown. Surgical mask will be placed on patient. Personnel should consider sending only one paramedic in for patient evaluation and limit the amount of contact that is needed to complete the treatment and transport.

While on scene if you recognize COVID-19 as a possibility, withdraw from the scene, perform hand hygiene and put on full PPE.

If the patient complains of respiratory symptoms and fever:

- If possible assess from ≥ 6 feet
- Wear appropriate PPE which includes gloves, N95 mask, goggles and gown
- Place a surgical mask on your patient, may place over nasal cannula or oxygen mask
- Have your exhaust fans on during transport if possible
- Notify your receiving hospital via telemetry report of patient symptoms
- Make sure to thoroughly wash your hands after removing PPE at the hospital
- Thoroughly clean all equipment after patient care using the purple wipes at ALGH and RMC making sure to follow the directions (2 min kill time). Make sure to clean monitor cables, BP cuffs and cot side rails.

Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.

- If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.

All personnel should avoid touching their face, nose, and eyes while working.

Wash your hands before and after patient contact. Safety glasses may be decontaminated. All other PPE is disposable and should be disposed of immediately after patient contact is complete. Wash hands after PPE is removed.

EMS transport of a Patient under Investigation (PUI) or patient with confirmed COVID-19 to a Healthcare Facility

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - If possible during transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to Healthcare Provider.
- Eye protection, gown, and gloves continue to be recommended. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
 - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - This claim or a similar claim will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
 - See additional information about EPA-approved emerging viral pathogens claims external icon.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces)

should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.

- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Placed soiled linen in a red biohazard bag and notify receiving staff.

Follow-up and/or Reporting Measures by EMS Clinicians after Caring for a PUI or Patient with Confirmed COVID-19

Definition of Close Contact:

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

Risk stratification can be made in consultation with public health authorities. Examples of brief interactions include: briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation at a triage desk with a patient who was not wearing a facemask.

EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.

EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their Battalion Chief or designee to ensure appropriate follow-up.

- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to B/C Wysocki, the infection control officer for evaluation.
- Response Personnel should be alert for fever or respiratory symptoms (e.g., cough shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify Admin and/or their public health authority to arrange for appropriate evaluation.

Level of Risk

High-risk exposures refer to HCP who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 where HCP mucous membranes were exposed to material potentially infectious with the virus causing COVID-19. These scenarios involve interactions with symptomatic patients who were not wearing a facemask for source control. Because these exposures do not involve procedures that generate aerosols, they pose less than that described under *high-risk*.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.

HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)

Currently, this guidance applies to HCP with potential exposure in a healthcare setting to patients with confirmed COVID-19. However, HCP exposures could involve a PUI who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will

be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed.

Please review table:

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^a	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE	Low	Self with delegated supervision	None

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

Community transmission of COVID-19 in the United States has been reported in multiple areas. This development means previously recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCP) are impractical for implementation by healthcare facilities. In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community.

Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Recommendations for Monitoring Based on COVID-19 Exposure Risk

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work

1. High- and Medium-risk Exposure Category

HCP in the *high- or medium-risk category* should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)* they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

2. Low-risk Exposure Category

HCP in the *low-risk category* should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)*. They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

3. HCP who Adhere to All Recommended Infection Prevention and Control Practices

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

4. *No Identifiable risk* Exposure Category

HCP in the *no identifiable risk* category do not require monitoring or restriction from work.

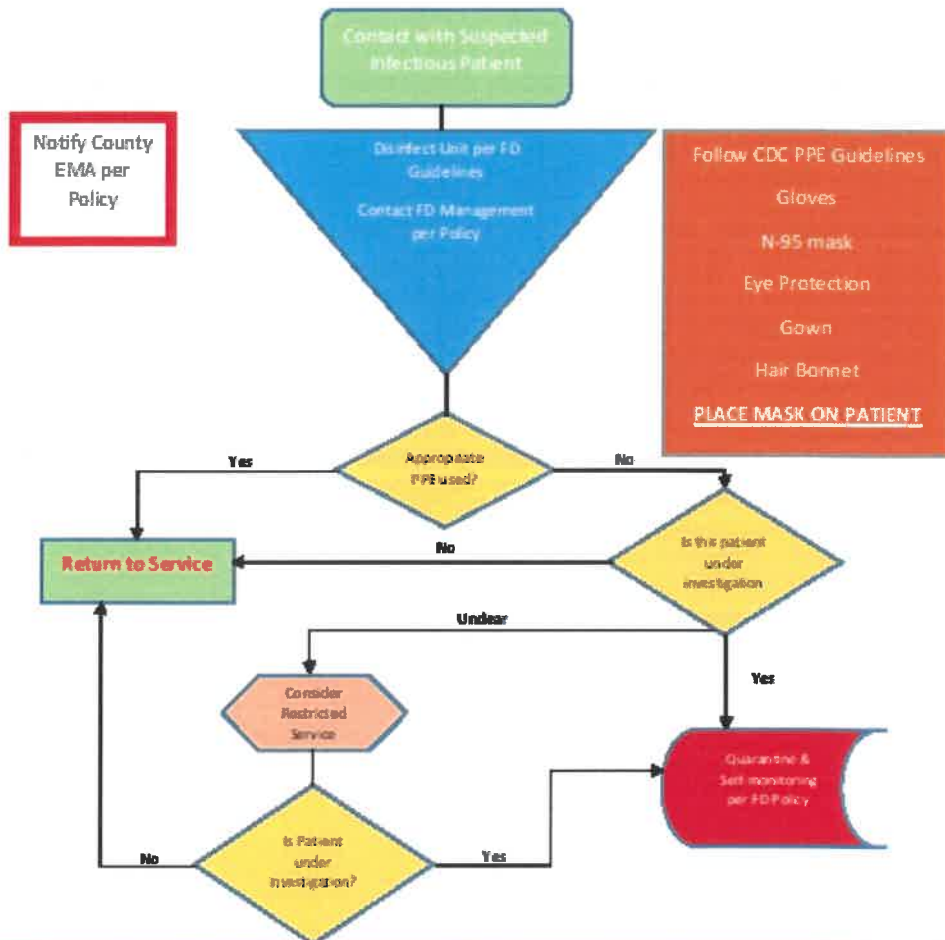
5. Community or travel-associated exposures

HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](#). HCP should inform their facility's occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the *high- or medium-risk* category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

* Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ($<100.0^{\circ}\text{F}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.



**Illinois Fire Chiefs Association
Recommended COVID-19 Decision Tree
For Fire Chiefs
Effective March 16, 2020**



All organizations should:

- Develop guidelines to define "Restricted Service" and "Quarantine" options
- Review staffing and response policies to minimize possible exposure and system stress
- Ensure responders have access to, proper training and requirements in place for PPE use
- Consider restricting activities including training that places groups of employees in one area or room
- Consult your Workers Comp carrier or human resources about practices regarding possible exposure
- Ensure that you have plans in place to re-stock PPE supplies and provide meals for responders

Note that this situation is changing rapidly and Chiefs should check www.illinoisfirechiefs.org

From: [Tony DeRose](#)
To: [Gary Schumacher](#); [Fire Department](#)
Subject: RE: COVID-19 FD Update
Date: Tuesday, March 3, 2020 6:31:00 PM

In a follow up to Lt Schumacher's email from yesterday, the hospital is still waiting on test results from the patient that was transported Sunday evening.

Yesterday afternoon a GFD member began vomiting and became feverish while at home. He contacted Battalion Chief Wysocki as he was one of the medics on the potential COVID-19 call from Sunday evening. As the day went on his symptoms persisted fever and worsened. He again contacted B/C Wysocki who reached out to Lutheran General Hospital for direction. It was decided through the EMS office and Dr. Hassard to have him transported for further evaluation. Precautionary measures were taken and he is currently undergoing COVID-19 protocol at LGH. While he is awaiting the results of the tests, LGH staff are treating his fever and nausea symptoms.

I spoke to Robyn from the EMS this evening and she stated they are still waiting on test results. This whole process seems to be constantly evolving, as more information comes we will keep everyone posted.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Tony DeRose | Deputy Fire Chief / Interim Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

☎ : 847.657.6785 | ✉ : tderose@glenview.il.us

From: Gary Schumacher
Sent: Monday, March 2, 2020 3:14 PM
To: Fire Department <firedepartment@glenview.il.us>
Subject: COVID-19 FD Update

All,

If you haven't heard yet, we transported a Pt that we had a high suspicion of having the Corona Virus yesterday (3/1). Testing of that Pt is still on-going. The crew on this call did an excellent job of limiting their exposure. If based on the dispatch and dispatch notes, you have a suspicion, wear N95 masks, put a surgical mask on the Pt. and try to limit the number of our personnel who are in contact with the Pt.

Today, each ambulance was given a box of N95 masks and gowns. All of our suppliers are out of stock on N95 masks and gowns at this time SO, If you use these items, make sure to resupply from

the ED.

Here is the latest update from LGH on how to protect ourselves

- If possible assess from ≥ 6 feet
- Wear appropriate PPE which includes gloves, N95 mask, goggles and gown
- Place a surgical mask on your patient, may place over nasal cannula or oxygen mask
- Have your exhaust fans on during transport if possible
- Notify your receiving hospital via telemetry report of patient symptoms
- Make sure to thoroughly wash your hands after removing PPE at the hospital
- Thoroughly clean all equipment after patient care using the purple wipes at ALGH and RMC making sure to follow the directions (2 min kill time). Make sure to clean monitor cables, BP cuffs and cot side rails.

You can also go to the LGH Moodle website for updates.

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: RE: Daily Temperature Log
Date: Friday, March 20, 2020 2:12:52 PM

All,

We had a meeting this morning and decided to track our temperatures using a different means. I put together a file on the server:

G:\2020 Temperature Log

There is a tab for each member. When you check your temperature, you will log the "Date", "Time" and "Temperature". Please refer to Chief DeRose's previous email (below) for all other details.

Until we have procured new touchless thermometers we will be using the Welch Allyn's from the ambulances. Due to our inventory and the inability to purchase more covers, we will not be able to take temperatures via mouth using a new cover every time. We will be taking axillary temps. This can be done without a cover. Please make sure you clean the probe after each use and change the setting on the thermometer to axillary.

Let me know if you have any questions,



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: Tony DeRose
Sent: Thursday, March 19, 2020 4:39 PM
To: Fire Department <firedepartment@glenview.il.us>
Subject: Daily Temperature Log

This is latest from the CDC regarding healthcare workers...

All healthcare workers are at some risk for exposure to COVID-19, whether in the workplace or in the community. Therefore, IDPH is asking ALL healthcare workers, regardless of whether they have had a known SARS-CoV-2 exposure, to self-monitor by taking their temperature twice daily and assessing for COVID-19-like illness. If healthcare workers develop any signs or symptoms of a COVID-19-like illness (*for healthcare workers, fever cutoff is 100.0oF*), they should NOT report to work. If any signs or symptoms occur while working, healthcare workers should immediately leave the patient care area, inform their supervisor per facility protocol, and isolate themselves from other people.

We will be starting to take the temperatures of all personnel at the beginning and end of their shift. If someone does have any of the above symptoms please let the on duty Battalion Chief know and follow the appropriate procedures.

We're currently working on procuring touchless thermometers but for the time being please use what's available on the ambulances.

Tony DeRose | Deputy Fire Chief / Interim Fire Chief

Village of Glenview | Fire Department
1215 Waukegan Road | Glenview, IL 60025

From: [Tony DeRose](#)
To: [Fire Department](#)
Subject: COVID-19 Updates
Date: Thursday, April 2, 2020 4:38:00 PM

There were some questions that came out of yesterday's preceptor meeting that were not specifically from their group, but also department wide. Hopefully the following will clear up some of those unknowns and miscommunications.

Work Schedules

- Myself and D/C Rutkowski are alternating days working remote. Our office hours are generally 6:30-12:30 for the days we are at the station, but we are both available by phone and email anytime
- B/C Kane is working remote for the time being. He may be in and out of the depending on needs, but he does not have any designated office hours
- Carol is also working remote as much as possible. She will stop in as needed, but is able to handle a majority of her work from home. Best contact is by email because the phone transfer from her extension is not always consistent.

Flow of information

Many of you have noticed a new file on the G: Drive labeled "COVID-19 IAP and Daily 214". All of the documents in that file are available for everyone view. We felt it was important to have one consistent place to store any information related to our COVID-19 operations that was available for everyone to read. A couple of things you may or not be familiar with is the Incident Action Plan and the daily form 214 – Officers/ACO's should be checking the IAP daily

- The IAP is designed to communicate daily operational information. It is updated each day around mid-morning. This is also an important planning document if we have anything significant that happens during each shift.
- The Form 214 is a document that records daily activities. We are doing this for a few of different reasons. First, is to record significant daily activities related to COVID-19. Second, is to capture activities and costs that would be eligible for reimbursement due to the Federal declaration. Lastly, it is a way to communicate the prior days activities to keep everyone informed.
- There is also a file labeled "Outside Correspondence". This file is a place to collect any information we receive from the CDC, IDPH LGH, our MABAS partners, Fire Chief's Associations, IAFF, etc.

LT. Schumacher will be sending most of the correspondence from LGH and IDPH. The Battalion Chiefs will communicate operational changes

Daily Briefings/Calls/Remote Meetings

- Each day at shift change, one of the Chiefs meet with the two transitioning B/Cs to discuss the previous day and make a plan for the oncoming shift. The B/C's have been doing a great job visiting each station and passing along information
- We were trying to visit the stations as well, but with our remote working mandate, that has become very challenging.

- Each day at 11:00 we have a conference call with department heads and other village staff for daily briefings and area concerns. The village is in constant contact with Glenbrook, State and local Reps, the Glenview/Northbrook COVID group, City of Chicago and Governor Pritzker's office to name a few
- We also have a variety of conferences calls and virtual meetings with the Division 3 Chiefs, Division 3 Deputy Chiefs, LGH, MABAS and other area partners. That information is passed along through our daily B/C briefing or in the daily IAP

Quarantine Plan and Patient Notifications

- The Village has been working on a quarantine plan for members who cannot return home due to an illness. We do have an arrangement with Residence Inn to provide rooms for department members requiring quarantine who cannot go home to their families due to an exposure at work
- Return to work criteria is changing on a frequent basis. We will pass along any credible changes as they come.
- Members who have treated a patient testing positive for COVID-19 will be advised once the department has been notified. This is supposed to be a 12 hour turn around, but in some cases, test results have not been provided for days. As soon as we are notified, individuals involved with the incident will be notified of the contact. This is not considered an exposure, but we felt it is important to advise responding personnel that they treated a patient who tested positive. To date we have been notified of two COVID positive transports.

PPE

At this time we have around 1000 N95 masks on hand and 200 safety glasses. We currently have a limited amount of hand sanitizer and gowns. More PPE is constantly on order, but is limited in supply. Please follow all recommended PPE guidelines. We will distribute any changes that are passed along. Please continue the 1:1 PPE exchange with the hospitals unless you hear otherwise

Please be diligent with your health away from work as well. We encourage everyone to leave uniforms at the station and do your laundry while you are here. Take a shower before you go home, wash your hands and avoid touching your face. Any contamination will most likely be a result from an off duty contact that brings the virus into our facilities. Lastly, please be diligent with cleaning the stations, we want everyone to remain healthy through this and avoid and exposures to our families at home as well.

Tony DeRose | Deputy Chief / Interim Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

 : 847.657.6785 |  : tderose@glenview.il.us

From: [Mike Rutkowski](#)
To: [Fire Department](#)
Subject: FW: Executive Order - Face Coverings
Date: Saturday, April 11, 2020 6:05:46 PM
Attachments: [Glenview Executive Order 2020-01 face coverings 4819-1090-4505 v jp signed 2.pdf](#)

Resend with attachment

Mike Rutkowski | Deputy Chief
Village of Glenview | Fire Department
1215 Waukegan Road | Glenview, IL 60025
☎: 847-657-6785 | ✉: mrutkowski@glenview.il.us 📞: (847) 724-2174
[Click here](#) to sign up for our weekly e-Glenview newsletter.

From: Mike Rutkowski
Sent: Saturday, April 11, 2020 5:54 PM
To: Fire Department <firedepartment@glenview.il.us>
Subject: FW: Executive Order - Face Coverings

Good Evening,

If you have not seen or heard, Village President Jim Patterson has signed an Emergency Declaration for the Village of Glenview. With that declaration, he has the authority to sign executive orders to provide for the protection and well-being of the community.

Attached is an Executive Order that will go into effect on April 12, 2020 at 0001 hours. Please see the attached order and an email from Matt Formica providing additional guidance and clarification on a Village level.

So what does that mean for us as the Fire Department? As employees of the Village, and those setting an example in the community, we will comply with the Order. When you are out in public places, wear a mask or face covering. Grocery shopping would be an example. You are able to use any face covering or one of the non-medical grade masks that have been distributed to each station. Please do your best to conserve N95s and surgical masks for our emergency responses if possible.

As with the police, keep a small reserve of non-medical masks on the vehicles that can be offered to members of the community who may not be wearing face covers or don't have the means to obtain one on their own. We are not in the business of compliance, but we can offer the resource.

Mike Rutkowski | Deputy Chief
Village of Glenview | Fire Department
1215 Waukegan Road | Glenview, IL 60025
☎: 847-657-6785 | ✉: mrutkowski@glenview.il.us 📞: (847) 724-2174
[Click here](#) to sign up for our weekly e-Glenview newsletter.

From: Matt Formica

Sent: Friday, April 10, 2020 3:27 PM

To: Trustees <Trustees@glenview.il.us>; Julie A. Tappendorf <jtappendorf@ancelglink.com>

Cc: William Fitzpatrick <wfitzpatrick@glenview.il.us>; Cathy Sostak <csostak@glenview.il.us>; Don Owen <dowen@glenview.il.us>; Lynne Stiefel <lstiefel@glenview.il.us>; Becky Madison <bmadison@glenview.il.us>; Sarah Schillerstrom <sschillerstrom@glenview.il.us>; Brent Reynolds <breynolds@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; Mike Rutkowski <mrutkowski@glenview.il.us>; Jeff Brady <jeffb@glenview.il.us>; Jeff Rogers <jrogers@glenview.il.us>; Amy Ahner <aahner@glenview.il.us>; Maggie Bosley <mbosley@glenview.il.us>; Phil Perna <PPerna@glenview.il.us>; Joe Kenney <jkenney@glenview.il.us>; Eric Deloy <edeloy@glenview.il.us>; Debi Lubbat <dlubbat@glenview.il.us>; Jason Saikin <jsaikin@glenview.il.us>

Subject: Executive Order - Face Coverings

Village Board,

Today, President Patterson signed the attached Executive Order, which requires the use of face coverings while engaging in certain activities in the public. This order applies to all persons over the age of 5 who are working in essential businesses as defined in the Governor's Stay at Home order that are open to the public and to individuals engaging in essential services. This order does not apply to outdoor activities or outdoor physical activity where social distancing is utilized, when driving in your own car, while at home or when, for health reasons, a face covering cannot be worn.

Please note, the Order defines face coverings as a non-medical grade mask, a homemade mask, bandanas, scarves or handkerchief. The Order states that medical-grade masks and N95 respirators should be reserved for healthcare providers and first responders.

The intent of this Order is to increase the use of face coverings while in public where there is the potential for direct contact with others in an effort to reduce the spread of COVID-19, protect essential workers and all members of the community. This Order does not alleviate the need for strict use of social distancing practices and compliance with the Stay at Home Order.

Like the enforcement of the Stay at Home Order, the Glenview Police Department will take a compliance approach to enforcement. Although provided for in the Order, strict enforcement will be difficult and it is unlikely that citations will be issued. Police Officers will be provided with a supply of non-medical grade masks that can be given out in our compliance efforts.

If you have any questions, please let me know.

Thanks

Matt Formica | Village Manager

Village of Glenview

2500 East Lake Avenue | Glenview, IL 60026

☎: 847.904.4370 | ✉: mformica@glenview.il.us

<Glenview Executive Order 2020-01 face coverings 4819-1090-4505 v jp signed 2.pdf>

VILLAGE OF GLENVIEW
VILLAGE PRESIDENT EXECUTIVE ORDER 2020-01

Issue Date: April 10, 2020

**Order Instituting Emergency Face Covering Measures
Due to the COVID-19 Public Health Emergency**

BE COURTEOUS TO OTHERS AND PROTECT ESSENTIAL WORKERS

I. Findings.

A. COVID-19 (*a.k.a.*, Novel Coronavirus) is a severe respiratory illness caused by the SARS-CoV-2 virus, a new strain of coronavirus that is spread from person to person, posing a threat to the health and safety of the residents of the Village of Glenview.

B. No drug or vaccine is currently available to treat or prevent COVID-19.

C. On January 27, 2020, United States Department of Health and Human Services Secretary Alex Azar declared a national public health emergency due to COVID-19.

D. On March 9, 2020, Illinois Governor J.B. Pritzker issued a Gubernatorial Disaster Proclamation declaring that all counties in the State of Illinois, including Cook County, are disaster areas due to the Novel Coronavirus.

E. On March 11, 2020, the World Health Organization (“*WHO*”) declared COVID-19 to be a global pandemic.

F. On March 13, 2020, President of the United States Donald Trump issued a declaration of a national emergency due to the growing COVID-19 crisis in the United States, and on March 26, 2020, President Trump issued a major disaster declaration for the State of Illinois due to the COVID-19 crisis.

G. On March 20, 2020, Governor Pritzker issued an Executive Order requiring all non-essential persons to stay at home with limited exceptions and non-essential businesses to cease operations with limited exceptions, which order was effective March 21, 2020 through April 7, 2020, and was recently extended to April 30, 2020 (“*Stay at Home Order*”).

H. On April 8, 2020, Village President Jim Patterson issued a Declaration of a Local State of Emergency for the Village of Glenview to address the impact of COVID-19 on the Village of Glenview and its residents and business and property owners (“*Emergency Declaration*”).

I. The Emergency Declaration provides the Village President with, among other powers, the authority “to take any and all actions and issue any order as is imminently necessary for the protection of life, property, health, safety, and public welfare.”

J. The WHO has indicated that COVID-19 is spread primarily by respiratory droplets produced when an infected person coughs or sneezes and droplets can also be generated by talking, laughing, or exhaling.

K. The Center for Disease Control (“*CDC*”) has stated that people experiencing no symptoms can spread COVID-19 more widely than previously thought, and that people are the most contagious before they start showing symptoms.

L. On April 3, 2020, the CDC announced that it recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies).

M. The U.S. Surgeon General acknowledged that there is a significant amount of asymptomatic spread and recommends that individuals use face coverings to reduce the spread of COVID-19.

N. The Director of the National Institute of Allergy and Infectious Diseases has further recommended that individuals wear facial coverings to prevent individuals from infecting others.

O. The number of individuals in Illinois infected with COVID-19 continues to increase regularly, and often daily, and each day COVID-19 continues its spread constitutes a separate occurrence of this natural disaster.

P. Preparedness, response, and recovery from the COVID-19 virus is of paramount importance and the virus has the risk of substantially endangering the health, safety, and property of the citizens of the Village of Glenview.

II. Order.

Pursuant to the authority vested in the Office of Village President by the Illinois Municipal Code (65 ILCS 5/11-1-6), the Illinois Emergency Management Agency Act (20 ILCS 3305/11), the Municipal Code of the Village of Glenview (Sec. 26-41), the Emergency Declaration issued on April 7, 2020, and the findings set forth above, I, James R. Patterson, Jr., the Village President of the Village of Glenview, in an effort to encourage people to be courteous of one another, protect essential workers, and the overall health and safety of the public, do hereby order the following:

A. Covering of Nose and Mouth. Except as provided in Subsection B, all persons over the age of five are required to wear some form of covering over their nose and mouth (such as a non-medical grade masks, homemade mask, scarf, bandana, or handkerchief) while engaging in the following activities:

1. Working in Essential Businesses and Operations (as defined in Governor Pritzker’s Stay at Home Order) that are open to the public or when employees have contact with the public to include, without limitation, grocery stores, restaurants, hardware and supply stores, financial institutions, laundry services, essential government functions, etc.

2. Engaging in essential activities such as shopping for necessary supplies and services, seeking medical supplies or medication, visiting a health care professional, etc.
3. Riding in public transportation, taxis, or ride shares.

A business owner or operator may refuse admission or service to any individual who fails to wear face coverings as required by this Order.

B. Exceptions. Subsection A will not apply to any person who is engaging in the following activities:

1. Outdoor activity and permissible outdoor physical activity as defined in the Stay at Home Order (walking, hiking, running, or biking) while practicing social distancing of at least six feet from others.
2. Riding in a personal vehicle.
3. When alone or with household members in a separate single space.
4. When doing so poses a greater health, safety, or security risk to the individual or the public.
5. When drinking or eating.

C. Types of Face Coverings. Appropriate face coverings include non-medical grade masks, homemade masks, scarves, bandanas, or handkerchiefs. Medical-grade masks or N95 respirators should be reserved for use by health care and medical providers and first responders.

D. Penalty. The Village of Glenview Police Department is authorized to enforce this Executive Order. Any violation of this Executive Order may subject the violator to a fine in an amount of not less than \$100.00 and not exceeding \$1,000.00.

The intent of this Executive Order is to further increase the wearing of face coverings when in public to reduce the spread of the COVID-19 virus, protect essential workers and all members of our community. This Executive Order does not alleviate the need for strict social distancing practices and adherence to the Stay at Home Order.

This Executive Order will be effective as of April 12, 2020, at 12:01 a.m., and shall expire at the conclusion of the Declaration of the State of Local Emergency entered on April 8, 2020. The Executive Order will be filed with the Village of Glenview Clerk as soon as practicable.



James R. Patterson, Jr.
Village President
Village of Glenview, Cook County, Illinois

From: [Tony DeRose](#)
To: [Fire Department](#)
Subject: Station Isolation Initiative
Date: Saturday, April 11, 2020 10:29:00 AM

In an effort to ensure protection of the health, safety and well-being of all department personnel and their families, a temporary response and staffing model will be implemented. This model will limit movement of personnel between stations in order to reduce the potential for exposure. Battalion Chiefs will be responsible for developing station assignments. Necessary movement amongst stations may be required to accommodate for Kelly Days, sick calls, and vacation time. Each station will be required to have its own hire back list. The Lieutenant/Acting Officers will be responsible for the management of their individual station hire backs. Battalion Chiefs will make every attempt to balance out the acting officers between the stations.

In order to make the station isolation initiative possible, temporary redistribution of personnel from station 13 will be necessary. This change will afford us the ability to place ambulance 8 in service for 24 hours. We will also be able to maintain scheduled time off with the least amount of movement between stations, thereby, minimizing potential employee to employee exposures.

The goal of this initiative is to balance the protection of department personnel, the health and safety of first responders and their families, while maintaining continuity of essential services to our community. The plan will be reevaluated on a regular basis which may result in changes and/or discontinuation on or before the termination of the Emergency Declaration.

The staffing model below is a reference as to how apparatus should be staffed. During this time we will reduce daily minimum staffing to 19. This staffing model also allows for the accommodation of current shift vacancies. This is a very dynamic situation and the operations of the fire department will be different. All we can ask is that we work together through these difficult times. Your flexibility is greatly appreciated!

Station Staffing Model						
Engine 6	3	3	3	4	4	4
Ambulance 6	2	2	2	2	2	2
Engine 7	3	3	3	3	4	4
Ambulance 7	2	2	2	2	2	2
Engine 8	3	3	3	3	3	4
Ambulance 8	2	2	2	2	2	2
Truck 14	3	4	3	3	3	3
Ambulance 14	---	---	2	2	2	2
Battalion 6	1	1	1	1	1	1
	19	20	21	22	23	24

Be Safe and Be well!!

Tony DeRose | Deputy Chief / Interim Fire Chief

Village of Glenview | Fire Department
 1215 Waukegan Road | Glenview, IL 60025

☎ : 847.657.6785 | ✉ : tderose@glenview.il.us

From: [Tony DeRose](#)
To: [Tony DeRose](#)
Bcc: [Adrian Pynenberg](#); [Andrew Chorley](#); [Andrew Hogan](#); [Andy Lund](#); [Anthony Huemann](#); [Blake Yonan](#); [Brad Drabant](#); [Brian Bos](#); [Brian Render](#); [Carol Bjankini](#); [Charles Spicer](#); [Chase Olson](#); [Chaten Howard](#); [Chris Blaksley](#); [Chris Drakeley](#); [Colin Kelly](#); [Craig Krsek](#); [Dan Tavela](#); [Daniel Caplis](#); [Daniel Ellis](#); [Daniel Miller](#); [Dave Cotterell](#); [David Burrough](#); [David Diegel](#); [David Knoll](#); [Derek Selzer](#); [Derrick Novak](#); [Don Poljak](#); [Eamon O'Dowd](#); [Ed Howard](#); [Gary Schumacher](#); [James Anderson](#); [James Cosgrove](#); [James Wido](#); [Jason Houchen](#); [Jason Shanley](#); [Jeff Burdorf](#); [Jesse Gallagher](#); [Jim Meyer](#); [Jim Sincox Jr.](#); [Joe Faehndrick](#); [John Geaslin](#); [John Tourtelot](#); [Jonathan Raz](#); [Kevin Barnes](#); [Kevin Lorenz](#); [Larry Kane](#); [Larry Wysocki](#); [Marty Guthrie](#); [Matt Mullaney](#); [Matthew Styx](#); [Michael Keogh](#); [Michael Strahs](#); [Mike Carnes](#); [Mike Rutkowski](#); [Nicholas Olney](#); [Nick Rusher](#); [Patrick Kelleher](#); [Patrick McNamara](#); [Patrick Reed](#); [Pete Albrecht](#); [Phillip Prewitt](#); [Richard Miltimore](#); [Rick Fritz](#); [Samuel Monarrez](#); [Scott Waddle](#); [Scott Wagner](#); [Sean Szlak](#); [Stephen Brass](#); [Steve Precht](#); [Steve Swiatkiewicz](#); [Steve Toth](#); [Steven Roberts](#); [Tim Jacks](#); [Timothy Hendricks](#); [Timothy O'Shea](#); [Tom Gade Jr.](#); [Tony DeRose](#); [Vincent Spalo](#); [Zachary Beatty](#)
Subject: COVID-19 Management
Date: Friday, June 26, 2020 1:27:00 PM

All,

As we move into phase 4 of Restore Illinois, I would like to express my sincere appreciation for the flexibility, vigilance and patience each of you has demonstrated over the past four months while dealing with and responding to COVID-19. This has been an incredibly challenging and dynamic situation.

I would also like to commend the Union Executive Board for their continued support, open dialogue and leadership. Over the past few days, we have engaged in discussions regarding staffing and station isolation. In an effort to maintain continued focus on the Village's two response priorities - protection of the health and safety of all employees and their families, and ensuring continuity of essential public services - we will continue with the four station model in order to reduce the potential for exposure, while making some adjustments.

- Hire backs will no longer be station specific
- Priority of Acting Officers will revert back to the language of the contract

We feel these changes are a reasonable next step as there is still much uncertainty surrounding COVID management. We will reevaluate our staffing models again at the end of July.

If you have any questions or concerns, please feel free to reach out

Tony DeRose | Deputy Chief / Interim Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

 : 847.657.6785 |  : tderose@glenview.il.us

From: [Mike Rutkowski](#)
Subject: Face Covering Memo
Date: Thursday, October 8, 2020 4:49:32 PM
Attachments: [Face Coverings Memo 10.8.20.pdf](#)

Good Afternoon,

Please read the attached memo. Discuss any questions or concerns with your Battalion Chief or myself. Thanks

Mike Rutkowski | Deputy Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

☎: 847-657-6785 | ✉: mrutkowski@glenview.il.us 📞: (847) 724-2174

[Click here](#) to sign up for our weekly e-Glenview newsletter.



The Village of •
Glenview



M E M O R A N D U M

TO: Fire Department

FROM: CHIEF DEROSE

DATE: 10.8.20

SUBJECT: Face Coverings and Social Distancing While on Duty

DIRECTIVE FROM THE FIRE CHIEF

Effective immediately, the use of a face covering or mask is required in the station when 6' of social distancing cannot be achieved and when more than one person is riding in the same vehicle. The use of face coverings in public shall continue as directed by the Governor and/or local authorities.

- All personnel shall provide social distancing of 6 feet or greater whenever possible or wear a face covering/mask inside the stations during roll call, training, in living quarters, kitchens, locker rooms and bunk rooms.
- Face coverings/masks shall be worn during food preparation regardless of social distancing and personnel shall provide social distancing during meals.
- Personnel shall maintain social distancing while in the workout rooms. Workout times may be staggered as necessary and all equipment must be decontaminated after each use.
- Station surfaces shall be wiped down or cleaned as close as practical after roll call and again at the midpoint of the shift as calls or other activities allow.

Personnel in need of a face covering can contact the on duty Battalion Chief or the Deputy Chief

From: [Mike Rutkowski](#)
Subject: Department Update and Staffing Plan
Date: Sunday, December 27, 2020 1:03:24 PM

Good Afternoon,

Our department has seen another rise in COVID positive staff members. At this point, we are up to eight positives. Six of those individuals are symptomatic ranging from mild cold like symptoms to fevers, chills, body aches and coughs. Two are currently asymptomatic. We are still waiting on the tests and/or results for 21 additional department members.

In order to provide for the health and safety of all department personnel along with their families, we have implemented our station isolation initiative as of 0730 this morning. We decided it was necessary to limit the movement between stations and minimize the potential for employee to employee exposures. Today's staffing is slightly different with A13 staffed to minimize employee interactions. Starting tomorrow at 0700, we will follow the same guidelines established this spring with the temporary redistribution of personnel from station 13. .

Battalion Chiefs will be responsible for developing station assignments. Necessary movement amongst stations may be required to accommodate for Kelly Days, sick calls, and vacation time. Each station will be required to have its own hire back list. The Lieutenant/Acting Officers will be responsible for the management of their individual station hire backs. Battalion Chiefs will make every attempt to balance out the acting officers between the stations.

As we stated this spring, our goal is to balance the protection of department personnel along with the health and safety of our families while maintaining the continuity of essential services to our community. We do not have a definitive timeline, but we will continuously reevaluate based on our positivity rate, exposures and the vaccination status.

The staffing model below is a reference as to how apparatus should be staffed.

Station Staffing Model						
Engine 6	3	3	3	4	4	4
Ambulance 6	2	2	2	2	2	2
Engine 7	3	3	3	3	4	4
Ambulance 7	2	2	2	2	2	2
Engine 8	3	3	3	3	3	4
Ambulance 8	2	2	2	2	2	2
Truck 14	3	4	3	3	3	3
Ambulance 14	---	---	2	2	2	2
Battalion 6	1	1	1	1	1	1
	19	20	21	22	23	24

A station and apparatus disinfectant fogging is scheduled for today and should be completed later this afternoon. This practice will continue as necessary. Please remain diligent with cleaning,

disinfecting, PPE, distancing and wearing masks/face coverings at all times. We cannot stress this enough. I am always available if you have any questions or concerns. We appreciate everyone's flexibility during these challenging times. We can be more effective as an organization if we work together and look out for one another.

Mike Rutkowski | Deputy Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

☎: 847-657-6785 | ✉: mrutkowski@glenview.il.us 📞: (847) 724-2174

[Click here](#) to sign up for our weekly e-Glenview newsletter.

OTHER COVID-19 COMMUNICATIONS

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: Confirmed COVID-19 Case at Northwest Community Hospital
Date: Sunday, March 1, 2020 7:51:08 AM
Importance: High

Please read about Pt in our area.

From: Mazzolini, Robyn [robyn.mazzolini@advocatehealth.com]
Sent: Saturday, February 29, 2020 10:59 PM
To: Erik Miller; Gary Schumacher; Jeff Peistrup; Joe Ascione; Matt Jarka; Nicholas Ruz; Richard Scipione; Tim Norton; Bob McKay; Cyndi Stec; Dave Blondell; Frank Rodgers; Jeff Sorensen; Marty Feld; Mike Rutkowski; Tony DeRose; Ginny Logan; Cindy Brennan; Gallagher, Jesse
Cc: Phelps, Amanda; Berry, Kathy; Boubouleix, Anne; Drag, Margaret; Hassard-MD, David; Kus, Jennifer
Subject: Confirmed COVID-19 Case at Northwest Community Hospital

Chiefs and Medical Officers,

We were just notified via Region IX that Northwest Community Hospital has a confirmed case of COVID-19.

Please remind your crews if a patient complains of respiratory symptoms and/or fever:

- If possible assess from ≥ 6 feet
- Wear appropriate PPE which includes gloves, N95 mask, goggles and gown
- Place a surgical mask on your patient, may place over nasal cannula or oxygen mask
- Have your exhaust fans on during transport if possible
- Notify your receiving hospital via telemetry report of patient symptoms
- Make sure to thoroughly wash your hands after removing PPE at the hospital
- Thoroughly clean all equipment after patient care using the purple wipes at ALGH and RMC making sure to follow the directions (2 min kill time). Make sure to clean monitor cables, BP cuffs and cot side rails.

Please contact me with any questions or concerns,

Robyn

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator
EMS System Office
8820 Dempster Street
Niles IL 60714

Office (847) 723-5951
Cell (847) 899-1042
Pager (847) 569-4100
Fax (847) 299-6271

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

From: [Tony DeRose](#)
To: [Fire Department](#)
Subject: FW: Urgent for All EMS Crews: PPE for Possible COVID-19 Calls
Date: Tuesday, March 3, 2020 1:20:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image005.png](#)
Importance: High

FYI...

Tony DeRose | Deputy Fire Chief / Interim Fire Chief

Village of Glenview | Fire Department

1215 Waukegan Road | Glenview, IL 60025

📞: 847.657.6785 | ✉️: tderose@glenview.il.us

From: Mazzolini, Robyn [mailto:robyn.mazzolini@advocatehealth.com]
Sent: Tuesday, March 3, 2020 1:12 PM
To: Bob McKay (rmckay@nmfpd.org) <rmckay@nmfpd.org>; Cyndi Stec (c.stec@norwoodparkfire.org) <c.stec@norwoodparkfire.org>; Dave Blondell (d.blondell@norwoodparkfire.org) <d.blondell@norwoodparkfire.org>; frodgers@mortongroveil.org; JSorensen@parkridgefd.org; mcf@vniles.com; Mike Rutkowski <mrutkowski@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; emiller@mortongroveil.org; Gary Schumacher <gschumacher@glenview.il.us>; j.peistrup@norwoodparkfire.org; Joe Ascione (jascione@parkridgefd.org) <jascione@parkridgefd.org>; Matt Jarka <mjarka@parkridgefd.org>; Nicholas Rusz <nrusz@nmfpd.org>; Scipione, Richard (rs@vniles.com) <rs@vniles.com>; tnorton@parkridgefd.org
Cc: Hassard-MD, David <david.hassard@advocatehealth.com>; Phelps, Amanda <Amanda.Phelps@advocatehealth.com>; Berry, Kathy <kathleen.berry@advocatehealth.com>; Boubouleix, Anne <anne.boubouleix@advocatehealth.com>; Drag, Margaret <margaret.drag@advocatehealth.com>; Kus, Jennifer <Jennifer.Kus@advocatehealth.com>; Gallagher, Jesse <Jesse.Gallagher@advocatehealth.com>; Cindy Brennan <cynthia.brennan@amitahealth.org>; Ginny Logan <Virginia.Logan@amitahealth.org>
Subject: Urgent for All EMS Crews: PPE for Possible COVID-19 Calls
Importance: High

Chiefs and Medical Officers,

Please share this information with all EMS crews immediately ->

- If you are dispatched for respiratory infection symptoms and/or fever where COVID-19 is a possibility, all EMS crews must wear full PPE before entering the scene. Appropriate PPE includes eye protection, N95 mask, gloves and gown. Surgical mask on patient.
- While on scene if you recognize COVID-19 as a possibility, withdraw from the scene,

perform hand hygiene and put on full PPE.

Here are 2 important documents from the CDC – these will be posted to our ALGH Moodle home page as well:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> This document is our best guidance currently – it is encouraged to read this 7 page document and share with all EMS crews

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> This document gives guidance for a risk assessment, monitoring and work restrictions after a potential COVID-19 exposure

Any questions, please contact me.

Robyn

AdvocateAuroraHealth

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

EMS System Office
8820 Dempster Street
Niles, IL 60714

O: 847.723.5951 (internal: 21-5951)

M: 847.899.1042

F: 847.299.6271

 Advocate Health Care  Aurora Health Care



This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: From IDPH: What Fire Service and Emergency Medical Services Personnel Need to Know about COVID-19
Date: Friday, March 6, 2020 3:33:31 PM
Attachments: [image001.png](#)
[image002.png](#)
[image005.png](#)
[20200306_What_EMS_Personnel_Need_to_.pdf](#)

All,

Please see the attachment. It has the most up to date precautions and PPE for EMS. The bottom of the email has other resource information as well.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: Mazzolini, Robyn [mailto:robyn.mazzolini@advocatehealth.com]
Sent: Friday, March 6, 2020 12:55 PM
To: Bob McKay (rmckay@nmfpd.org) <rmckay@nmfpd.org>; Cyndi Stec (c.stec@norwoodparkfire.org) <c.stec@norwoodparkfire.org>; Dave Blondell (d.blondell@norwoodparkfire.org) <d.blondell@norwoodparkfire.org>; frodgers@mortongroveil.org; JSorensen@parkridgefd.org; mcf@vniles.com; Mike Rutkowski <mrutkowski@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; emiller@mortongroveil.org; Gary Schumacher <gschumacher@glenview.il.us>; j.peistrup@norwoodparkfire.org; Joe Ascione (jascione@parkridgefd.org) <jascione@parkridgefd.org>; Matt Jarka <mjarka@parkridgefd.org>; Nicholas Ruzs <nruzs@nmfpd.org>; Scipione, Richard (rs@vniles.com) <rs@vniles.com>; tnorton@parkridgefd.org
Cc: Phelps, Amanda <Amanda.Phelps@advocatehealth.com>; Hassard-MD, David <david.hassard@advocatehealth.com>; Berry, Kathy <kathleen.berry@advocatehealth.com>; Boubouleix, Anne <anne.boubouleix@advocatehealth.com>; Drag, Margaret <margaret.drag@advocatehealth.com>; Kus, Jennifer <Jennifer.Kus@advocatehealth.com>; Gallagher, Jesse <Jesse.Gallagher@advocatehealth.com>; Cindy Brennan <cynthia.brennan@amitahealth.org>; Ginny Logan <Virginia.Logan@amitahealth.org>
Subject: From IDPH: What Fire Service and Emergency Medical Services Personnel Need to Know about COVID-19

All,

Please see attached – I will also post to our Moodle home page.

Robyn

AdvocateAuroraHealth

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

EMS System Office

8820 Dempster Street

Niles, IL 60714

O: 847.723.5951 (internal: 21-5951)

M: 847.899.1042

F: 847.299.6271

 Advocate Health Care  Aurora Health Care



From: SIREN <a8447ec7-0005-3000-80c0-fceb55463ffe@notify2.mir3.com>

Sent: Friday, March 06, 2020 12:38 PM

To: Mazzolini, Robyn <robyn.mazzolini@advocatehealth.com>

Subject: [EXTERNAL] IDPH: What Fire Service and Emergency Medical Services Personnel Need to Know about COVID-19

ROBYN MAZZOLINI,

SIREN NOTIFICATION

To: Statewide Hospitals, LHD's, EMS, Local EMA's, and HCC's

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, and IEMA Director / Staff, ASPR

From: Illinois Department of Public Health

Date: March 6, 2020

Subject: What Fire Service and Emergency Medical Services Personnel Need to Know about Coronavirus Disease 2019

The attached document entitled, "20200306_What_EMS_Personnel_Need_to_Know_About_COVID-19" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

For questions on SIREN alerting/notifications or if you believe you received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

(U) UNCLASSIFIED

What Fire Service and Emergency Medical Services Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)¹

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Contact: PPEConcerns@cdc.gov

Date: March 5, 2020



(U) Background:

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

(U) Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby. Close contact may include:
 - Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
 - Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

(U) Patient Assessment:

- If Public Safety Answering Points (PSAPs) call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

(U) UNCLASSIFIED

(U) UNCLASSIFIED

If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.

- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

(U) Recommended Personal Protective Equipment (PPE):

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
 - Disposable isolation gown,
 - Respiratory protection (i.e., N-95 or higher-level respirator), and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

(U) Precautions for Aerosol-Generating Procedures:

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

(U) UNCLASSIFIED

(U) UNCLASSIFIED

- EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

(U) EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport):

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf> pdf icon).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

(U) UNCLASSIFIED

(U) UNCLASSIFIED

(U) Documentation of Patient Care:

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

(U) Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19:

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
 - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
 - See [additional information about EPA-approved emerging viral pathogens claims](#)^{external icon}.

(U) UNCLASSIFIED

(U) UNCLASSIFIED

- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

(U) Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or Patient with Confirmed COVID-19:

EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

(U) UNCLASSIFIED

(U) UNCLASSIFIED

(U) EMS Employer Responsibilities:

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#)^{external icon}.
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

(U) Additional Resources:

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>^{pdf icon}^{external icon}.

Content source:

All content in this document is from the Centers for Disease Control and Prevention website <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

As of March 5, 2020. Please check the website for update.

(U) UNCLASSIFIED

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: PPE kits for suppression vehicles
Date: Friday, March 6, 2020 12:35:22 PM

All,

Today we are distributing a zip lock bag for each suppression vehicle. In it will be 3 gowns and 3 N95 masks. The ambulances are already fully stocked.

At this time we are unable to buy these supplies from any of our suppliers due to them being out of stock. The hospitals are our only resource to re-supply. Currently they have ample stock of these items. In an effort on their part to keep up with demand, they will only be re-supplying us on a 1 to 1 exchange. If you use any of these supplies, make every effort while at the hospital to re-supply what was used on that call. They will not be allowing us to just grab 10 masks for no reason. You will probably need to talk to the charge nurse to get these supplies. They will not be out in the open. If you have any issues with re-supplying, please contact me. We need to try and keep our inventory at its current level.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: CDC's Updated Interim Guidance for EMS Systems and 911 Public Safety Answering Points for COVID-19
Date: Wednesday, March 11, 2020 11:26:04 AM
Attachments: [image001.png](#)
[image002.png](#)
[image005.png](#)
[20200310 Updated EMS First Response .pdf](#)

See below for updated guidance on COVID-19.

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: Mazzolini, Robyn [mailto:robyn.mazzolini@advocatehealth.com]

Sent: Wednesday, March 11, 2020 10:08 AM

To: Bob McKay (rmckay@nmfpd.org) <rmckay@nmfpd.org>; Cyndi Stec (c.stec@norwoodparkfire.org) <c.stec@norwoodparkfire.org>; Dave Blondell (d.blondell@norwoodparkfire.org) <d.blondell@norwoodparkfire.org>; frodgers@mortongroveil.org; JSorensen@parkridgefd.org; mcf@vniles.com; Mike Rutkowski <mrutkowski@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; emiller@mortongroveil.org; Gary Schumacher <gschumacher@glenview.il.us>; j.peistrup@norwoodparkfire.org; Joe Ascione (jascione@parkridgefd.org) <jascione@parkridgefd.org>; Matt Jarka <mjarka@parkridgefd.org>; Nicholas Ruzs <nrusz@nmfpd.org>; Scipione, Richard (rs@vniles.com) <rs@vniles.com>; tnorton@parkridgefd.org; Ann Marchiafava <amarchiaf@glenview.il.us>; Ronald Gross <rgross@mcde911.org>

Cc: Hassard-MD, David <david.hassard@advocatehealth.com>; Berry, Kathy <kathleen.berry@advocatehealth.com>; Boubouleix, Anne <anne.boubouleix@advocatehealth.com>; Drag, Margaret <margaret.drag@advocatehealth.com>; Kus, Jennifer <Jennifer.Kus@advocatehealth.com>; Gallagher, Jesse <Jesse.Gallagher@advocatehealth.com>; Cindy Brennan <cynthia.brennan@amitahealth.org>; Ginny Logan <Virginia.Logan@amitahealth.org>

Subject: IDPH: CDC's Updated Interim Guidance for EMS Systems and 911 Public Safety Answering Points for COVID-19

Good Morning,

Here are updated CDC Interim Guidelines for EMS and EMD Agencies as of yesterday, attached. Please share this information with all crews. **CE Educators: please share this information during March CE classes.**

Updated March 10, 2020

Summary of Key Changes for the EMS Guidance:

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Eye protection, gown, and gloves continue to be recommended.
- If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

CDC's most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. Here is part of this section:

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers², who have had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas⁵ (see below) within 14 days of symptom onset.

International Areas with Sustained (Ongoing) Transmission

Last updated February 28, 2020

- China ([Level 3 Travel Health Notice](#))
- Iran ([Level 3 Travel Health Notice](#))
- Italy ([Level 3 Travel Health Notice](#))
- Japan ([Level 2 Travel Health Notice](#))
- South Korea ([Level 3 Travel Health Notice](#))

Footnotes

¹Fever may be subjective or confirmed

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close

contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the public health response proceeds. PSAPs and medical directors can access CDC's [PUI definitions here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: [CDC Quarantine Station](#)

[Contact List](#)) for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770) 488-7100 to be connected with the appropriate CDC quarantine station.

Robyn

AdvocateAuroraHealth

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

EMS System Office

8820 Dempster Street

Niles, IL 60714

O: 847.723.5951 (internal: 21-5951)

M: 847.899.1042

F: 847.299.6271

 Advocate Health Care  Aurora Health Care*



From: SIREN <a86a816e-0005-3000-80c0-fceb55463ffe@notify2.mir3.com>

Sent: Tuesday, March 10, 2020 5:39 PM

To: Mazzolini, Robyn <robyn.mazzolini@advocatehealth.com>

Subject: [EXTERNAL] IDPH: CDC's Interim Guidance for EMS Systems and 911 Public Safety Answering Points for COVID-19

ROBYN MAZZOLINI,

SIREN NOTIFICATION

To: Hospitals Statewide, LHD's Statewide, HCC's Statewide, Local EMA's Statewide, EMS / First Responder Partners, and Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, and IEMA Director / Staff, ASPR, RHCC's

From: Illinois Department of Public Health

Date: March 10,2020

Subject: CDC's Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

The attached document entitled, "Updated EMS First Response Guidance" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

For questions on SIREN alerting/notifications or if you believe you received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

CDC's Interim Guidance for Emergency Medical Services (EMS)

Systems and 911 Public Safety Answering Points (PSAPs) for

COVID-19 in the United States

This guidance applies to **all first responders**, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

Updated March 10, 2020

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
 - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and

transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Case Definition for COVID-19

CDC’s most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the

public health response proceeds. PSAPs and medical directors can access CDC's [PUI definitions here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: [CDC Quarantine Station Contact List](#)) for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770) 488-7100 to be connected with the appropriate CDC quarantine station.

Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate [PPE](#) before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all [PPE](#) as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.

- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Precautions and use the PPE as described below. Recommended PPE includes:
 - N-95 or higher-level respirator or facemask (if a respirator is not available),
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

Precautions for Aerosol-Generating Procedures

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.,
- EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
 - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility

(including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.

- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf> icon).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Documentation of patient care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed

COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or

Patient with Confirmed COVID-19


EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.


EMS Employer Responsibilities

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.

- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#).
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

Additional Resources

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: N95 inventory
Date: Saturday, March 14, 2020 9:27:29 PM

All,

We did an inventory of our current supply of N95 masks today. As of that inventory, all vehicles have a decent supply of masks. Some vehicles have a few more than others. We do not have an oversupply so please be diligent with our inventory. Please try your best to re-supply from the ED if possible. If any vehicle runs out of masks and cannot re-supply at the ED, the Battalion Chiefs will have a box. You can pick up from them. If you have any questions, please let me know.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: COVID-19 update for Illinois
Date: Saturday, March 14, 2020 1:05:11 PM
Attachments: [20200313 State of Illinois Daily COV.PDF](#)

If you are interested in reading, here is an update on the status of cases in Illinois as of yesterday the 13th. I will try to send these out periodically when I get them.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us



NEWS RELEASE

FOR IMMEDIATE RELEASE

March 13, 2020

CONTACT:

Melaney Arnold – 217-558-0500

Covid.media@illinois.gov

State of Illinois Daily COVID-19 Briefing – 46 Cases

CHICAGO – The Illinois Department of Public Health (IDPH) today is announcing 14 more individuals in Illinois have tested positive at the IDPH laboratory for coronavirus disease (COVID-19).

“The State is taking aggressive measures to help limit the spread of the virus as the number of positive cases we report each day is increasing,” said IDPH Director Dr. Ngozi Ezike. “The situation continues to evolve rapidly, and we want to get ahead of widespread community transmission to reduce the number of people affected. We would rather be over cautious than put the health of our most vulnerable populations at risk.”

Approximately 30% of the cases in Illinois are travel associated, about 41% are a contact of a COVID-19 case, and the remaining cases do not have a clear connection and could be the result of spread in the community. While the vast majority of cases are recovering, approximately 94% are in isolation either at home or in the hospital. At this time, there have been no deaths associated with COVID-19 in Illinois.

Among the 14 new cases, nine are Chicago, four Cook County, and one Lake County. New cases being reported today range in age from 20s to 90s.

Public health officials are still investigating the travel history of these individuals and any potential contact with a known COVID-19 case. Public health officials will identify and contact people who are considered close contacts of these cases.

It is very important for the public to implement personal preparedness to limit the spread of this virus. Protecting yourself and your family is a critical component to protecting our communities. Be mindful of those who are at greater risk for contracting this virus, including older adults and those with certain health conditions.

For information about how you, your school, workplace, and community can prepare, please visit [Preventing COVID-19 Spread in Communities](#). For general questions about COVID-19, call the hotline at 1-800-889-3931 or email dph.sick@illinois.gov.

###

Find us on Facebook at [Facebook.com/IDPH.Illinois](https://www.facebook.com/IDPH.Illinois) or follow us on Twitter @IDPH

Nationally Accredited by PHAB



From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: COVID Patient Updates from Dr. Hassard
Date: Tuesday, March 17, 2020 7:20:30 PM
Attachments: [image001.png](#)
[image002.png](#)
[image005.png](#)
Importance: High

All please read the below from LGH. It has some changes to our procedures going forward. I added some of my own comments in red.

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: Mazzolini, Robyn [mailto:robyn.mazzolini@advocatehealth.com]

Sent: Tuesday, March 17, 2020 6:32 PM

To: Bob McKay (rmckay@nmfpd.org) <rmckay@nmfpd.org>; Cyndi Stec (c.stec@norwoodparkfire.org) <c.stec@norwoodparkfire.org>; Dave Blondell (d.blondell@norwoodparkfire.org) <d.blondell@norwoodparkfire.org>; frodgers@mortongroveil.org; JSorensen@parkridgefd.org; mcf@vniles.com; Mike Rutkowski <mrutkowski@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; emiller@mortongroveil.org; Gary Schumacher <gschumacher@glenview.il.us>; j.peistrup@norwoodparkfire.org; Joe Ascione (jascione@parkridgefd.org) <jascione@parkridgefd.org>; Matt Jarka <mjarka@parkridgefd.org>; Nicholas Rusz <nrusz@nmfpd.org>; Scipione, Richard (rs@vniles.com) <rs@vniles.com>; tnorton@parkridgefd.org

Cc: Hassard-MD, David <david.hassard@advocatehealth.com>; Boubouleix, Anne <anne.boubouleix@advocatehealth.com>; Berry, Kathy <kathleen.berry@advocatehealth.com>; Cindy Brennan <cynthia.brennan@amitahealth.org>; Drag, Margaret <margaret.drag@advocatehealth.com>; Ginny Logan <Virginia.Logan@amitahealth.org>; Gallagher, Jesse <Jesse.Gallagher@advocatehealth.com>; Kus, Jennifer <Jennifer.Kus@advocatehealth.com>

Subject: COVID Patient Updates from Dr. Hassard

Importance: High

Chiefs and Medical Officers,

We are quickly learning that many patients being tested for the COVID-19 virus are presenting differently than just fever with respiratory symptoms. **(The Pt in the Highland Park incident presented with Stroke like symptoms)** In our efforts to keep all of you as safe as possible:

- Perform appropriate hand hygiene before and after patient contact
[https://emcrit.org/ibcc/covid19/#personal_protective_equipment_\(PPE\)](https://emcrit.org/ibcc/covid19/#personal_protective_equipment_(PPE))
- **All** EMS providers should wear a surgical mask prior to approaching the patient. **The Pt should be given a surgical mask for them at this time.**
- EMS providers should maintain a 6 foot distance while assessing for travel and medical history. **(Due to community spread, travel history is good to know, but not a tell-tale sign anymore. Just because they haven't traveled don't rule them out)**

- If suspicious for COVID after assessing for travel and medical history, 1 EMS crew member in full PPE (eye protection, N95 or surgical mask, gown and gloves) approaches the patient. **2 members will need to be in full PPE to assist with the cot. If you have hands on the cot you are within 6 feet.** If possible, only this 1 EMS crew member in full PPE should ride in the back with the patient during transport. **The other member driving should doff all his protective gear prior to entering the cab of the ambulance. Also, please keep the glass windows of the pass through between the passenger compartment and Pt compartment closed at all times. Always limit the number of personnel in the back of the ambulance.**
- From now on, **all** patients should wear a surgical mask. If the patient requires supplemental oxygen, the surgical mask can be placed over the cannula or oxygen mask.
- For suspicious patients, limit the number of EMS crew members within 6 feet of the patient.
- Procedures such as intubation, CPAP, BVM and nebulizers are aerosolizing procedures and should be used only if the patient is in extremis and requires the procedure immediately. These procedures should not be performed in the closed ambulance or near others not protected with full PPE. Contact OLMC for guidance as needed. **Full PPE is required during these procedures and only performed when the Pt absolutely needs it.**
- At the hospital, leave the ambulance doors open to air out the ambulance while you are inside but make sure to lock up all drugs. This should sufficiently air out the ambulance. When cleaning the ambulance, use gowns & gloves and if you anticipate splashes also wear eye protection. All contact surfaces should be cleaned. **Ambulances and equipment is to be cleaned after every call. Not just those with suspected Covid-19 Pt's.**
- Exhaust fans in the ambulances should be left on.
- There are some extreme cases when necessary, so I don't want to say never, but we should not be transporting Pt's family members in the ambulance at this time. The main exception would be parents of a small child.
- When we drop Pt's at the ED, the PM writing the report should not stay in the ED. They should go out to the ambulance to write the report and then go back to the ED to print and leave for the nurse. Make sure you first pass on pertinent info to the nurse and let them know you will be outside if they have further questions. I am working with the ED's to allow us to write the report at the stations and then fax to the ED. That has not been approved yet, but it is coming.

As a reminder, the hospitals are exchanging masks, gowns and gloves on a 1-for-1 basis (**This is a mandate by IDPH. If they have supplies, they must give us replacements**): whatever was used on the call will be replaced. Please do not take extra supplies. We are working with our Supply Chain contacts but PPE resources are extremely limited everywhere.

If you are using your department-issued goggles, please remember to clean them after each use with either the purple or orange Sani cloths at ALGH & RMC. The purple wipes have a 2 min kill/contact time and the orange wipes have a 4 min kill/contact time – wet down the goggles and let them sit for the 2 or 4 minutes before wiping them off. The gray wipes at ALGH are for equipment such as cardiac monitors and they have a 3 min kill/contact time. We will continue to forward you updated information as it becomes available.

As always, please contact us with any questions or concerns.

Robyn

AdvocateAuroraHealth

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

EMS System Office

8820 Dempster Street

Niles, IL 60714

O: 847.723.5951 (internal: 21-5951)

M: 847.899.1042

F: 847.299.6271

 Advocate Health Care  Aurora Health Care



This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: Con Ed update and changes
Date: Tuesday, March 17, 2020 8:11:35 PM
Attachments: [COVID-19 Updates, PPE & Cleaning March 2020 CE.PPTX](#)

All,

Due to the current situation with COVID-19 we are making some adjustments to our Con Ed schedule. On March 9, Gold shift had Con Ed with the scheduled material. (2.5 hr class). Since that date, a decision was made to cancel the remaining Con Ed's for March. In its place is a 1 hr training on COVID-19. Black shift had that training on March 16. Red shift will have this training on March 23 and Gold shift on March 24. This has all been entered into New World, but the first session will be at St 8 (0900-100) than move to St 6 (1030-1130). I am attaching a copy of the power point for review or if you want a preview. We have added a selection in Target Solutions labeled "GL – EMS – EMS – Other Training", where this 1 hr session can be logged. You can also use this selection going forward for any non-assigned EMS training. For those on Black shift who already entered this under March Con Ed, we have rectified the situation, and it has been logged in the new location.

March Con Ed for those who didn't attend on Mar 9, will be done on-line via Moodle. When that CE becomes available, you will be assigned March CE through Target Solutions. April CE has also been cancelled and the plan right now is to have that CE in June. I will keep you posted, but don't be surprised if we are doing a lot of on-line CE this year. If you have any questions or concerns, please let me know.

Thanks,

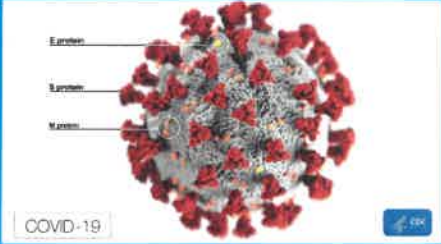
Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

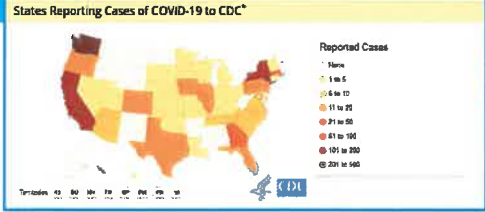


COVID-19 Updates, PPE & Cleaning

ALGH EMSS Adjunct CE
March 2020

Kathy Berry, MPH, RN, TNS
Anne Bauboulex, BSN, RN, TNS
Robyn Mazzolini, BSN, RN, TNS

What's the Problem?



States Reporting Cases of COVID-19 to CDC*

Reported Cases

- 0
- 1 to 5
- 6 to 10
- 11 to 25
- 26 to 50
- 51 to 100
- 101 to 200
- 201 to 500

Timeline: 01 02 03 04 05 06 07 08 09 10

CDC

- * Corona virus is a large group of viruses, including our seasonal influenza (the “flu”)
- * This virus is a new virus COVID-19 (2019-nCoV; SARS-CoV-2) and is related to SARS-CoV and MERS-CoV viruses
- * This new (novel) virus emerged in China and has now spread throughout the world: pandemic
- * **The problem: humans do not have immunity to this virus**


COVID-19 Symptoms

Watch for symptoms
 Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.


The following symptoms may appear 2-14 days after exposure.*

- Fever
- Cough
- Shortness of breath


*This is based on what has been seen previously as the incubation period of MERS-CoV viruses.



FEVER



COUGH



SHORTNESS OF BREATH

Symptoms near the time of presentation in various cohorts

	Guo et al. NEJM (largest cohort)	Shi et al. Lancet	Yang et al. Lancet (critically ill pts)	Chen et al.	Huang et al.	Ku et al. (BMJ)
Constitutional						
Fever	473/1081 (43%)	18/21 (86%)	46/52 (88%)	82/99 (83%)	40/41 (98%)	48/62 (77%)
Myalgia	164/1081 (15%)		6/52 (12%)	11/99 (11%)		
Headache	150/1081 (14%)	2/21 (10%)	3/52 (6%)	8/99 (8%)	2/38 (8%)	21/62 (34%)
Upper respiratory						
Rhinorrhea	53/1081 (5%)	5/21 (24%)	3/52 (6%)	4/99 (4%)		
Sore throat	153/1081 (14%)			5/99 (5%)		
Lower respiratory						
Dyspnea	205/1081 (19%)	9/21 (43%)	33/52 (64%)	31/99 (31%)	22/40 (55%)	2/62 (3%)
Chest tightness		5/21 (24%)				
Cough	745/1081 (68%)	15/21 (71%)	40/52 (77%)	81/99 (82%)	31/41 (76%)	50/62 (81%)
Sputum	370/1081 (34%)	3/21 (14%)			11/39 (28%)	35/62 (56%)
Hemoptysis	10/1081 (1%)				2/39 (5%)	2/62 (3%)
Gastrointestinal						
Nausea/Vomiting	55/1081 (5%)	2/21 (10%)	2/52 (6%)	1/99 (1%)		
Diarrhea	42/1081 (4%)	1/21 (5%)			1/38 (3%)	3/62 (8%)

-The Internet Book of Critical Care, by @PulmCrit

COVID-19 Travel Considerations

Widespread sustained (ongoing) spread and restrictions on entry to the United States

CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended.

- China (Level 3 Travel Health Notice)
- Iran (Level 3 Travel Health Notice)
- Most of Europe (Level 3 Travel Health Notice)

Widespread sustained (ongoing) spread

CDC recommends that travelers avoid all nonessential travel to the following destinations:

- South Korea (Level 3 Travel Health Notice)

Sustained (ongoing) community spread

CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:

- Global Outbreak Notice (Level 2 Travel Health Notice)

Personal Protective Equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of protection required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be based on the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexibly bend to nose bridge
- Fit snug to face and below chin
- Fit check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrists of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit contact with eyes
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



- * Gown
- * N95 mask or surgical mask
- * Eye protection
- * Gloves
- * Donning
- * Doffing

[https://emcrit.org/ibcc/covid19/#personal_protective_equipment_\(PPE\)](https://emcrit.org/ibcc/covid19/#personal_protective_equipment_(PPE))

Hospitals and PPE

- * Hospitals may or may not be able to restock EMS with N95 masks
- * If you are not able to restock N95 masks, the CDC supports the use of surgical masks
- * **With either mask → make sure the mask fits tight against the face & avoid gaps**

EXTERIOR VIEW

Patient Assessment

- * With a suspicious patient, 1 crew member should don PPE and assess patient from 6 feet away (if possible)
- * Assess for symptoms and travel history
- * If suspicious for COVID-19, all EMS individuals must don all PPE: gown, N95 or surgical mask, eye protection and gloves
- * Place a surgical mask on the patient: if patient requires supplemental oxygen, place surgical mask over cannula or oxygen mask

Patient Care



- * If possible, turn on ambulance exhaust fans
- * Avoid touching your face even with PPE on
- * Limit the number of EMS individuals that are in close contact with the patient
- * Aerosolizing procedures, such as nebulizers, CPAP, BVM and intubation are considered high-risk procedures. Use your judgement & contact OLMC as needed. Full PPE including eye protection, mask, gown and gloves must be worn during these procedures.
- * If one of the above procedures must be performed, CDC recommends that it be done away from pedestrian traffic, that the ambulance doors be opened & the HVAC system be turned on

COVID-19 CORONAVIRUS DISEASE
2019 (COVID-19)



Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include

• Fever • Cough • Shortness of breath

Symptoms may appear 2–14 days after exposure. Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.




www.cdc.gov/covid19-symptoms

Patient Transport


- * Notify receiving hospital that the patient has exposure history and signs/symptoms of COVID-19
- * Keep patient separated from others as much as possible
- * Family members and close contacts with possible COVID-19 symptoms should not ride in the ambulance. If this must occur, these individuals must also wear a surgical mask.
- * FYI: there are visitor restrictions at the hospitals

Ambulance Ventilation



- * Isolate driver & patient compartment if possible
- * Ventilation in both driver and patient compartment should be on non-recirculated mode
- * If the vehicle has a rear exhaust fan, use it to draw air away from cab
- * Without isolated driver compartment, open outside air vents in the driver area and turn on the rear exhaust ventilation fans to highest setting

At the Hospital...




- * Remove PPE
- * Document patient care and all individuals that had contact with patient, including police officers
- * Document PPE worn by all individuals
- * PPE used will be exchanged on a 1-for-1 basis

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without creating a cross-contamination risk. Do not touch contaminated surfaces with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient care area in a sequence. If worn, remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence.

- 1. GLOVES**
 - Details of gloves are unimportant
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a glove hand, grasp the wrist area of the other glove hand and peel off the glove
 - Hold removed glove in glove hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove into first glove
 - Cleanse gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Details of goggles or face shield are unimportant
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by using hand loop or ear pieces
 - If the item is reusable, gloves is designated free agents for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Clean front and sleeve are unimportant
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Untie/tear gown from behind, away from your clothes. Don't contact your body when handling the gown
 - Pull gown away from neck and shoulders, holding neck of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is unimportant — DO NOT TOUCH
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom line or bottom of the mask/respirator. Don't touch the nose or strap, and remove without touching the face
 - Cleanse in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



PDI Wipes



- * Super Sani-Cloth (purple) has a 2-minute contact/kill time
- * Sani-Cloth Bleach (orange) has a 4-minute contact/kill time
- * Wet the surface with the wipe and let it sit for the contact/kill time

Cleaning



- * Leave rear ambulance doors open
- * When cleaning vehicles, wear gown and gloves
- * Wear face shield or facemask and goggles if splashes or sprays are anticipated

Cleaning (cont'd)

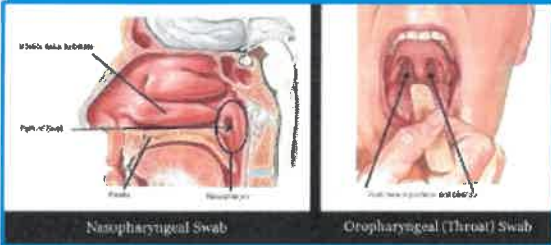
- * All surfaces that may have come in contact with the patient should be thoroughly cleaned
- * Stretcher rails, floors, walls, work surfaces, monitor cables, BP cuffs
- * Avoid shaking linen
- * Place linen in linen container at hospital
- * Place garbage in red bags and dispose at hospital



Now What?



- * The patient will be assessed by the ED MD
- * ALGH and RMC labs are pending federal approval to perform the COVID-19 test
- * Currently all tests are being performed by the Cook County Department of Public Health (CCDPH)
- * RMC has also contracted with another lab

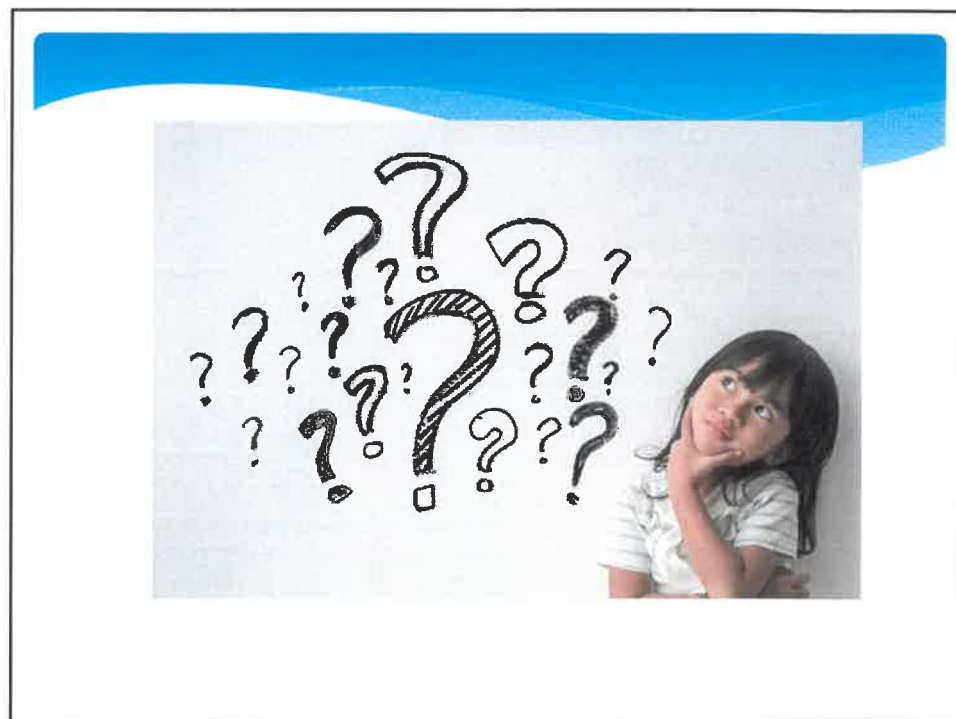


The left diagram shows a nasopharyngeal swab being inserted into the nostril, with labels for the 'Vestibule', 'Nasopharynx', and 'Soft palate'. The right diagram shows an oropharyngeal (throat) swab being inserted into the mouth, with labels for the 'Soft palate' and 'Uvula'.

Now What?

(cont'd)

- * To test a patient, nasopharyngeal swabs (NP), oropharyngeal swabs (OP) or sputum is sent to the lab
- * CCDPH performs the COVID-19 tests once daily at 1100
- * Test result turn-around time for ALGH is 1-4 days and for RMC is about 3 days
- * There is not a robust follow up process at this time
- * EMS will continue to follow up as quickly as possible
- * If you transport a suspicious patient, please notify EMS at the receiving hospital



From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: UPDATE: IDPH: Management of Acute Respiratory Symptoms during COVID-19 Pandemic
Date: Friday, March 20, 2020 9:30:34 PM
Attachments: [20200320_New_Nebulizer_Modifications.pdf](#)

Please read the attached memo from IDPH regarding Nebulized medications. LGH is working on purchasing nebulizers with built in filters which would be better for use on COVID Pt's if we had to use.



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: SIREN [mailto:a9062eba-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]

Sent: Friday, March 20, 2020 7:59 PM

To: Gary Schumacher <gschumacher@glenview.il.us>

Subject: UPDATE: IDPH: Management of Acute Respiratory Symptoms during COVID-19 Pandemic

Gary Schumacher,

This is an update to the original guidance. Please see the new attachment.

----- **Original Message** -----

SIREN NOTIFICATION

To: Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital ED Personnel, Hospital Nursing Directors, **Hospital EMS Staff**, Hospital Laboratory Staff, Hospital ID/INEDSS, REMSC / **EMS Partners**, FQHCs, IL Poison Control Center and State of Illinois Local EMAs, Physicians

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IL Poison Control Center and IEMA Director / Staff, ASPR, RHCC's

From: Illinois Department of Public Health

Date: March 20, 2020

Subject: Management of Acute Respiratory Symptoms during COVID-19 Pandemic

The attached document entitled, "20200320_IDPH_Nebulizer_Modifications_EMS" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)** and can be viewed by logging in to

www.siren.illinois.gov.

For questions on SIREN alerting/notifications or if you believe you received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1824 • www.dph.illinois.gov

TO: EMS System Coordinators
EMS Medical Directors

From: Ashley Thoele, MBA, BSN, RN
Division Chief of EMS and Highway Safety

Date: March 20, 2020

**Re: Management of Acute Respiratory Symptoms during COVID-19
Pandemic**

The Illinois Department of Public Health is coordinating with local health departments and the CDC regarding surveillance, screening, and assessment of person(s) either suspected or under investigation for SARS-CoV-2 (COVID-19) infection. Signs and symptoms can include fever, cough, and difficulty breathing. Vigilance is necessary regarding patients who have had any recent travel to CDC hot spots, close contact with confirmed or suspected cases, or any symptoms of illness.

EMS should continue to use their current policies and protocols for personal safety and infection control. If a patient is suspected to have COVID-19 infection, EMS personnel should document the patient's skin temperature, if possible, and provide the patient with a mask to wear during transport. If the patient is unable to wear a mask, encourage the patient to cover their cough and sneezes. EMS should not only inform medical control, but also the receiving hospital of the need to isolate the patient in a private, airborne isolation room upon arrival.

If there are additional questions, please contact your IDPH Regional EMS Coordinator or the IDPH's EMS Medical Director, Dr. Jason Kegg (jason.kegg@illinois.gov) via email.

Due to the outbreak of COVID-19, all patients presenting acute respiratory symptoms especially respiratory failure, pneumonia and fever should be considered to be infected with COVID-19 until proven otherwise.

This includes patients with known asthma and COPD. To prevent spread of COVID -19 the following guidelines will be followed:

Nebulized medications should be avoided in all patients at this time due to **risk to others**. A Cochrane review found that metered-dose inhalers **with spacers are at least as effective, and likely more effective, than nebulized medications**. **If Nebulized medications are to be used, they must be used in negative pressure patient rooms only** and all providers **must be in full PPE** for airborne precautions. Limit or no visitors in the room. Respiratory therapist can convert any nebulize order to above MDI recommendations unless otherwise directed by attending physician. Call attending physician early for severe distress.

First line for ASTHMA ONLY and COPD ONLY

{note **NOT FOR ARDS GENERAL MANAGEMENT**):

Inhaled Beta Agonist:

Albuterol MDI (90 mcg/puff) with spacer:

Adult:

8 puffs every 20min up to 4 hours then every 1-4 hr

Pediatric:

8 puffs every 20 min for 3 doses, then as needed every 1-4 hrs

Anticholinergic Agent:

Ipratropium MDI (18mcg/puff) with spacer:

Adult:

8 puffs every 20min, as needed for 3 hours

Pediatric: (severe asthmatic cases only)

4-8 puffs every 20 min as needed, up to 3 hours

Or Combination Inhaled MDI:

Albuterol with Ipratropium (90 mcg albuterol with 18 mcg ipratropium per puff)

Adult:

8 puffs every 20min, as needed for 3 hours

Pediatric: (severe asthmatic cases only)

4-8 puffs every 20 min as needed, up to 3 hours

Other Medications for bronchoconstriction therapy:

Magnesium sulfate:

Adult:

2 grams IV over 20 min

Pediatric:

50 mg/kg up to 2 grams IV over 20 min

Epinephrine (1 mg/mL)

Adult:

0.3-0.5 mg IM every 20 min for 3 doses

Pediatric:

0.01 mg/kg IM up to 0.3-0.5 mg every 20 min for 3 doses

Terbutaline (1mg/mL):

Adult:

0.25 mg subcutaneously every 20 min for 3 doses

Pediatric:

0.01 mg/kg subcutaneously every 20 min for 3 doses, then every 2-6 hours as needed

10mcg/kg intravenously over 10 minutes, followed by an infusion of 0.4mcg/kg/min

Steroids:

Neither the CDC nor the WHO has recommended steroid administration for viral pneumonia.

In general, steroid therapy does not appear to add any clinical outcome benefits in the treatment of COVID-19 infection. As well, steroid therapy may slow down clearance of the virus. The decision to use steroids in a patient during the COVID-19 outbreak should be based on patient individual presentation and best clinical judgment, if there is another indication for steroids such as COPD exacerbation. Generally, steroids should be avoided unless they are indicated for another reason such as exacerbation of asthma or COPD,

Oxygen Therapy:

- Give supplemental oxygen therapy immediately to patients with severe acute respiratory infection and respiratory distress, hypoxemia or shock and target saturations > 88% if intubated.
- High-flow nasal oxygen (HFNO) and Non-invasive ventilation (NIV) should only be used in selected patients.
- In patients suspected of CoV19 infection, due to uncertainty around the potential for aerosolization, HFO and NIV should be used with airborne precautions until COVID-19 infection has been ruled out.
- Patients treated with either HFNO or NIV should be closely monitored for clinical deterioration.
- There is strong evidence that the use of NIV in the treatment of COVID-19 pneumonia is associated with a worse outcome. On this basis, WHO recommends, where possible, to avoid using NIV and adopt instead standards that provide for early intubation.

References:

1. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2.
<https://www.who.int/publications-detail/clinical-management-of-severe->

[acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](#)

2. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#minimize>
3. Italy (2020-03-13) Guidelines for the treatment of people with COVID-19 disease Edition 2.0, 13 March 2020
<https://covid.idwiki.org/books/protocols/page/italy-%282020-03-13%29>

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: Couple updates
Date: Saturday, March 21, 2020 10:55:32 AM

I have a couple updates for the group.

1) The B/C's and the B/C office is going to be used for our "central supply" for all PPE items for the time being. We will be trying to do frequent inventories of the stations, but if you are running low on any PPE or anything related to COVID 19, please let your officer know and they will contact the B/C. They will help make arrangements to get supplies.

2) The short Con Ed sessions for Monday and Tuesday have been cancelled. Please take this time to review the powerpoint from this session if you haven't already. I sent that out the other day. Due to the ever changing nature of this, some of the info is already outdated, but other info is still good.

3) I will continue to send updates and changes as I get them. It is imperative that everyone try to stay up to date on this virus and what protections we need to be using. On most of the forwarded emails I send and the email from Jenni the other day, there are links to very helpful websites (CDC & IDPH). Please try to visit them frequently. Maybe you will catch some update or piece of info that will be helpful .

4) If there is any information that you feel would be helpful to the department feel free to send to me to forward out. Lets all remember that there is a lot of bad information going around, so lets make sure the information we are sending out is from a reputable source.

As always, if there are any questions, comments or concerns, please let me know.

Gary

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: Public Health Officials Announce 296 New Cases of Coronavirus Disease
Date: Sunday, March 22, 2020 3:06:45 PM
Attachments: [20200322_COVID-19_Update.pdf](#)

Here is the latest total update for Illinois. There is a little info on the bottom regarding pregnant women if anyone's wives are currently pregnant or if you get this question from a Pt.

Thanks,
Gary

From: SIREN [a9165de2-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Sunday, March 22, 2020 2:35 PM
To: Gary Schumacher
Subject: IDPH: Public Health Officials Announce 296 New Cases of Coronavirus Disease

Gary Schumacher,

SIREN NOTIFICATION

To: LHD Administrators, LHD ERCs, LHD PIOs, LHD CD / INEDSS Staff, LHD Nurses and Nurse Directors, LHD Laboratory Personnel, State of Illinois Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital Infectious Disease Practitioners, Hospital Nurses and Nurse Directors, Hospital Laboratory Personnel, Hospital Emergency Department Staff, Hospital EMS Staff, RHCCs, FQHCs, IL Poison Control Center, State of Illinois Local EMAs, Regional Superintendents, School and University Emergency Management / Health Care Staff, Daycare Facilities, and American Red Cross Contacts, IL Dermatology Institute, HHS, and IPHA, Blood Banks, and Public Health Partners, and all other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH COOP Leadership, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Section Chiefs, IEMA Director / Staff, and State of Illinois SEOC Liaisons, ASPR

From: Illinois Department of Public Health PIO

Date: March 22, 2020

Subject: Public Health Officials Announce 296 New Cases of Coronavirus Disease

The attached document entitled, "20200322 COVID-19 Update" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added, deleted, or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



NEWS RELEASE

FOR IMMEDIATE RELEASE

March 22, 2020

CONTACT:

Melaney Arnold – 217-558-0500

Covid.media@illinois.gov

Public Health Officials Announce 296 New Cases of Coronavirus Disease

SPRINGFIELD – The Illinois Department of Public Health (IDPH) today announced 296 new cases of coronavirus disease (COVID-19) in Illinois, including an infant. IDPH also announced three deaths. The deaths included a Cook County man in his 80s, a Chicago man in his 80s, and a McLean County woman in her 70s. Jo Daviess, Livingston, Rock Island, and Stephenson counties are now also reporting cases. Currently, IDPH is reporting a total of 1,049 cases in 30 counties in Illinois. The age of cases ranges from younger than one to 99 years.

Health officials are still learning about this new virus and information and guidance is rapidly evolving. At this time, it is still unknown if a pregnant woman with COVID-19 can pass the virus to her fetus or baby during pregnancy or delivery. According to the Centers for Disease Control and Prevention, no infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breastmilk.

Cases by county can be found on the [IDPH website](#), as well as a list of [local health departments](#) who will have the most up-to-date information.

For donations, email PPE.donations@illinois.gov. For health questions about COVID-19, call the hotline at 1-800-889-3931 or email dph.sick@illinois.gov.

###

Find us on Facebook at [Facebook.com/IDPH.Illinois](https://www.facebook.com/IDPH.Illinois) or follow us on Twitter [@IDPH](https://twitter.com/IDPH)

Nationally Accredited by PHAB



From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: COVID update 3/23
Date: Monday, March 23, 2020 6:42:19 PM
Attachments: [ALGH EMSS COVID-19 Update 3-19-20.pdf](#)

Attached is a update from LGH. Most of it is a review of what we are currently practicing, but it is a good reminder.

I also had some clarifications regarding the use of A13.

-The use of A13 to transport suspect Pt's is only an option for us. It is not a hard and fast rule that every suspect Pt needs to be transported in A13. If there is a significant delay in getting A13 to the scene, the Pt can be transported in the on scene ambulance. Also, if the Pt's condition dictates ALS care, that Pt can be transported in the fully stocked ambulance. Lastly, when we do transport a Pt in A13 you always have the option to bring equipment in that ambulance (ie. Monitor, red bag, drug box).

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us



Advocate
Lutheran General Hospital
EMS System
Memo

Date: March 19, 2020
To: All ALGH EMS System Participants
From: ALGH EMS System Team
Subject: COVID-19 EMS Updates

Here is the latest information on COVID-19 as of today, March 19, 2020 ~

1. Basic COVID-19 information and updates from the CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
2. Re-using N95 and surgical masks – All EMS individuals will be allotted one (1) N95 and one (1) surgical mask per 24-hour shift.

The info below is from CDC & NIOSH and is supported by IDPH:

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

- Donning and doffing a used N95 mask or surgical mask (5 min video) https://players.brightcove.net/2379864796001/default_index.html?videoId=6142086751001
- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- N95 mask re-use is thought to be safe. The mask should be replaced per the indications listed above. Otherwise, ideally the mask should be replaced after 5 uses. With a severe PPE shortage, we may need to use the masks for a longer time period.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Keep used N95 masks in a clean paper bag between uses. Discard the paper bag after use.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

3. Save N95 masks for aerosolizing procedures (see below).
4. Aerosolizing procedures include intubation, nebulizer treatments, CPAP, suctioning, & BVM. Only perform these treatments if the patient is in extremis and needs these treatments immediately:
 - If one of the above procedures must be performed, CDC recommends that it be done away from pedestrian traffic, that the ambulance doors be opened & the HVAC system be turned on
 - We are investigating a nebulizer with a filter; more to come on this
5. Any provider participating in cardiac arrest care should wear full PPE including N95 mask.
6. If there is a shortage of gowns, they should be prioritized for aerosol generating procedures.
7. Reminders →
 - Perform appropriate hand hygiene before and after patient contact [https://emcrit.org/ibcc/covid19/#personal_protective_equipment_\(PPE\)](https://emcrit.org/ibcc/covid19/#personal_protective_equipment_(PPE))
 - One crew member in a surgical mask should approach the patient but maintain the 6-foot distance and assess for travel and medical history.
 - If COVID is not suspected, EMS should follow standard procedures and use appropriate PPE for evaluating and treating the patient.
 - Based on this information, if the patient has positive travel history and/or a fever and/or respiratory symptoms and EMS suspects COVID, all crew members must apply all 4 components of PPE: eye protection, surgical mask, gown and gloves.
 - Place a surgical mask on the patient.
 - Complete assessment and treatment per ALGH EMSS SOPs, contact OLMC as needed.
 - For any aerosolizing procedures, EMS should apply an N95 mask.
 - If possible, turn on ambulance exhaust fans.
 - Avoid touching your face even with PPE on.
 - Limit the number of EMS individuals that are in close contact with the patient.
 - Notify receiving hospital that the patient has exposure history and/or signs/symptoms of COVID-19.
 - Keep patient separated from others as much as possible.
 - Family members and close contacts with possible COVID-19 symptoms should not ride in the ambulance. If this must occur, these individuals must also wear a surgical mask.
 - FYI: there are visitor restrictions at the hospitals.
 - Isolate driver & patient compartment if possible.
 - Ventilation in both driver and patient compartment should be on non-recirculated mode.
 - If the vehicle has a rear exhaust fan, use it to draw air away from cab.
 - Without isolated driver compartment, open outside air vents in the driver area and turn on the rear exhaust ventilation fans to highest setting.
 - Document patient care and all individuals that had contact with patient, including police officers.
 - Document PPE worn by all individuals.

8. Cleaning:

- If you are using your department-issued goggles, please remember to clean them after each use (inside and outside) with either the purple or orange Sani cloths at ALGH & RMC, see below.
- Super Sani-Cloth (Purple) has a 2-minute contact/kill time
- Sani-Cloth AF-3 (Gray) that is used for electronic devices that cannot tolerate exposure to alcohol -> has a 3-minute kill time (ALGH only)
- Sani-Cloth Bleach (Orange) has a 4-minute contact/kill time
- Wet the surface with the wipe and let it sit for the contact/kill time
- These cleaning cloths will be distributed as needed. They are in short supply as well. You will not be resupplied with the container just given a few wipes as needed for cleaning.

9. From CDC:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning vehicles, wear gown and gloves
- Wear face shield or facemask and goggles if splashes or sprays are anticipated
- All surfaces that may have come in contact with the patient should be thoroughly cleaned
- Stretcher rails, floors, walls, work surfaces, monitor cables, BP cuffs
- Avoid shaking linen
- Place linen in linen container at hospital
- Place garbage in red bags and dispose at hospital

10. Possible COVID-19 EMS transports & follow up:

- We thought it would streamline the process if we “divide and conquer”, so we have assigned each provider to an ALGH EMSS RN (below). Please contact your assigned RN for patient follow up if your department transports a suspected COVID patient:

Kathy -> GVFD, MGF D & NMFPD

Anne -> NFD & PRFD

Robyn -> NPFPD, NIPAS (& DFPD)

- As of today, ALGH is not yet performing the COVID testing. We are told that we should have those capabilities by next week. In the meantime, our tests are either being sent to Cook County Department of Public Health (CCDPH) or Quest Labs (in California). Turn-around time (TAT) can be as long as 4-7 days. ALGH is only notified if the test is positive.
- Today IDPH distributed an updated document Interim Guidance for Work Exclusion and Monitoring Recommendations for Healthcare Settings and EMS (3/19/20). It has been distributed with this memo.

11. Questions we have received:

- What happened to the 6-month supply of PPE that was reported at our last Chief/MO meeting?
 - ➔ Usage of PPE in the last few weeks has been much greater than under routine circumstances. As a consequence, our PPE has been running low and it is imperative that we be good stewards of this resource. Please use masks and other PPE according to most recent guidelines. It is essential we preserve this resource in case our volume and acuity continue to increase. We are working with Advocate Supply Chain and with our Region IX Regional Hospital Coordinating Center (RHCC) to procure PPE for the ED and EMS. EMS providers and the ED staff will all be following the same guidelines for PPE use and re-use.

- Has 1 EMT/1 paramedic on the ambulance been considered?
 - ➔ Not at this time but we will monitor the situation and work with our providers. We will certainly consider alternative ambulance staffing depending upon the ability and health of our EMS providers.

- COVID testing and requests:
 - ➔ Just because an individual is requesting transport for a COVID test does not mean that they will get tested. There are very specific criteria to get a test performed.

 - ➔ A COVID test is only performed after an ED MD has assessed the patient and history. Sometimes even though EMS has assessed a possible COVID situation, the ED MD may learn additional information and find that the patient is low risk for COVID and may not order a test.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: EMS and Hospital PPE Conservation
Date: Monday, March 23, 2020 10:00:27 AM
Attachments: [20200321_IDPH_Recommendations_for_PP.pdf](#)

Here is the IDPH memo on conservation of PPE which we are already practicing.

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: SIREN [mailto:a90dcd40-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]

Sent: Saturday, March 21, 2020 2:53 PM

To: Gary Schumacher <gschumacher@glenview.il.us>

Subject: IDPH: EMS and Hospital PPE Conservation

Gary Schumacher,

SIREN NOTIFICATION

To: Illinois LHD Administrators, LHD ERCs, LHD PIOs, LHD CD / INEDSS Staff, LHD Nurses and Nurse Directors, LHD Laboratory Personnel, Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital ED Personnel, Hospital Nursing Directors, Hospital EMS Staff, Hospital Laboratory Staff, Hospital ID/INEDSS, REMSC / EMS Partners, FQHCs, IL Poison Control Center and State of Illinois Local EMAs, and Physicians

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IL Poison Control Center and IEMA Director / Staff, ASPR, RHCC's

From: Illinois Department of Public Health

Date: 03/21/2020

Subject: EMS and Hospital PPE Conservation

The attached document entitled, "20200321_IDPH_Recommendations_for_PPE Conservation" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)** and can be viewed by logging in to www.siren.illinois.gov.

For questions on SIREN alerting/notifications or if you believe you received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN

JB Pritzker, Governor

Ngozi O. Ezike, MD, Director

The Illinois Department of Public Health is recommending all hospitals and EMS providers **MUST** immediately elevate their conservation and contingency strategies as it relates to Personal Protective Equipment (PPE). Please use this guidance to conserve PPE wherever allows, while ensuring the safety of healthcare personnel. Receiving hospitals remain the responsible party for allowing EMS to restock their equipment or supplies after transporting patients.

The CDC has provided guidance for conservation and contingency measures which may change daily practices but may not have a significant impact on the care delivered to the patient or the safety of the healthcare provider. The following measures may be considered in the setting of potential shortages of N95 respirators, surgical or procedures mask, gowns, and goggles. Hospital and EMS providers should make decisions on a case by case basis taking in to account the local conditions.

EMS and Hospital considerations **MUST** be made for:

- Expediting discharges for patients who can safely be discharged home- *applies to hospitals*
- Maximizing use by preserving masks in a paper bag, or breathable container
- Use of N95 masks beyond the expiration date
- Extended use of masks and reuse per the CDC guidance
- Facemasks as an acceptable alternative until the supply chain is restored.
- Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Eye protection, gown, and gloves continue to be recommended.
- If there are shortages of gowns -
 - prioritize for aerosol-generating procedures,
 - care activities where splashes and sprays are anticipated, and
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- When the supply chain is restored, fit-tested clinicians should return to use of respirators for patients with known or suspected COVID-19.

Resources:

CDC Guidance for Contingency Strategies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html>

Interim Guidance for EMS: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Extended Use Guidance: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: COVID-19 quick ref guide
Date: Friday, March 27, 2020 4:58:46 PM
Attachments: [3.27 quick ref.docx](#)

All,

With the overwhelming amount of information that has been getting sent out, Lt. Bos and I have put together a summary/quick ref guide for COVID-19 info. Hopefully you will find this useful. Pg's 2 and 3 were put together by FF/PM Huemann (he pulled info together from 3 sites). It is 2 flow charts showing our exposure risk based on several factors. (Pt with or without a mask and our level of PPE). The big take-a-way from these charts is how much lower our exposure risk is, just by putting a surgical mask on the Pt.

Officers,

Can you please print out and post at your stations.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

COVID-19 Quick Reference Guide

-Battalion Chiefs will be monitoring inventory and housing all PPE items and will replace when requested

-Conserve and re-use PPE!

- N95's can be used 5 times

- Store in paper bags (replace bag after each use)

- Aerosolizing procedures require: N95, eye protection, gloves and gown

- Surgical mask over N95 will extend the life

- N95's are disposed of if:

 - Damaged

 - Exposed to secretions/blood

 - Used for aerosolizing procedure

-Only 1 medic within 6' of Pt if possible

-Place surgical mask on Pt – this significantly cuts down on our risk!

-Isolate cab of the ambo

-Use exhaust fan in Pt compartment (These fans exchange the air every 2 mins)

-Only perform aerosolizing procedures if the Pt is in extremis

- Perform in ventilated area or with the ambulance doors open

- No Pt should be brought into the ED while using a nebulizer

-If working a cardiac arrest

- Call medical control early. Do not wait the full 30 mins. They may call it early.

-Refrain from transporting any family members in the ambulance, with some exceptions (i.e. parent of a child). If a question arises about taking a family member, call the hospital prior to leaving the scene. The ED's have very strict rules on visitors.

Covid-19 Exposure Risk

Patient **Wearing** a Hospital Mask (Applied at or before pt contact)

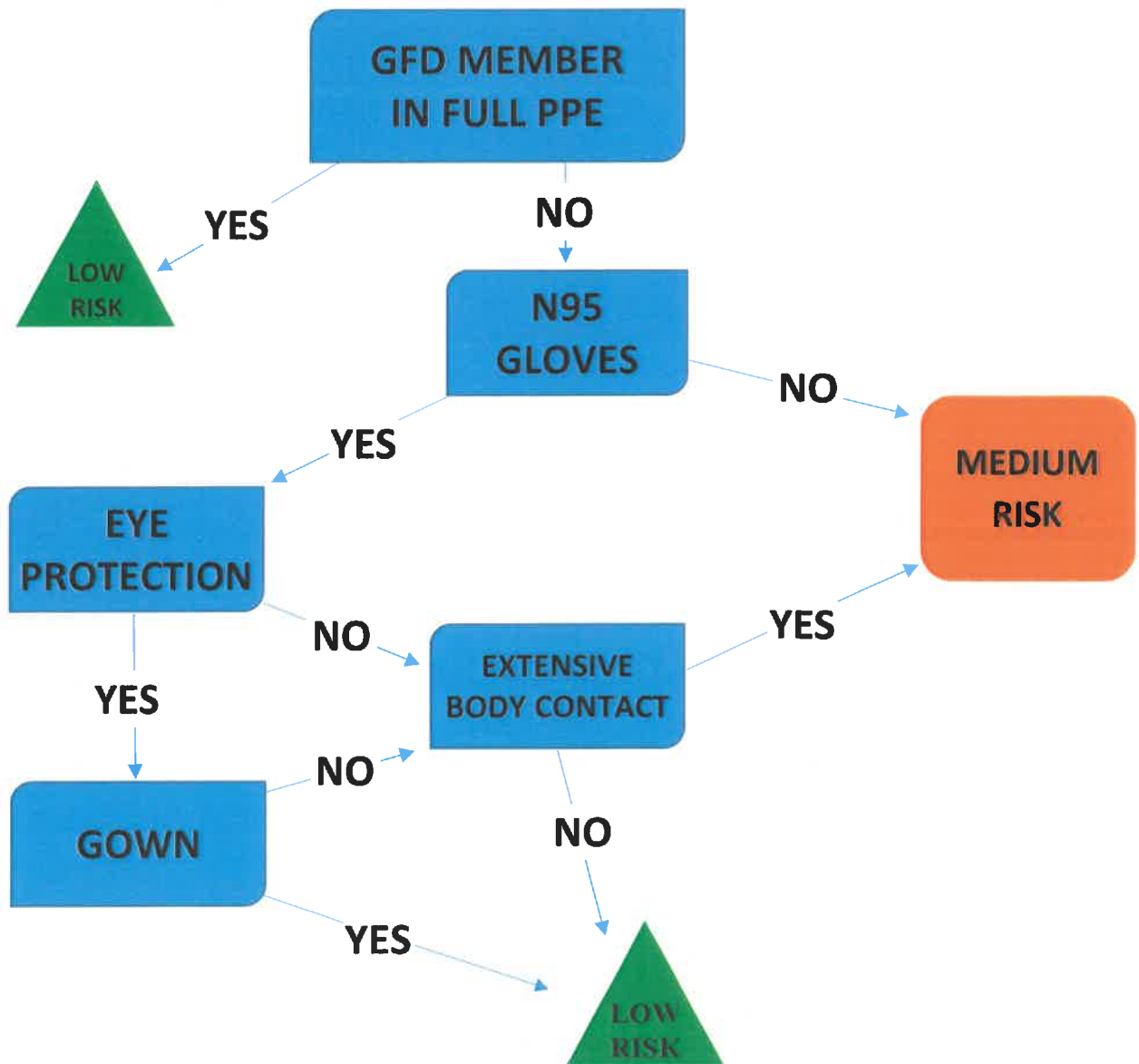
**Procedures that generate high concentrations of respiratory secretions or aerosols are HIGH RISK Procedures. This risk should be considered prior to providing these treatments.

Prolonged Close Contact – Within 6 feet for more than 1-2 minutes

Full PPE – N95, Gloves, Eye Protection, Gown

Extensive Body Contact – manual vitals, iv, io, rolling the pt, assisting pt onto cot

Respiratory Aerosol Procedures – cardiopulmonary resuscitation, intubation, i-gel, oropharyngeal, nasopharyngeal, bvm, cpap, nrb, nebulizer, suctioning, cannula



Covid-19 Exposure Risk

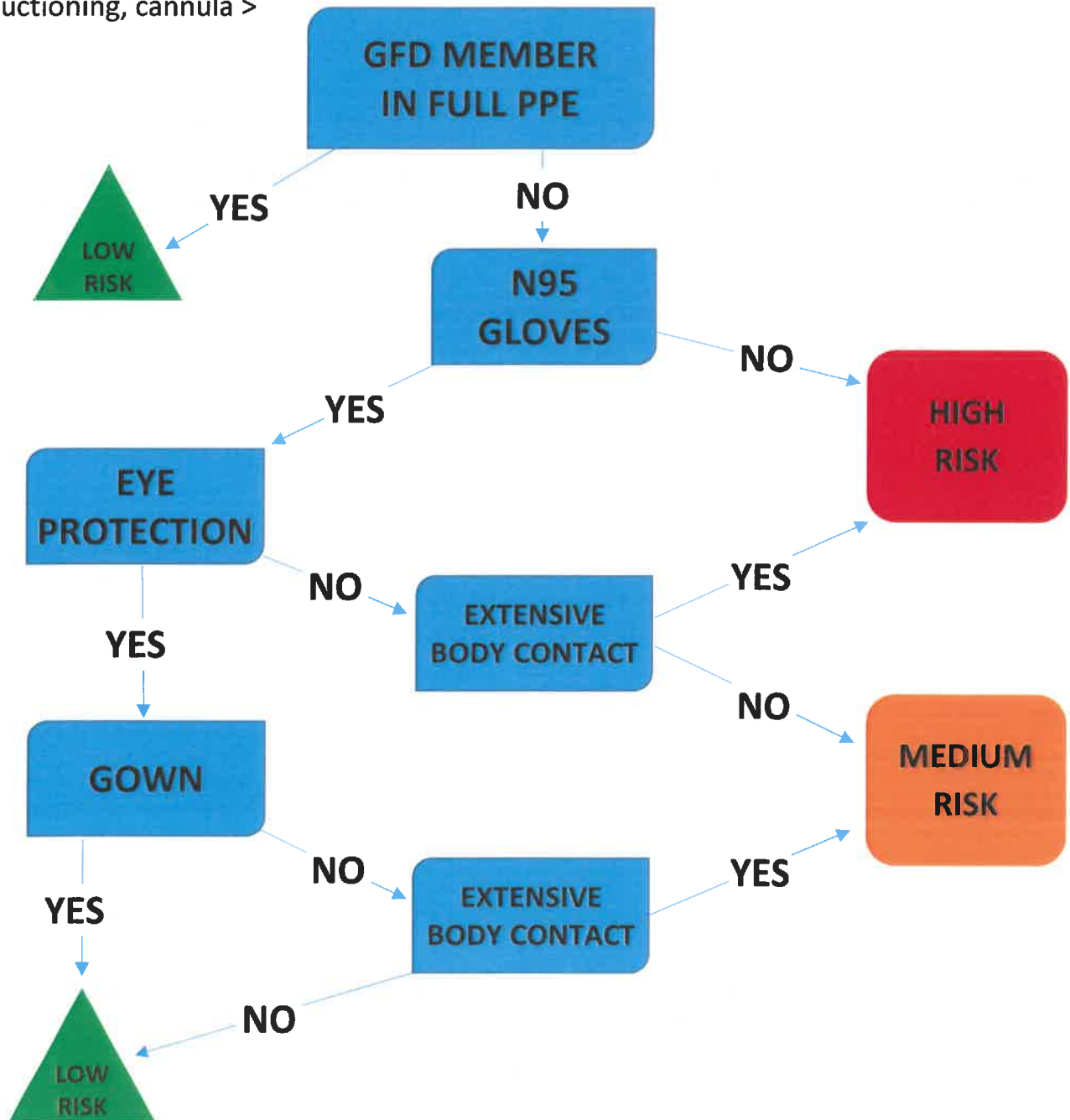
Patient **Not** Wearing a Hospital Mask

Prolonged Close Contact – Within 6 feet for more than 1-2 minutes

Full PPE – N95, Gloves, Eye Protection, Gown

**Procedures that generate high concentrations of respiratory secretions or aerosols are HIGH RISK Procedures. This risk should be considered prior to providing these treatments.

These procedures include, but are not limited to; cardiopulmonary resuscitation, intubation, i-gel, oropharyngeal, nasopharyngeal, bvm, cpap, nrb, nebulizer, suctioning, cannula >



From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: New procedure for signatures
Date: Wednesday, April 1, 2020 8:01:13 PM
Attachments: [COVID19 signature documents.docx](#)

We are no longer getting signatures from Pt's or nurses on Trip Tix for transports to the ED. We ARE still getting signatures for refusals/releases. Please see the attached document for details on how the paperwork is to be filled out. We are also advising everyone to fax in the paperwork to the ED instead of going back into the ED to print. This paperwork is still required to be done within 2 hrs. Drop your Pt off at the ED, give report to the nurse, then go back to the ambulance to write your report and then fax from there prior to leaving. Fax numbers are also listed in the attached document.

Thanks,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

COVID-19 Signature Procedures

TRANSPORTED PATIENTS- We will NOT be retrieving ANY signatures from PATIENTS or NURSES

- The only signature document that we will be filling out is Option 3 "Crew/Facility Signature AOB"

AOB Patient Signature AOB Patient Signature	AOB Patient Representative Signature AOB Patient Representative Signature
IDPH Involuntary Admission Form - 1 Page 1	IDPH Involuntary Admission Form - 2 Page 2
IDPH Involuntary Admission Form - 3 Page 3	IDPH Involuntary Admission Form - 4 Page 4
IDPH Involuntary Admission Form - 5 Page 5	Patient Refusal Patient Refusal
Option 3 - Crew/Facility Signature AOB Assignment Of Benefits - Crew/Facility Signature	Controlled Drug Administration Form Records of waste information for controlled drugs
Facility Signature no description	

- The report writer will sign in the usual spot as "Provider Signature"
- Reason the patient is unable to sign under "incomplete fields" will be "biohazard"
- Receiving Facility (Nurse) signature will be the reporter writing "COVID-19"

Print Name of Receiving Facility Representative & Credentials

COVID 19

COVID-19

Printing/Faxing

Hospital Fax Number	
Evanston	(847)570-2932
Glenbrook	(847)657-5993
Lutheran	(847)723-2277
Skokie	(847)933-3958

Patient Refusals

- We are still required to get signatures on refusals/releases. We are working with Trip Tix to get the new "ALGH Non-Transport Agreement" into the Trip Tix system.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: New COVID-19 guidelines and non-transport agreement
Date: Thursday, April 2, 2020 9:24:02 PM
Attachments: [Suspected COVID 19 Non-transport.docx](#)

All,

We had our first training on the new COVID-19 guidelines and non-transport agreement today. Some changes are coming out of this training. For those of you who had the training, this will hopefully make sense. For those that have not, it will soon.

We are distributing to each ambulance a laminated copy of the new guidelines (3 pgs double sided) and a laminated Non-transport agreement along with about 20 copies of a handout that we can leave for the patient. The suppression vehicles are getting a laminated copy of the Non-transport agreement along with the same handouts. These handouts are from the CDC and it gives guidance on how to monitor themselves and how to protect others in their household. I have saved these files on server if you need to print more handouts or want to review the LGH forms:

G:\COVID-19 IAP and Daily 214\EMS Forms

As far as the Non-transport agreement goes, we will be reviewing the form with the patient, and they will sign our release/refusal form. Please see the attached document for instructions.

If you have any questions, please let me know,

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

Suspected COVID 19 Non-Transport

Incident Tab → Response → Patient Disposition

- Patient Disposition will be selected as: Patient Evaluated, non-transport COVID 19

The screenshot shows a software interface with a sidebar on the left containing menu items: INCIDENT, CREW, DISPATCH, RESPONSE (highlighted), SCENE, and PATIENT. The main area is titled 'PATIENT DISPOSITION' and includes a search bar with the text 'filter...'. Below the search bar, there is a list of options with radio buttons to their right:

- DOA-No Resuscitation Attempted (With Transport)
- DOA-No Resuscitation Attempted (Without Transport)
- DOA-Resuscitation Attempted (Without Transport)
- Patient evaluated, Non-Transport COVID 19** (This option is selected, indicated by a blue highlight and a filled radio button)

Narrative Tab

- You MUST enter the COVID 19 Agreement, located in the narrative templates. Below is the statement that will auto populate. It is still your responsibility to write the rest of the narrative for that incident.

The screenshot shows the 'NARRATIVE' tab in the software interface. It features a text input field with the text 'COVID 19 Agreement' and a blue 'X' icon to its right. Below the input field is a rich text editor toolbar with various icons for undo, redo, cut, copy, paste, bold, italic, bulleted list, numbered list, indent, and outdent, along with 'Insert' and 'Clear' buttons. Below the toolbar, the following text is displayed:

Patient was explained the Advocate Lutheran General EMS System Patient Agreement for non-transport during COVID-19 pandemic. Patient presented with mild symptoms, normal vital signs, and no signs of more severe disease. Patient advised to contact their personal healthcare practitioner, or if their condition worsens call 911.

Signature Documents Tab

- Refusal Document will be selected
- In the "other" option at the bottom of the page you will be typing/writing in, "COVID 19 Non-Transport Agreement." To type in the "other" selection you will need to skip through the "incomplete fields."

- Then obtain the patient's signature. The report writer signs as the provider and a GFD member will sign as the witness.



Refusal to Sign Release Statement: The above patient was informed regarding the risks of refusing care/transportation and was asked to read and sign the Release of Liability Statement. The patient, or the person authorized to give consent for the patient, continued to refuse treatment/transportation, and refused to sign this release statement.

COVID 19 Non-transport Agreement

Other: _____

Patient Signature

Printed Name

Date

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: 20200403 Illinois COVID-19 Community Based Testing Sites
Date: Friday, April 3, 2020 9:36:19 PM
Attachments: [20200403_Illinois_COVID-19_Community.pdf](#)

Please see the email below. The state has opened 2 more drive thru testing facilities. Be aware that you have to meet certain criteria to actually be tested.

From: SIREN [a9ac551c-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Friday, April 03, 2020 6:32 PM
To: Gary Schumacher
Subject: IDPH: 20200403 Illinois COVID-19 Community Based Testing Sites

Gary Schumacher,

SIREN NOTIFICATION

To: Hospitals Statewide, LHD's Statewide, HCC's Statewide, Local EMA's Statewide, EMS Partners Statewide, and other Public Health Partner Medical Professionals Statewide

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, and IEMA Director / Staff, ASPR, RHCC's

From: Illinois Department of Public Health

Date: April 3, 2020

Subject: Illinois COVID-19 Community Based Testing Sites

The attached document entitled, "20200403_Illinois_COVID-19_Community_Based_Testing_Sites" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction. To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)

- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



Illinois COVID-19 Community Based Testing Sites

JB Pritzker, Governor

Ngozi O. Ezike, MD, Director

The Illinois Department of Public Health (IDPH) has opened two state-operated Community Based Testing Sites (CBTS) to date, in response to COVID-19. IDPH leads these sites with an interagency team that includes Illinois Air National Guard, Army National Guard, federal U.S. Public Health Service officers, as well as local health department, law enforcement, fire, and emergency management personnel, and others. These locations were established as drive-through medical screening centers and intended to test individuals who are most likely to contract or spread COVID-19. There are specific screening criteria individuals must meet to receive testing.

In order to receive testing, persons must be symptomatic and meet the following screening criteria:

- **Healthcare facility workers with symptoms**
- **First responders with symptoms**
- **Individuals over the age of 65 with symptoms**
- **Individuals with underlying health conditions with symptoms**

Additional resources and information on testing, symptoms of COVID-19, and populations who may be at higher risk for more severe complications from COVID-19 is available at www.coronavirus.gov.

Individuals who meet the screening criteria and wish to undergo COVID-19 screening should arrive at the CBTS in a personal vehicle and be prepared to present: a photo ID; healthcare facility employee or first responder ID/badge (if applicable); and a health insurance card. Those who meet the screening criteria will be tested regardless of whether they have insurance.

Those persons screened at the CBTS locations will be notified of their results in approximately seven days by telephone. The number will appear as a call from 1-833-447-0001 (Caller ID: Results Center). If there is no answer, the call center will not leave a message due to privacy considerations. However, two follow up calls will be attempted.

Illinois residents seeking information on COVID-19 can also visit <https://coronavirus.illinois.gov/s/> or contact our 24-hour COVID-19 hotline at 1-800-889-3931. Please note the hotline will not be able to provide test results from the CBTS.

Illinois COVID-19 Community Based Testing Site Locations

Chicago – Harwood Heights

EPA Emissions Testing Facility
6959 W. Forest Preserve Drive (Parking Lot)
Chicago IL, 60434

Central Illinois - Bloomington

McLean County Fairgrounds
1106 Interstate Dr.
Bloomington, IL 61705

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: Guidance on the Use of Masks by the General Public
Date: Monday, April 6, 2020 5:27:34 PM
Attachments: [20200406_IDPH_Guidance_for_the_Use_o.pdf](#)
Importance: High

Please see the attached info from IDPH. This is in regards to the wearing of masks by the general public and how to make homemade masks. I am sure we will get these questions from the public or families.

Gary

From: SIREN [a9c240bc-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Monday, April 06, 2020 4:41 PM
To: Gary Schumacher
Subject: IDPH: Guidance on the Use of Masks by the General Public

Gary Schumacher,

SIREN NOTIFICATION

To: LHD Administrators, LHD ERCs, LHD PIOs, LHD CD / INEDSS Staff, LHD Nurses and Nurse Directors, LHD Laboratory Personnel, State of Illinois Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital Infectious Disease Practitioners, Hospital Nurses and Nurse Directors, Hospital Laboratory Personnel, Hospital Emergency Department Staff, Hospital EMS Staff, RHCCs, FQHCs, IL Poison Control Center, State of Illinois Local EMAs, Regional Superintendents, School and University Emergency Management / Health Care Staff, Daycare Facilities, and American Red Cross Contacts, IL Dermatology Institute, HHS, and IPHA, Blood Banks, and Public Health Partners, and all other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH COOP Leadership, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Section Chiefs, IEMA Director / Staff, and State of Illinois SEOC Liaisons, and ASPR

From: Illinois Department of Public Health

Date: April 6th, 2020

Subject: Guidance on the Use of Masks by the General Public

The attached document entitled, "IDPH Guidance for the Use of Masks by the General Public" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction.

To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



Guidance on the Use of Masks by the General Public

SARS-CoV-2 is a novel coronavirus that has emerged and caused coronavirus disease (abbreviated as COVID-19). Public health experts continue to learn about COVID-19, but based on current data and similar coronaviruses, the virus is believed to be spread between close contacts via respiratory droplets or contact with contaminated surfaces. While staying home, social distancing, and strict hand hygiene are still preferred methods for preventing further spread of COVID-19, facemasks are one more tool that may be used by the general public and essential workers to protect each other from respiratory droplets produced when we cough, sneeze, or talk.

The U.S. Centers for Disease Control and Prevention (CDC) now recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

The most effective measures for preventing further spread of COVID-19 remain staying home when you are sick, maintain physical separation between other people while out in public (at least 6 feet), and frequently washing your hands with either soap and water or an alcohol-based hand rub.

When to Wear a Mask

All Illinoisans should wear a mask or face covering when they must leave their home or report to work for essential operations and they either cannot or it is impractical to maintain 6 feet of physical distance between themselves and others. Examples include:

- Shopping at essential businesses, like grocery stores or pharmacies,
- Picking up food from the drive thru or curbside pickup,
- While visiting your health care provider,
- Traveling on public transportation,
- Interacting with customers, clients, or coworkers at essential businesses,
- Performing essential services for state and local government agencies, such as laboratory testing, where close interactions with other people are unavoidable, and
- When feeling sick, coughing, or sneezing.

Those who are staying home and have no close contacts that are infected with COVID-19 don't need a mask while at home. Provided you do so alone or with close, household contacts, other situations that don't require a mask or face covering include running or walking in your neighborhood, mowing the lawn, performing spring yard cleanup, gardening, driveway car washing, and other outdoor activities on

your own property. Nevertheless we must be intentional about avoiding crowds and social distancing so we can enjoy physical connections later.

By following this guidance when you must leave your home, you will reduce your fellow citizen's exposure to respiratory droplets and infectious particles, and they yours. This will protect all of us.

Best Practices for Homemade Masks or Face Coverings

Best practices for making and wearing homemade masks include:

- Using materials available at home or buying materials online to avoid exposure in public places.
- Purchasing masks made by small businesses, saving medical masks for health care workers and potentially helping the local economy.
- Making masks from materials that will hold up to daily washing and drying. Wash and dry newly sewn masks before using them for the first time.
- Having more than one mask per person so they can be laundered daily. This will also be helpful if your mask becomes wet, damaged, or no longer fits and you need to replace it.
- Washing your hands with alcohol-based hand rub or soap and water before putting on a mask, immediately after removing it, or if you touch the mask while using it.
- The mask should fit snugly around your mouth and nose. A metal wire sewn or built into the mask will help it conform to the bridge of your nose.
- Avoiding touching the mask while using it. If you do wash your hands with soap and water or alcohol-based hand rub.
- There are relatively few studies of the effectiveness of masks made from homemade materials. Whether you use cotton fabrics, paper-based shop towels, or other materials, try to strike a balance between the materials you already have at home, how easy it will be to breathe while wearing the mask for extended periods away from home, and whether or not you would prefer to craft a new mask every day (paper) or wash and reuse your mask(s).
- Replacing your mask when wet, damaged or it no longer fits your face. Masks should not be worn damp or when wet from spit or mucus.
- Try to avoid touching the outer surface of the mask when removing it. Remove the mask by untying it or unfastening the ear loops. Place it in a bag or bin away from small children or pets until it can be laundered.

This does not replace but enhances other IDPH guidance concerning social distancing and universal masking in congregate living facilities.

How do I care for my mask?

It's a good idea to wash your mask or face covering at least daily. Place your used masks in a bag or bin away from small children or pets until they can be laundered with detergent and dried on a hot cycle. If you need to remove and reuse your mask before washing, consider putting it in a plastic or paper bag (not your backpack or purse) and be mindful not to put the mask where others can touch it or where the mask will contaminate other, shared surfaces. Wash your hands immediately after putting it back on and avoid touching your face.

Paper-based masks, like those crafted from shop towels, should be discarded after each use.

How do can I make my own mask or face covering?

There are a number of online resources, including the following, with instructions for making homemade masks and face coverings from cloth fabric or paper. You may even be able to use a 3D Printer with open source designs if you have one at home.

CDC DIY Cloth Face Coverings (April 4) – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

CDC Recommendations for Cloth Face Covers – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

U.S. Surgeon General How to Make Your Own Face Covering (YouTube) – <https://youtu.be/tPx1yqvJgf4>
CDC Cloth Face Covers FAQ – <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html>

Pennsylvania Department of Public Health Guidance on Homemade Masks during COVID-19 – <https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Homemade%20Mask%20Guidance.pdf>

California Department of Public Health – <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Face-Coverings-Guidance.aspx>

Minnesota Department of Health Interim Guidance on Alternative Facemasks – <http://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf>

New York City Department of Health and Mental Hygiene Face Coverings FAQ – <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf>

National Institutes of Health 3D Print Exchange – <https://3dprint.nih.gov/collections/covid-19-response>

JOANNE Fabric Stores – <https://www.joann.com/make-to-give-response/>

Easy No-Sew Shop Towel Mask (YouTube) – <https://youtu.be/mai-UqdNRi8>

Coronavirus Tips: How to make a mask without sewing (YouTube) – <https://youtu.be/t7oE65D4jGkCoron>

This guidance was adapted from universal masking guidance available from the Pennsylvania Department of Public Health, California Department of Public Health, and New York City Department of Health and Mental Hygiene.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: Convalescent Plasma for the Treatment of COVID-19 and Donation of Convalescent Plasma
Date: Monday, April 13, 2020 9:34:55 PM
Attachments: [20200413 IDPH Convalescent Plasma CO.pdf](#)

Interesting read on a new treatment.

From: SIREN [aa0c2c39-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Monday, April 13, 2020 6:40 PM
To: Gary Schumacher
Subject: IDPH: Convalescent Plasma for the Treatment of COVID-19 and Donation of Convalescent Plasma

Gary Schumacher,

SIREN NOTIFICATION

To: Hospitals Statewide, LHD's Statewide, HCC's Statewide, Local EMA's Statewide, IL Health and Hospital Associations, and other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Long Term Care Leads, IEMA Director / Staff, ASPR, and RHCC's

From: Illinois Department of Public Health

Date: April 13, 2020

Subject: Convalescent Plasma for the Treatment of COVID-19 and Donation of Convalescent Plasma April 13, 2020

The attached document entitled, "IDPH Convalescent Plasma COVID-19" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction.

To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)

[Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)

- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



Convalescent Plasma for the Treatment of COVID-19 and Donation of Convalescent Plasma April 13, 2020

1. Use of convalescent plasma to treat COVID-19 patients

COVID-19 convalescent plasma has not yet been demonstrated to provide clinical benefit in patients affected by this disease. It is not known if this treatment will or will not help those with COVID-19 or if it will have any harmful effects. Based on preliminary data from small series of patients it appears safe and historical precedent with other respiratory infections the antibodies in convalescent plasma may provide therapeutic benefit.

The following pathways are available for the use of COVID-19 convalescent plasma:

a. **Clinical Trials:** Information regarding clinical trials involving use of convalescent plasma is available at clinicaltrials.gov. Not every clinical trial is registered on the clinicaltrials.gov website¹; other clinical trial options may be available.

b. **Single Patient Emergency IND:** The FDA is facilitating access to COVID-19 convalescent plasma for use in patients with COVID-19 infections through a single patient emergency IND (eIND) for the individual patient. For more information, see: www.fda.gov/vaccines-blood-biologics/investigational-new-drug-ind-or-device-exemption-ide-process-cber/recommendations-investigational-covid-19-convalescent-plasma.

c. **Expanded Access Treatment Protocols:** Currently, the Mayo Clinic is the lead institution for the only expanded access protocol approved by the FDA. This protocol targets adults admitted to the hospital with severe² or life-threatening illness:

[National Expanded Access Treatment Protocol \(www.uscovidplasma.org/\)](https://www.uscovidplasma.org/)

Physicians must register their institution in Mayo Clinic's database in order to obtain access to convalescent plasma for their patients under this protocol. To participate, your hospital can rely on the Mayo Clinic IRB. A separate IRB reliance agreement is not required. Hospitals can

¹ Note: Not all clinical trials are registered on the clinicaltrials.gov website.

² Severe COVID-19 is defined by > 1 of the following: shortness of breath, respiratory rate ≥ 30 /min, blood oxygen saturation $\leq 93\%$, partial pressure of arterial oxygen to fraction of inspired oxygen ratio < 300 , lung infiltrates $> 50\%$ within 24 to 48 hours.

designate one physician/PI for this Expanded Access Program OR multiple physicians/ PIs can register for each site.

As of April 13, 2020, over 50 Illinois hospitals have registered to participate in this protocol.

[Expanded Access Treatment Protocol](#) links:

- [Site Registration Form](#) (first step, also includes IRB information)
- [Physician/PI Registration Form](#) (use only after registering your hospital)
- [Patient Enrollment Form](#)(use only after the above steps have been completed and patient has consented)

For more information, go to the [Expanded Access Program website](#), or contact the PI at uscovidplasma@mayo.edu.

2. Donation of convalescent plasma by recovered COVID-19 patients

Convalescent COVID-19 Plasma will be widely available under the above programs only if there is robust participation of recovered patients in the plasma donation process. Hospitals may choose to support donation by contacting and referring recovered patients.

Donors may donate as 14-27 days after they have recovered to donate if they have a negative nasal, nasopharyngeal or blood molecular assay. If donors wait for ≥ 28 days after recovery repeat testing to document a negative specimen is not typically required, and higher antibody levels are usually present.

Alphabetic list of links to current information regarding donation of convalescent plasma through blood donation centers:

1. Central Illinois Community Blood Center
Community Blood Services of Illinois
Mississippi Valley Regional Blood Center:
(Patients must be referred by a provider, hospital or healthcare system for the present to be sure of adequate documentation of infection.)
<https://www.bloodcenter.org/hospitals/patient-services/convalescent-plasma/>
2. Red Cross:
Patient self-referral: <https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html>
3. Versiti:
<https://www.versiti.org/home/convalescent-plasma-donations>
4. Vitalant Patient Self-Referral:
<https://www.vitalant.org/COVIDFree>

A complete list of blood donation centers in IL is here: <https://ilabb.org/Donation.html>.

Version 1.0 (04.13.2020)

Additional information regarding facilitation of donation by recovered patients will be provided in a forthcoming memo.

Reference:

Bloch, Evan, et al. (April 7, 2020). Deployment of convalescent plasma for prevention and treatment of COVID-19. *The Journal of Clinical Investigation*. Retrieved at <https://www.jci.org/articles/view/138745/pdf>

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: COVID-19 Testing Guidance
Date: Friday, April 24, 2020 11:50:59 AM
Attachments: [20200423_COVID-19_Testing_Guidance.pdf](#)
Importance: High

Here is some updated info on testing.

From: SIREN [aa728a5f-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Thursday, April 23, 2020 8:36 PM
To: Gary Schumacher
Subject: IDPH: COVID-19 Testing Guidance

Gary Schumacher,

SIREN ALERT

To: LHD Administrators, LHD ERCs, LHD PIOs, LHD CD / INEDSS Staff, LHD Nurses and Nurse Directors, LHD Laboratory Personnel, State of Illinois Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital Infectious Disease Practitioners, Hospital Nurses and Nurse Directors, Hospital Laboratory Personnel, Hospital Emergency Department Staff, Hospital EMS Staff, IL Health and Hospital Association, RHCCs, FQHCs, IL Poison Control Center, State of Illinois Local EMAs, Illinois Coroners, IL Funeral Directors / Embalmers, Regional Superintendents, IL Oral Health Providers, School and University Emergency Management / Health Care Staff, Daycare Facilities, and American Red Cross Contacts, IL Dermatology Institute, HHS, and IPHA, Blood Banks, and all other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH COOP Leadership, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Long Term Care Leads, IDPH Section Chiefs, IEMA Director / Staff, State of Illinois SEOC Liaisons, and ASPR

From: Illinois Department of Public Health

Date: April 23, 2020

Subject: COVID-19 Testing Guidance

The attached document entitled, "20200423_COVID-19_Testing_Guidance" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration

instruction.

To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the IDPH HAN Team at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



COVID-19 Testing Guidance

Anyone with COVID-19-like illness or symptoms can get a test, even without a doctor's order.

As testing capacity expands, testing is now available for people who:

- Have COVID-19 symptoms (cough, shortness of breath and fever) **AND**
- Have a risk factor, such as
 - Contact with someone confirmed to have COVID-19
 - A compromised immune system or a serious chronic medical condition

Testing is also available for those with or without symptoms who:

- Work in a health care facility
- Work in correctional facilities, such as jails or prisons
- Serve as first responders, such as paramedics, emergency medical technicians, law enforcement officers or firefighters
- Support critical infrastructure, such as workers in grocery stores, pharmacies, restaurants, gas stations, public utilities, factories, childcare and sanitation

A list of testing sites can be found online at coronavirus.illinois.gov/s/testing-sites or dph.illinois.gov/covid19/covid-19-testing-sites.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: What Firefighters and EMS Providers Need to Know About COVID-19
Date: Saturday, April 25, 2020 8:21:01 AM
Attachments: [20200424 COVID-19 Guidance for Firef.pdf](#)
Importance: High



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: SIREN [mailto:aa7aa561-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]

Sent: Friday, April 24, 2020 5:48 PM

To: Gary Schumacher <gschumacher@glenview.il.us>

Subject: IDPH: What Firefighters and EMS Providers Need to Know About COVID-19

Importance: High

Gary Schumacher,

SIREN NOTIFICATION

To: Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital EMS Staff, Hospital ID / INEDSS, IL Health and Hospital Association, Physicians, REMSC / Fire Fighter / EMS Partners, FQHCs, IL Poison Control Center, Local Health Department Administrators, ERCs, CD Staff, and State of Illinois Local EMAs

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IL Poison Control Center and IEMA Director / Staff, ASPR, and RHCC's

From: Illinois Department of Public Health Emergency Operations Center

Date: April 24, 2020

Subject: What Firefighters and EMS Providers Need to Know About COVID-19

The attached document entitled, "COVID-19 Guidance for Firefighters and EMS" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)** and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction.

To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



What Firefighters and EMS Providers Need to Know about COVID-19

Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a virus called SARS-CoV-2. Symptoms often include a fever, cough, or shortness of breath. The virus is thought to spread mainly from person to person between people who are in close contact with one another (within about 6 feet), through respiratory droplets produced when an infected person coughs, sneezes, or talks. Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. It may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads.

As a firefighter or EMS worker providing medical treatment and transport of ill patients, how can I protect myself and others?

- Do not work if you are sick. If you develop a fever or symptoms such as cough or shortness of breath, call your healthcare provider for medical advice and guidance before visiting their office. Follow your department's return-to-work policy after recovering from the illness.
- Contact your supervisor and occupational health program immediately if you are exposed to a patient with suspected or confirmed COVID-19 when you are not wearing recommended personal protective equipment (PPE). Complete any occupational exposure report forms required by your organization.
 - If you are permitted to continue working, take [additional precautions](#), including wearing a facemask and monitoring for symptoms and fever for 14 days after you were exposed to the patient.
- Wear the following PPE for all patient interactions where COVID-19 is suspected or confirmed:
 - Fit tested NIOSH-approved N95 or higher level respirator, or a facemask if a respirator is not available
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when you are performing or present for an aerosol-generating procedure.
 - If you use a respirator, you must be clean-shaven because facial hair can cause respirators to leak around the face seal.
 - A single pair of disposable examination gloves
 - Eye protection, such as face shield or goggles, unless you are wearing a full-face respirator
 - Gown or coveralls

- If your PPE becomes grossly contaminated or compromised (e.g., torn), discard and replace your PPE in accordance with the policies and procedures of your organization.
- Follow [CDC guidance](#) if you are reusing, reprocessing, and storing PPE.
- Have patients wear facemasks or cloth face coverings for source control, if they can tolerate it.
- Limit the number of providers in the patient compartment to minimize possible exposures.
- Use [EPA-registered hospital-grade disinfectant](#)[external icon](#) to disinfect non-porous surfaces of ambulances, gurneys, clipboards, radios, and other frequently touched surfaces or equipment according to the manufacturer's recommendations. Non-porous surfaces of PPE such as powered air-purifying respirators (PAPRs) should be cleaned and disinfected in accordance with the manufacturer's recommendation.
- Launder reusable personal protective clothing (e.g., uniforms) or other porous materials according to the manufacturer's recommendations if they become contaminated.
- Use alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol, or [wash hands](#) with soap and water for at least 20 seconds when soap and water are available. Avoid touching your eyes, nose, and mouth.

What steps should employers of firefighter and EMS personnel take?

- Develop and share a COVID-19 health and safety plan to protect firefighter and EMS employees.
- Deliver up-to-date safety messaging on the current status of resources and protocols.
- Use National Incident Management System (NIMS) forms to document protective actions.
- Actively encourage sick employees to stay home. Employees should not return to work until the [criteria to discontinue home isolation](#) are met, in consultation with healthcare providers and state and local health departments. Sick leave policies should be flexible and non-punitive.
- Fit test personnel for appropriate respirators. Train them on [proper donning, doffing, and maintenance of all PPE](#)[pdf icon](#). All PPE should be accessible to responders when needed and available.
- Implement a [specific protocol](#) [icon](#) with dispatch centers to determine if a caller or patient may have signs or symptoms and risk factors for COVID-19, and [communicate that information to responders](#).
- Consult with state and local jurisdictions regarding access to PPE stockpiles if PPE supplies are limited. Consider establishing strike teams for suspected COVID-19 cases and sending in the fewest number of responders in full PPE as safety allows to assess the situation. Follow [CDC and NIOSH guidance for strategies for optimizing the supply of PPE](#) including:
 - Using reusable respirators that offer an equivalent or higher level of protection as N95 respirators (e.g., elastomeric respirators, PAPRs, or self-contained breathing apparatus [SCBA] facepieces)
 - Allowing [extended use or limited reuse](#) of certain types of PPE (e.g., N95 respirators)
 - Considering the use of [PPE past their manufacturer-designated shelf life](#)
- During pre-hospital care, take steps for universal source control for anyone (e.g., EMS providers, patients, family members), regardless of whether they have symptoms:

- [Cloth face coverings](#) are not considered PPE but can be used for source control.
- PPE (e.g., medical facemasks, N95 respirators) should be reserved for firefighters, EMS providers, and other first responders.
- Consult with your state and local jurisdictions regarding their policies and procedures for like emergency first responders.
- Follow CDC guidance for when firefighters and EMS providers can return to work:
 - [following potential exposure to patients with COVID-19](#)
 - [after being diagnosed with confirmed or suspected COVID-19](#)
- Designate a person to be responsible for addressing employees COVID-19 concerns.

Where can I get more information?

Stay informed. Talk to your employer, supervisor, union representative, or occupational health provider who is responsible for responding to COVID-19 concerns. See these sources for more information:

- [NIOSH Workplace Safety and Health Topic website](#)
- [NIOSH Interim Training for Emergency Responders: Reducing Risks Associated with Long Work Hours](#)
- [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#)
- [CDC Strategies for Optimizing the Supply of PPE](#)
- [CDC Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life](#)
- [CDC COVID-19 website](#)
- [OSHA COVID-19](#)
- CDCINFO: [website](#) | 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: Considerations for Healthcare Providers in ANY Healthcare Setting
Date: Sunday, April 26, 2020 4:23:12 PM
Attachments: [20200426_Healthcare_Providers_Consid.pdf](#)

Please read attachent.

From: SIREN [aa819316-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Sunday, April 26, 2020 12:45 PM
To: Gary Schumacher
Subject: IDPH: Considerations for Healthcare Providers in ANY Healthcare Setting

Gary Schumacher,

SIREN NOTIFICATION

To: LHD Administrators, LHD ERCs, LHD PIOs, LHD CD / INEDSS Staff, LHD Nurses and Nurse Directors, LHD Laboratory Personnel, State of Illinois Hospital Administrators, Hospital Emergency Preparedness Staff, Hospital PIOs, Hospital Infectious Disease Practitioners, Hospital Nurses and Nurse Directors, Hospital Laboratory Personnel, Hospital Emergency Department Staff, Hospital EMS Staff, IL Health and Hospital Association, RHCCs, FQHCs, IL Poison Control Center, State of Illinois Local EMAs, Illinois Coroners, IL Funeral Directors / Embalmers, Regional Superintendents, IL Oral Health Providers, School and University Emergency Management / Health Care Staff, Daycare Facilities, and American Red Cross Contacts, IL Dermatology Institute, HHS, and IPHA, Blood Banks, and all other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH COOP Leadership, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Long Term Care Leads, IDPH Section Chiefs, IEMA Director / Staff, State of Illinois SEOC Liaisons, and ASPR

From: Illinois Department of Public Health Emergency Operations Center

Date: April 26, 2020

Subject: Considerations for Healthcare Providers in ANY Healthcare Setting

The attached document entitled, "April 26, 2020 Healthcare Providers Considerations" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019-nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction.

*To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.*

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



Considerations for Healthcare Providers in ANY Healthcare Setting

How to leave COVID-19 behind when you come home

CDC states that COVID-19 is typically transmitted through respiratory droplets. Providing patient care during the COVID-19 pandemic means you and your family are at risk for exposure. The ideas or recommendations below, are compiled from the Centers for Disease Control and Prevention (CDC) guidance and describes how to limit the risk to your family as you return home at the end of your workday.

For the purpose of this document **Healthcare Provider (HCP)** includes, but is not limited to, emergency medical service personnel (EMS), fire fighters with medical response capabilities, law enforcement who respond and/or assist with EMS calls, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

For the purpose of this document **Healthcare Setting** includes, but is not limited to, any location that provides medical assessment, diagnostic and/or treatment whether inpatient or outpatient. This can also include any pre-hospital settings where EMS or first responder personnel provide care, treatment, or transport.

Monitor your health

- Check your temperature twice a day and remain alert for respiratory symptoms. Be sure to contact your primary care physician and employer immediately if symptoms develop.

Prepare for work

- If not already, consider wearing scrubs or appropriate work wear every day. Always have a clean set ready.
- If you wear a white coat or lab coat, wash it every day.
- If you typically wear jewelry, a tie, a watch, or other nonessential accessories, leave them at home.
- If you have medium or long hair, wear it pulled back.

- If you wear contacts, consider wearing glasses to decrease the need to touch your face and to offer a barrier.
- Prepare clean clothes and shoes to change into after work. Take them with you if you can change at work.
- Remove nonessential items in your car, and stock the car with disinfecting wipes to make it easy to wipe down key surfaces after traveling home.
- If taking mass transit, have hand sanitizer available and use it after touching any surfaces.

Before leaving work

- If possible, shower and change into clean clothes and shoes before heading home.
- Put dirty clothes and shoes into a bag for soiled clothing. Consider using a cloth bag you can wash along with your dirty clothes each day.
- Wash your hands or use hand sanitizer after removing work clothes and before touching clean clothes.

When you arrive home

- If you were unable to change clothes before leaving work, change in an isolated location (e.g., garage, mudroom, laundry room).
- Do not wear shoes from work into your home. Clean them, top and bottom, with disinfecting wipes.
- Wash clothes worn at work using your usual laundry detergent.
- If possible, use the warmest water setting appropriate for the items and dry completely
- Wash or safely discard dirty clothes bag.
- Wash hands after handling dirty clothes and shoes.
- Shower before interacting with your family.
- You may choose to isolate, if possible, from your family to limit their potential for exposure:
 - Consider identifying a room and bathroom to be used exclusively by you. Have another family member leave needed food and items for you outside your isolation area so that you don't have to move throughout your home to meet your needs. Consider using disposable plates, cups, and utensils.
 - If you are unable to use separate spaces from your family, attempt to maintain six feet from others in your home, and be sure to sleep alone.

Disinfect your home regularly

- Clean and disinfect frequently touched surfaces in your home daily. This includes tables, doorknobs, light switches, countertops, handles, desks, toilets, faucets, sinks, and electronics.
- Use disinfecting methods recommended by the CDC:
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>(www.cdc.gov)

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: Restore Illinois Plan
Date: Thursday, May 7, 2020 10:41:57 AM
Attachments: [image001.png](#)
[image002.png](#)
[image005.png](#)
[Restore Illinois Plan 5-5-20.pdf](#)

If anyone hasn't seen the full "Restore Illinois Plan" here it is.

Gary



Gary Schumacher – Lieutenant – Glenview Fire Department

1215 Waukegan Road, Glenview, Illinois 60025

☎: (847) 657-6790 | 📠: (847) 729-0867 | ✉: gschumacher@glenview.il.us

From: Mazzolini, Robyn [mailto:robyn.mazzolini@advocatehealth.com]
Sent: Wednesday, May 6, 2020 1:26 PM
To: Bob McKay (rmckay@nmfpd.org) <rmckay@nmfpd.org>; Claude Erlewein <c.erlewein@norwoodparkfire.org>; Dave Blondell (d.blondell@norwoodparkfire.org) <d.blondell@norwoodparkfire.org>; frodgers@mortongroveil.org; Greiner, Bob <rlg@vniles.com>; JSorensen@parkridgefd.org; mcf@vniles.com; Mike Rutkowski <mrutkowski@glenview.il.us>; Tony DeRose <tderose@glenview.il.us>; emiller@mortongroveil.org; Gary Schumacher <gschumacher@glenview.il.us>; j.peistrup@norwoodparkfire.org; Joe Ascione (jascione@parkridgefd.org) <jascione@parkridgefd.org>; Matt Jarka <mjarka@parkridgefd.org>; Nicholas Rusz <nrusz@nmfpd.org>; Scipione, Richard (rs@vniles.com) <rs@vniles.com>; tnorton@parkridgefd.org; Berry, Kathy <kathleen.berry@advocatehealth.com>; Boubouleix, Anne <anne.boubouleix@advocatehealth.com>; Drag, Margaret <margaret.drag@advocatehealth.com>; Hassard-MD, David <david.hassard@advocatehealth.com>; Kus, Jennifer <Jennifer.Kus@advocatehealth.com>; Niese, Roseanne C <roseanne.niese@advocatehealth.com>; Ann Marchiafava <amarchiaf@glenview.il.us>; Eric Deloy <edeloy@glenview.il.us>; Brent Reynolds <breynolds@glenview.il.us>; Ronald Gross <rgross@mcde911.org>; Ginny Logan <Virginia.Logan@amitahealth.org>; Cindy Brennan <cynthia.brennan@amitahealth.org>; Gallagher, Jesse <Jesse.Gallagher@advocatehealth.com>; aostap@sbcglobal.net

Subject: Restore Illinois Plan

FYI, see attached

Robyn

AdvocateAuroraHealth

Robyn Mazzolini, BSN, RN, TNS

EMS System Coordinator

Advocate Lutheran General Hospital

1775 Dempster Street

Park Ridge, IL 60068

EMS System Office

8820 Dempster Street

Niles, IL 60714

O: 847.723.5951 (internal: 21-5951)

M: 847.899.1042

F: 847.299.6271


 Advocate Health Care  Aurora Health Care*



This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message and permanently delete the original and any copy of any e-mail and any printout thereof.

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State



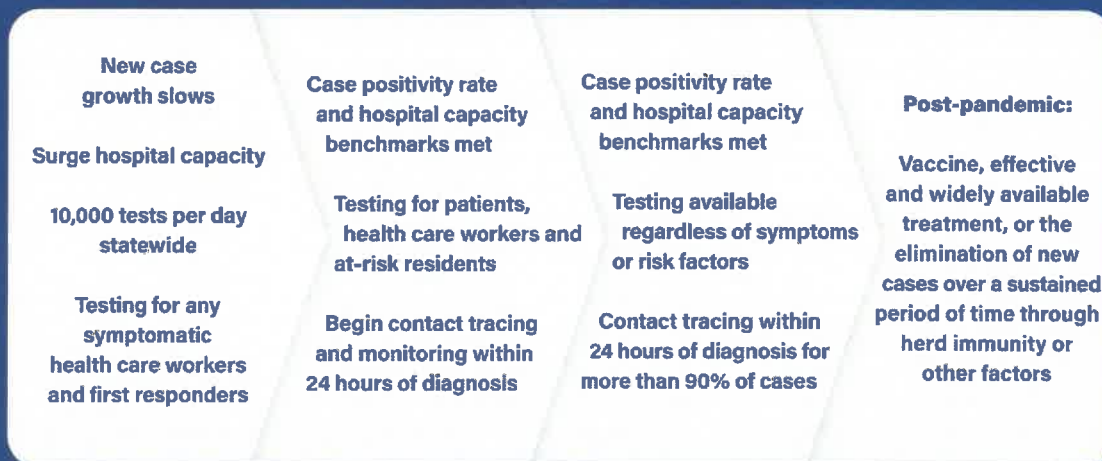
Office of the Governor
JB Pritzker

May 5, 2020

RESTORE ILLINOIS

A Public Health Approach To Safely Reopen Our State

Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Illinois Restored
<p>Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open.</p> <p>Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.</p>	<p>Non-essential retail stores reopen for curb-side pickup and delivery.</p> <p>Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating & fishing while practicing social distancing.</p>	<p>Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions.</p> <p>Gatherings of 10 people or fewer are allowed.</p> <p>Face coverings and social distancing are the norm.</p>	<p>Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health.</p> <p>Face coverings and social distancing are the norm.</p>	<p>The economy fully reopens with safety precautions continuing.</p> <p>Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures.</p>



An Introduction



From the beginning of the new coronavirus pandemic, Illinois' response has been guided by data, science, and public health experts. As community spread rapidly increased, Governor Pritzker moved quickly to issue a Disaster Proclamation on March 9, restrict visitors to nursing homes on March 11, close bars and restaurants for on-site consumption on March 16, move schools to remote learning on March 17, and issue a Stay at Home order on March 21. This virus has caused painful, cascading consequences for everyone in Illinois, but the science has been clear: in the face of a new coronavirus with unknown characteristics and in the absence of widespread testing availability and contact tracing, mitigation and maintaining a 6-foot social distance have been the only options to reduce the spread and save as many lives as possible.

Millions of Illinoisans working together by staying at home and following experts' recommendations have proven these mitigation and social distancing measures effective so far. The result has been a lower infection rate, fewer hospitalizations, and lower number of fatalities than projected without these measures. Our curve has begun to flatten. Nevertheless, the risk of spread remains, and modeling and data point to a rapid surge in new cases if all mitigation measures were to be immediately lifted.

Now that Illinois is bending the curve, it is vitally important that we follow a safe and deliberate path forward to get our Illinois economy moving. That path forward is not what everyone wants or hopes for, but it will keep Illinoisans as safe as possible from this virus as our economy is reopening.

Restore Illinois is about saving lives and livelihoods. This five-phased plan will reopen our state, guided by health metrics and with distinct business, education, and recreation activities characterizing each phase. This is an initial framework that will likely be updated as research and science develop and as the potential for treatments or vaccines is realized. The plan is based upon regional healthcare availability, and it recognizes the distinct impact COVID-19 has had on different regions of our state as well as regional variations in hospital capacity. The Illinois Department of Public Health (IDPH) has 11 Emergency Medical Services Regions that have traditionally guided its statewide public health work and will continue to inform this reopening plan. For the purposes of this plan, from those 11, four health regions are established, each with the ability to independently move through a phased approach: Northeast Illinois; North-Central Illinois; Central Illinois; and Southern Illinois.

The five phases for each health region are as follows:

Phase 1 - Rapid Spread: The rate of infection among those tested and the number of patients admitted to the hospital is high or rapidly increasing. Strict stay at home and social distancing guidelines are put in place and only essential businesses remain open. Every region has experienced this phase once already, and could return to it if mitigation efforts are unsuccessful.

Phase 2 - Flattening: The rate of infection among those tested and the number of patients admitted to the hospital beds and ICU beds increases at an ever slower rate, moving toward a flat and even a downward trajectory. Non-essential retail stores reopen for curbside pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying additional outdoor activities like golf, boating and fishing while practicing social distancing. To varying degrees, every region is experiencing flattening as of early May.

Phase 3 - Recovery: The rate of infection among those surveillance tested, the number of patients admitted to the hospital, and the number of patients needing ICU beds is stable or declining. Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings limited to 10 people or fewer are allowed. Face coverings and social distancing are the norm.

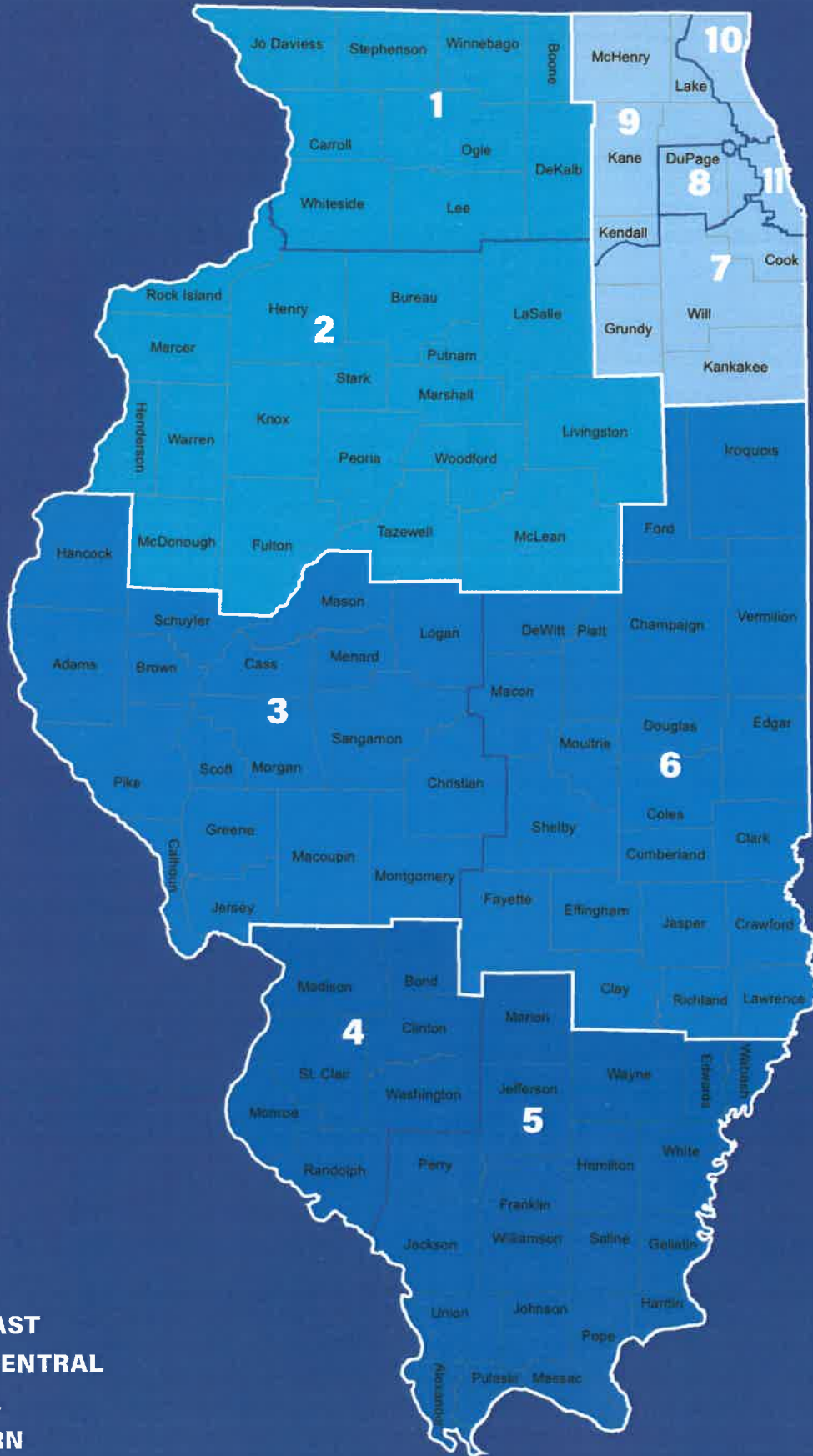
Phase 4 - Revitalization: The rate of infection among those surveillance tested and the number of patients admitted to the hospital continues to decline. Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the Illinois Department of Public Health. Face coverings and social distancing are the norm.

Phase 5 - Illinois Restored: With a vaccine or highly effective treatment widely available or the elimination of any new cases over a sustained period, the economy fully reopens with safety precautions continuing. Conventions, festivals and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures in place reflecting the lessons learned during the COVID-19 pandemic.

Until COVID-19 is defeated, this plan also recognizes that just as health metrics will tell us it is safe to move forward, health metrics may also tell us to return to a prior phase. With a vaccine or highly effective treatment not yet available, IDPH will be closely monitoring key metrics to immediately identify trends in cases and hospitalizations to determine whether a return to a prior phase may become necessary.

All public health criteria included in this document are subject to change. As research and data on this novel coronavirus continue to develop, this plan can and will be updated to reflect the latest science and data.

RESTORE ILLINOIS HEALTH REGIONS



- NORTHEAST**
- NORTH-CENTRAL**
- CENTRAL**
- SOUTHERN**

Phase 1: Rapid Spread

WHAT THIS PHASE LOOKS LIKE

COVID-19 is rapidly spreading. The number of COVID-19 positive patients in the hospital, in ICU beds, and on ventilators is increasing. The public health response relies on dramatic mitigation measures, like stay at home orders and social distancing, to slow the spread of the virus and prevent a surge that overwhelms the health care system. With a Stay at Home order in place, only essential businesses are in operation and activities outside of the home are limited to essentials, like grocery shopping.

WHAT'S OPEN?

Gatherings: Essential gatherings, such as religious services, of 10 or fewer allowed; No non-essential gatherings of any size

Travel: Non-essential travel discouraged

Health care: Emergency procedures and COVID-19 care only

Education and child care: Remote learning in P-12 schools and higher education; Child care in groups of 10 or fewer for essential workers

Outdoor recreation: Walking, hiking and biking permitted; State parks closed

Businesses:

- **Manufacturing:** Essential manufacturing only
- **"Non-essential" businesses:** Employees of "non-essential" businesses are required to work from home except for Minimum Basic Operations
- **Bars and restaurants:** Open for delivery, pickup and drive-through only
- **Entertainment:** Closed
- **Personal care services and health clubs:** Closed
- **Retail:** Essential stores are open with strict restrictions; Non-essential stores are closed

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity:

- Slowing of new case growth
- Availability of surge capacity in adult medical and surgical beds, ICU beds, and ventilators

Testing:

- Ability to perform 10,000 tests per day statewide
- Testing available in region for any symptomatic health care workers and first responders

Phase 2: Flattening

WHAT THIS PHASE LOOKS LIKE

The rise in the rate of infection is beginning to slow and stabilize. Hospitalizations and ICU bed usage continue to increase but are flattening, and hospital capacity remains stable. Face coverings must always be worn when social distancing is not possible. Testing capacity increases and tracing programs are put in place to contain outbreaks and limit the spread.

WHAT'S OPEN

Gatherings: Essential gatherings, such as religious services, of 10 or fewer allowed; No non-essential gatherings

Travel: Non-essential travel discouraged

Health care: Emergency and COVID-19 care continue; Elective procedures allowed once IDPH criteria met

Education and child care: Remote learning in P-12 schools and higher education; Child care in groups of 10 or fewer for essential workers

Outdoor recreation: Walking, hiking, and biking permitted; Select state parks open; Boating and fishing permitted; Golf courses open; All with IDPH approved safety guidance

Businesses:

- **Manufacturing:** Essential manufacturing only
- **"Non-essential" businesses:** Employees of "non-essential" businesses are required to work from home except for Minimum Basic Operations
- **Bars and restaurants:** Open for delivery, pickup, and drive through only
- **Personal care services and health clubs:** Closed
- **Retail:** Essential stores are open with restrictions; Non-essential stores open for delivery and curbside pickup

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity: The determination of moving from Phase 2 to Phase 3 will be driven by the COVID-19 positivity rate in each region and measures of maintaining regional hospital surge capacity. This data will be tracked from the time a region enters Phase 2, onwards.

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators

Testing: Testing available for all patients, health care workers, first responders, people with underlying conditions, and residents and staff in congregate living facilities

Tracing: Begin contact tracing and monitoring within 24 hours of diagnosis

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 3: Recovery

WHAT THIS PHASE LOOKS LIKE

The rate of infection among those surveillance tested is stable or declining, COVID-19-related hospitalizations and ICU capacity remains stable or is decreasing. Face coverings in public continue to be required. Gatherings of 10 people or fewer for any reason can resume. Select industries can begin returning to workplaces with social distancing and sanitization practices in place. Retail establishments reopen with limited capacity, and select categories of personal care establishments can also begin to reopen with social distancing guidelines and personal protective equipment. Robust testing is available along with contact tracing to limit spread and closely monitor the trend of new cases.

WHAT'S OPEN

Gatherings: All gatherings of 10 people or fewer are allowed with this limit subject to change based on latest data & guidance

Travel: Travel should follow IDPH and CDC approved guidance

Health Care: All health care providers are open with DPH approved safety guidance

Education and child care: Remote learning in P-12 schools and higher education; Limited child care and summer programs open with IDPH approved safety guidance

Outdoor recreation: State parks open; Activities permitted in groups of 10 or fewer with social distancing

Businesses:

- **Manufacturing:** Non-essential manufacturing that can safely operate with social distancing can reopen with IDPH approved safety guidance
- **"Non-essential" businesses:** Employees of "non-essential" businesses are allowed to return to work with IDPH approved safety guidance depending upon risk level, tele-work strongly encouraged wherever possible; Employers are encouraged to provide accommodations for COVID-19-vulnerable employees
- **Bars and restaurants:** Open for delivery, pickup, and drive through only
- **Personal care services and health clubs:** Barbershops and salons open with IDPH approved safety guidance; Health and fitness clubs can provide outdoor classes and one-on-one personal training with IDPH approved safety guidance
- **Retail:** Open with capacity limits and IDPH approved safety guidance, including face coverings

HOW WE MOVE TO THE NEXT PHASE

Cases and Capacity: The determination of moving from Phase 3 to Phase 4 will be driven by the COVID-19 positivity rate in each region and measures of maintaining regional hospital surge capacity. This data will be tracked from the time a region enters Phase 3, onwards.

- At or under a 20 percent positivity rate and increasing no more than 10 percentage points over a 14-day period, AND
- No overall increase (i.e. stability or decrease) in hospital admissions for COVID-19-like illness for 28 days, AND
- Available surge capacity of at least 14 percent of ICU beds, medical and surgical beds, and ventilators

Testing: Testing available in region regardless of symptoms or risk factors

Tracing: Begin contact tracing and monitoring within 24 hours of diagnosis for more than 90% of cases in region

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 4: Revitalization

WHAT THIS PHASE LOOKS LIKE

There is a continued decline in the rate of infection in new COVID-19 cases. Hospitals have capacity and can quickly adapt for a surge of new cases in their communities. Additional measures can be carefully lifted allowing for schools and child care programs to reopen with social distancing policies in place. Restaurants can open with limited capacity and following strict public health procedures, including personal protective equipment for employees. Gatherings with 50 people or fewer will be permitted. Testing is widely available, and tracing is commonplace.

WHAT'S OPEN

Gatherings: Gatherings of 50 people or fewer are allowed with this limit subject to change based on latest data and guidance

Travel: Travel should follow IDPH and CDC approved guidance

Health care: All health care providers are open

Education and child care: P-12 schools, higher education, all summer programs, and child care open with IDPH approved safety guidance

Outdoor Recreation: All outdoor recreation allowed

Businesses:

- **Manufacturing:** All manufacturing open with IDPH approved safety guidance
- **"Non-essential" businesses:** All employees return to work with IDPH approved safety guidance; Employers are encouraged to provide accommodations for COVID-19-vulnerable employees
- **Bars and restaurants:** Open with capacity limits and IDPH approved safety guidance
- **Personal care services and health clubs:** All barbershops, salons, spas and health and fitness clubs open with capacity limits and IDPH approved safety guidance
- **Entertainment:** Cinema and theaters open with capacity limits and IDPH approved safety guidance
- **Retail:** Open with capacity limits and IDPH approved safety guidance

HOW WE MOVE TO THE NEXT PHASE

Post-pandemic: Vaccine, effective and widely available treatment, or the elimination of new cases over a sustained period of time through herd immunity or other factors.

WHAT COULD CAUSE US TO MOVE BACK

IDPH will closely monitor data and receive on-the-ground feedback from local health departments and regional healthcare councils and will recommend moving back to the previous phase based on the following factors:

- Sustained rise in positivity rate
- Sustained increase in hospital admissions for COVID-19 like illness
- Reduction in hospital capacity threatening surge capabilities
- Significant outbreak in the region that threatens the health of the region

Phase 5: Illinois Restored

WHAT THIS PHASE LOOKS LIKE

Testing, tracing and treatment are widely available throughout the state. Either a vaccine is developed to prevent additional spread of COVID-19, a treatment option is readily available that ensures health care capacity is no longer a concern, or there are no new cases over a sustained period. All sectors of the economy reopen with new health and hygiene practices permanently in place. Large gatherings of all sizes can resume. Public health experts focus on lessons learned and building out the public health infrastructure needed to meet and overcome future challenges. Health care equity is made a priority to improve health outcomes and ensure vulnerable communities receive the quality care they deserve.

WHAT'S OPEN

- All sectors of the economy reopen with businesses, schools, and recreation resuming normal operations with new safety guidance and procedures.
- Conventions, festivals, and large events can take place.

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: CDC Advisory-Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus
Date: Friday, May 15, 2020 7:52:58 AM
Attachments: [20200514_CDC_HAN_432_MIS-C_Associate.pdf](#)

See attached info

From: SIREN [ab1386c8-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Thursday, May 14, 2020 6:02 PM
To: Gary Schumacher
Subject: IDPH: CDC Advisory-Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus

Gary Schumacher,

SIREN Notification

To: IDPH ERCs, IDPH PIO, LHD Administrators, LHD PIOs, LHD Communicable Disease Coordinators, LHD ERC/Preparedness Coordinators, IDPH Regional Health Officers, IDPH Regional EMS Coordinators, IDPH Healthcare Associated Infection Team, RHCCs, Infectious Disease Leads, Infectious Disease Physicians, Hospital Infection Control Practitioners, Hospital Emergency Departments, FQHC Federally Qualified Health Care, Local EMA's, and Family Practice

From: CDC

Date: May 14, 2020

Subject: Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

The following advisory entitled, "[20200514_CDC_HAN_432_MIS-C_Associated_with_COVID-19](#)" is attached to the email version of this notification. This document is posted in the SIREN Document Library under *HAN Notifications > CDC >* and can be viewed by logging in to www.siren.illinois.gov.

For questions on SIREN alerting/notifications or if you believe you received this message in error, please contact IDPH SIREN at DPH.SIREN@illinois.gov.

Thank you,
SIREN

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
May 14, 2020, 4:45 PM ET
CDCHAN-00432

**Multisystem Inflammatory Syndrome in Children (MIS-C) Associated
with Coronavirus Disease 2019 (COVID-19)**

Summary

The Centers for Disease Control and Prevention (CDC) is providing 1) background information on several cases of a recently reported multisystem inflammatory syndrome in children (MIS-C) associated with coronavirus disease 2019 (COVID-19); and 2) a case definition for this syndrome. CDC recommends healthcare providers report any patient who meets the case definition to local, state, and territorial health departments to enhance knowledge of risk factors, pathogenesis, clinical course, and treatment of this syndrome.

Background

On April 26, 2020, clinicians in the United Kingdom (UK) recognized increased reports of previously healthy children presenting with a severe inflammatory syndrome with Kawasaki disease-like features.¹ The cases occurred in children testing positive for current or recent infection by SARS-CoV-2, the novel coronavirus that causes COVID-19, based on reverse-transcriptase polymerase chain reaction (RT-PCR) or serologic assay, or who had an epidemiologic link to a COVID-19 case. Patients presented with a persistent fever and a constellation of symptoms including hypotension, multiorgan (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic and neurologic) involvement, and elevated inflammatory markers.² Respiratory symptoms were not present in all cases.

Eight cases, including one death, from the UK were described in a recent publication.³ In the limited sample of 8 children, it was reported that 75% of the patients were of Afro-Caribbean descent and 62.5% were male. The report also indicated that all 8 patients tested positive for SARS-CoV-2 through antibody testing, including the patient that died.³

During March and April, cases of COVID-19 rapidly increased in New York City and New York State. In early May 2020, the New York City Department of Health and Mental Hygiene received reports of children with multisystem inflammatory syndrome. From April 16 through May 4, 2020, 15 patients aged 2-15 years were hospitalized, many requiring admission to the intensive care unit. As of May 12, 2020, the New York State Department of Health identified 102 patients (including patients from New York City) with similar presentations, many of whom tested positive for SARS-CoV-2 infection by RT-PCR or serologic assay. New York State and New York City continue to receive additional reports of suspected cases.

Additional reports of children presenting with severe inflammatory syndrome with a laboratory-confirmed case of COVID-19 or an epidemiological link to a COVID-19 case have been reported by authorities in other countries.⁴

It is currently unknown if multisystem inflammatory syndrome is specific to children or if it also occurs in adults.

There is limited information currently available about risk factors, pathogenesis, clinical course, and treatment for MIS-C. CDC is requesting healthcare providers report suspected cases to public health authorities to better characterize this newly recognized condition in the pediatric population.

Recommendations

Healthcare providers who have cared or are caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to their local, state, or territorial health department.

For additional information, please contact CDC's 24-hour Emergency Operations Center at 770-488-7100. After hour phone numbers for health departments are available at the Council of State and Territorial Epidemiologist website (<https://resources.cste.org/epiafterhours>).

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with feverⁱ, laboratory evidence of inflammationⁱⁱ, and evidence of clinically severe illness requiring hospitalization, with multisystem (≥2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

ⁱFever ≥38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

ⁱⁱIncluding, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

Additional comments

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

References

¹ <https://www.cdc.gov/kawasaki/index.html>

²Royal College of Paediatrics and Child Health Guidance: Paediatric multisystem inflammatory syndrome temporally associated with COVID-19, <https://www.rcpch.ac.uk/sites/default/files/2020-05/COVID-19-Paediatric-multisystem-%20inflammatory%20syndrome-20200501.pdf>.

³Riphagen S, Gomez X, Gonzales-Martinez C, Wilkinson N, Theocharis P. Hyperinflammatory shock in children during COVID-19 pandemic. Lancet. 2020. Advance online publication, doi: 10.1016/S0140-6736(20)31094 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31094-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31094-1/fulltext)

⁴Verdoni L, Mazza A, Gervasoni A, Martelli L, Ruggeri M, Ciuffreda M, Bonanomi E, D'Anitga L. An outbreak of severe Kawasaki-like disease at the Italian epicentre of the SARS-CoV-2 epidemic: an observational cohort study. Lancet. 2020. Advance online publication, doi: 10.1016/ S0140-6736(20)31129-6 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31103-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31103-X/fulltext)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

From: [Gary Schumacher](#)
To: [Fire Department](#)
Subject: FW: IDPH: Support Persons in Health Care Facilities (including hospitals)
Date: Friday, May 15, 2020 3:53:46 PM
Attachments: [20200515_IDPH_SupportPersons_HCF.pdf](#)

All,
Please read IDPH's clarification on persons with disabilities. They are now being allowed a support person in the hospital. This may impact us with having to transport that support person as well. A call to medical control for approval isn't required, but we may want to do this just in case.

Gary

From: SIREN [ab1ba720-0005-3000-80c0-fceb55463ffe@notify2.mir3.com]
Sent: Friday, May 15, 2020 2:47 PM
To: Gary Schumacher
Subject: IDPH: Support Persons in Health Care Facilities (including hospitals)

Gary Schumacher,

SIREN NOTIFICATION

To: Hospitals Statewide, LHD's Statewide, HCC's Statewide, Local EMA's Statewide, IL Health and Hospital Associations, and other Public Health Partners

CC: IDPH Director, IDPH Assistant Director, IDPH Chief of Staff, IDPH Deputy Directors, IDPH PIOs, IDPH RHOs, IDPH CD Leads, IDPH OPR Leads, IDPH ERCs, IDPH REMSCs, IDPH Lab Director / Leads, IDPH Long Term Care Leads, IEMA Director / Staff, ASPR, and RHCC's

From: Illinois Department of Public Health

Date: 05/15/2020

Subject: Support Persons in Health Care Facilities (including hospitals)

The attached document entitled, "20200515_IDPH_SupportPersons_HCF" is attached to the email version of this notification.

All attached documents are posted in the **SIREN Document Library** under *Documents > HAN Notifications > IDPH > COVID-19 (2019 nCoV)* and can be viewed by logging in to www.siren.illinois.gov.

To be added to the system, please visit <http://www.dph.illinois.gov/siren> for registration instruction.

*To be deleted or modified in the SIREN alerting/notification system, or if you have received this message in error, please contact the **IDPH HAN Team** at dph.siren@illinois.gov for any questions or concerns.*

Coronavirus Disease 2019 (COVID-19) Resource links:

- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Travel Guidance](#)
- [CDC Guidance for Healthcare Professionals](#)
- [CDC Guidance for Laboratories](#)

Thank you,
SIREN



Support Persons in Health Care Facilities (including hospitals)

The Illinois Department of Public Health (IDPH) clarifies that health care facilities (including hospitals) should allow patients with intellectual and/or developmental disabilities or cognitive impairments to be accompanied by a support person determined to be essential to their care. Persons with disabilities should be provided reasonable accommodations that afford meaningful access to information and an equal opportunity to benefit from the treatment. Individuals with intellectual and/or developmental disabilities (I/DD) may require accommodations in a health care facility that include permitting the presence of a support person, such as a guardian, family member, caregiver, or paid support worker, provided that essential precautions can be taken to contain the spread of infection.

The use of effective communication is critical to a patient's autonomy and ability to participate in their care. Otherwise, medical providers risk substituting misplaced assumptions and potential biases about the person with a disability for verifiable information and medical history. In addition, effective communication leads to better transparency in process and protocols, which helps to ensure that the medical provider and the person with a disability understand each other and agree.

The patient's support person may be necessary to:

- facilitate communication between the individual and hospital personnel;
- ascertain the individual's pertinent medical history;
- secure from the individual "informed consent" for treatment;
- ensure the individual's participation in care planning;
- provide emotional and sensory supports; and
- provide the individual with specialized strategies to reduce anxiety and the incidence of harmful behaviors.

Health care facilities (including hospitals), therefore, should establish a protocol that allows at least one identified support person to be present with any individual with I/DD in an emergency room and to accompany those admitted to the hospital. For hospitalized patients, especially those with prolonged hospitalizations, the patient or legal guardian should be allowed to designate two support people, but only one support person may be present at any given time.

Hospital staff should explain this protocol to the individual needing the accommodation and to their caregivers upon arrival at the hospital, or ideally, prior to arriving at the hospital. The patient should be given the opportunity to make informed decisions as to whom they wish to identify as a support person.

Support persons should be screened for illness daily upon entry to the facility with a temperature check and symptom checklist. The facility may limit the support person's movement in the facility, including directing them to stay in the patient's room. The support person must adhere to facility policies, wear a designated identification tag provided by the facility, and comply with any instructions on personal protective equipment (PPE), also to be provided by the facility. Failure to comply with any of these measures may result in the support person being denied access to the patient, wherein the patient would be allowed to identify another support person.

Support Plan
for

SAMPLE

Village of Glenview COVID-19 Response

Operational Period

Date From:	3/24/20	Date To:	3/25/20
Time From:	7:00	Time To:	7:00



The Village of
Glenview



SUPPORT OBJECTIVES (ICS 202)

1. Incident Name: <i>Village of Glenview COVID-19 Response</i>	2. Operational Period: Date From: <i>3/24/20</i> Date To: <i>3/25/20</i> Time From: <i>7:00</i> Time To: <i>7:00</i>
--	--

3. Support Objective(s) for incidents:
Respond to Village service requests with limited staff and heightened awareness. Follow all CDC, IDPH and EMS system recommendations. Please see attached correspondence

4. Operational Period Support Emphasis:
Safety of First Responders, Meeting needs of the community

General Situational Awareness:
Maintain social distancing. First responders shall wear appropriate PPE to avoid exposure. Avoid unnecessary contact. Non-Essential village staff will be working from remote locations. The recommendations in dealing with the COVID-19 virus are fluid and frequently changing. Please review all attached correspondence.

5. Incident Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____

7. Prepared by: Name: Mike Rutkowski Position Title: Deputy Chief Signature: _____

8. Approved by Agency Administrator: Name: _____ Signature: _____

SUPPORT ORGANIZATION ASSIGNMENT LIST(ICS 203)

1. Incident Name: <i>Village of Glenview COVID-19 Response</i>		2. Operational Period: Date From: <i>3/24/20</i> Date To: <i>3/25/20</i> Time From: <i>7:00</i> Time To: <i>7:00</i>	
3. AA and/or EOC Support Staff:		7. Support Operations Section:	
Agency Admin.	<i>Tony Derose</i>	Chief	<i>L Wysocki</i>
EMC		Deputy	<i>Medical Officer</i> <i>G. Schumacher</i>
Disaster Chair	<i>Mike Rutkowski</i>	Staging Area	
Stenographer		ESF, IMT, Department, Agency, Other Being Supported	
Safety Officer	<i>Mike Rutkowski</i>	POLICE	<i>847-901-6121</i> <i>C. Sostak</i>
Public Info. Officer	<i>Lynn Steifel</i>	Public Works	<i>847-309-7121</i> <i>P. Perna</i>
Liaison Officer	<i>G. Schumacher-Medical Officer</i>		
4. Agency/Organization Representatives:			
Agency/Organization	Name		
<i>Glenview Police</i>	<i>B. Fitzpatrick</i>		
<i>Glenview Police</i>	<i>C. Sostak</i>	15	
<i>Glenview PW</i>	<i>P. Perna</i>	16	
<i>Glenview PSD</i>	<i>B. Reynolds</i>	17	
<i>Glenview VOM</i>	<i>Matt Formica</i>	18	
<i>Glenview VMO</i>	<i>Don Owen</i>	19	
5. Planning Section:		20	
Chief	<i>L. Kane</i>	21	
Deputy		22	
Resources Unit		23	
Situation Unit		24	
Documentation Unit		25	
Planning Support		26	
<i>Nick Santoro</i>		27	
<i>Sean Halloran</i>		28	
		29	
		30	
		31	
		32	
6. Logistics Section:		Air Operations Branch	
Chief	<i>J. Geaslin</i>	Air Ops Branch Dir.	N/A
Deputy			
Logistics Support	<i>Steve Swiatkiewicz</i>		
	<i>Joe Kenney</i>		
		8. Finance Administration Section:	
		Chief	<i>Maggie Bosley</i>
		Deputy	
		Finance Support	
			<i>Erika Smith</i>
9. Prepared By: Name: <u><i>Mike Rutkowski</i></u>		Position/Title	<u><i>Deputy Chief</i></u> Signature: _____
ICS 203	IAP Page	Date/Time: <i>3/24/2020 @ 0800</i>	

SUPPORT ASSIGNMENT LIST (204)

1. Incident Name: Village of Glenview COVID-19 Response		2. Operational Period: Date From: 3/24/20 Date To: 3/25/20 Time From: 7:00 Time To: 7:00		3, ESF, IMT, EOC, Department, or Agency being Supported ESF8
4. Operations Personnel: Support Operations Chief:		<u>Name</u> L Wysocki	<u>Contact Number(s)</u> #N/A	Staging Area:
Deputy Support Chief:		G. Schumacher	Medical Officer	
EOC, IMT, Agency Supported		#N/A	#N/A	
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact e.g., (phone, pager, radio, frequency, etc.)	
6. Notes:				
7. Special Instructions: Please see attached N95 Guidelines for usage				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function	Assignment	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
Coordination/	/ EOC			
Support/	/ Logistics			
#N/A	/ ESF8	#N/A		
	/			
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

SUPPORT MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;"><i>Village of Glenview COVID-19</i></p>	2. Operational Period: Date From: 3/24/20 Date To: 3/25/20 Time From: 7:00 Time To: 7:00
--	--

3. Medical Aid Stations:			
Name	Location	Contact Number(s)	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)	Level of Service
Glenview Fire Department		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Glenbrook	2100 Pfingsten Rd, Glenview, IL 60026			2-5 minutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lutheran General	1775 Dempster St, Park Ridge, IL 60068			5-10 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
 Follow all CDC/IDPH/LGH personal protective equipment, isolation, distancing and treatment guidelines

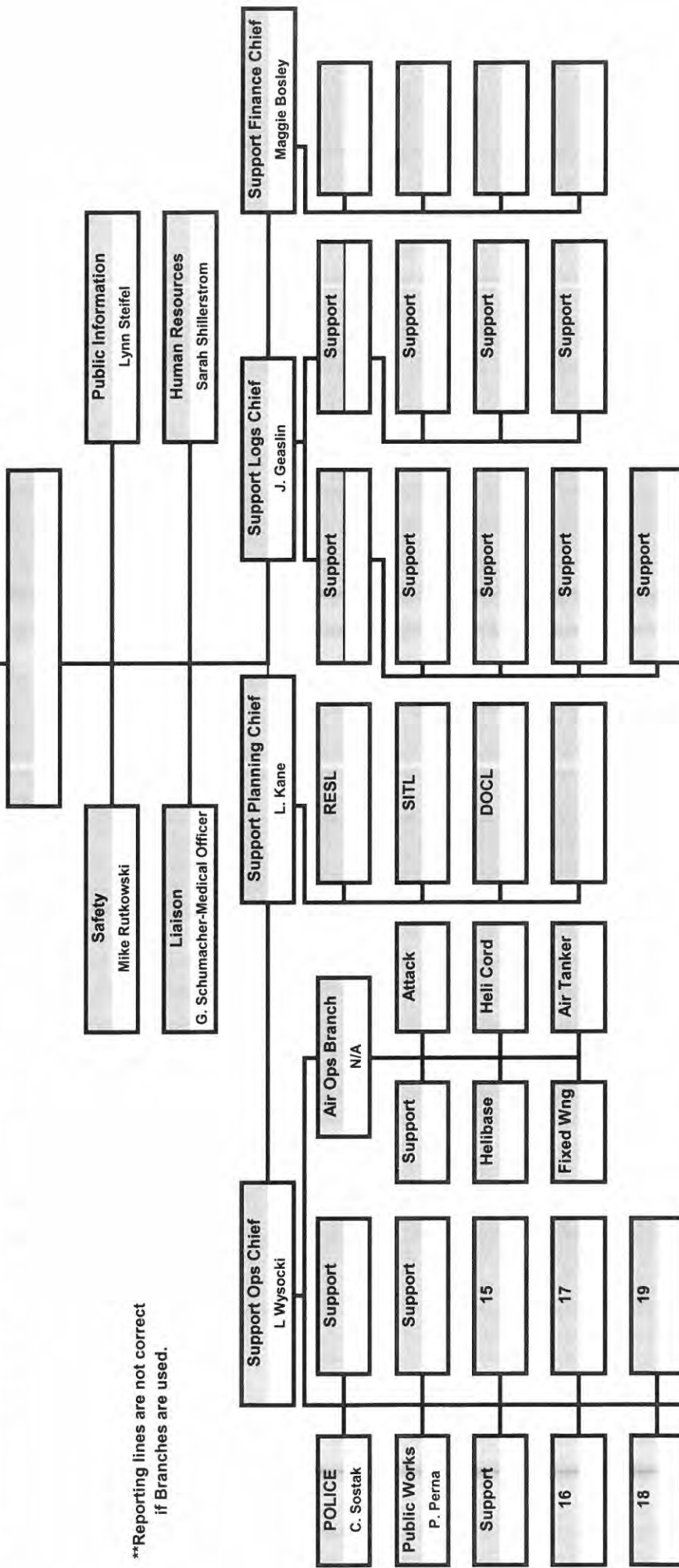
Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Name: _____	Signature: _____
8. Approved by (Safety Officer):	Name: _____	Signature: _____

ICS 206	IAP Page	Date/Time: _____
---------	----------	------------------

Incident Name	Stage of Glenview COVID-19 Respon		
Date From	03/24/20	Time From	7:00
Date To	03/25/20	Time To	7:00

Agency Administrator and/or EOC Staff
 Tony Derose
 Mike Rutkowski



**Reporting lines are not correct if Branches are used.

Agency Representatives	
Agency	Name
Glenview Police	B. Fitzpatrick
Glenview Police	C. Sostak
Glenview PW	P. Perna
Glenview PSD	B. Reynolds
Glenview VOM	Matt Formica
Glenview VMO	Don Owen

Other Support Operations	
Area And Leader	Area And Leader
22 /	27 /
23 /	28 /
24 /	29 /
25 /	30 /
26 /	31 /

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: <i>Village of Glenview COVID-19 Response</i>	2. Operational Period: Date From: <i>3/24/20</i> Date To: <i>3/25/20</i> Time From: <i>7:00</i> Time To: <i>7:00</i>
--	--

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- All activities will be suspended outside of emergency responses with the following exceptions:
 - o Official Department Business
 - o Approved Training
 - o Shopping for meals
- Have one member do the shopping and others remain at the apparatus when possible
- On medical calls, attempt to have members maintain 6 feet of separation from patient when appropriate
- o Members shall approach the patient with N95 mask unless otherwise indicated
- o The N-95 cannot be decontaminated. It is to be reused as needed and stored in a clean space or paper bag per IDPH recommendation.
- o Contaminated is defined by a patient that coughed on you or an aerosolized procedure was done on scene. (i.e Intubation)
- Dispatch is asking the following questions to all persons they make contact with
- o "Are you or anyone on scene being treated for COVID-19 or do you or anyone on scene have a fever, cough, or breathing difficulties." Any positive responses to these questions will be relayed to those responding. Please ask that the caller (if not evacuating) walk to the main door of home or business to meet with responders. If they are unable to do so relay this to the responders
- Refrain from outside visitors inside the fire stations
- Limit interaction and visiting other stations throughout your shift
- Limit any public interaction while out in the community
- Consider the use of the reserve ambulance from station 13 for transport of a patient under investigation
- All personnel shall have a temperature check at the beginning and at the end of their shift
- Be vigilant in keeping the stations clean
- Keep uniforms at work. Use department facilities for laundry and keep have one extra set on hand

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At:

5. Prepared By: Name: _____	Position/Title: _____	Signature: _____
ICS 208	IAP Page	Date/Time: _____



Glenview Fire Department

COVID-19 Daily Situation Report

Date: 04/09/2020

Time: 0900

OPERATIONS

- Staffing – **Normal Operations – All Companies in Service**
Reduced staffing plan is currently under review with Command Staff
- Ambulance Response Plan/Usage- A procedure to use our primary ambulances to transport all patients regardless of COVID-19 status has been developed. Please see email from B/C Wysocki. A13 is still an option for transport at the discretion of the company officer.
- For DOA's or Pt worked in the field and not transported, PD will still take control of the body and may need to be requested to the scene. They have protocols in place for managing Pt's with suspected COVID-19.

SAFETY MESSAGE

- Appropriate PPE includes eye protection, N95 mask, gloves and gown for suspected for positive COVID pt.
- Surgical mask will be placed on patient.
- One paramedic shall make initial contact for patient evaluation
- Limit the amount of contact needed to complete the treatment and transport.
- Continue morning temperature checks
- **UV disinfecting lights are in service. Please see emails from Lt. Gade and Lt. Carnes**

GLENVIEW COVID-19 TASK FORCE BRIEFING

- First responder testing models are currently be researched and evaluated. More to follow
- PPE replacement is being discussed with GBH Admin and the Village Manager
- President Patterson has officially signed the Village's Emergency Declaration

UPDATES AND CORRESPONDANCE

- Daily IAP: <G:\COVID-19 IAP and Daily 214\Daily IAP\4.9.2020 IAP.xlsm>
- Yesterday's 214: <G:\COVID-19 IAP and Daily 214\Daily 214\4.8.20.pdf>
- Use popsicle sticks to obtain patient signatures on Toughbooks
- Station disinfection scheduled to start Thursday morning at 0700. <https://www.bioonechicago.com/>
- Social Distancing in the firehouse
<https://fsi.illinois.edu/documents/covid19/Fire%20House>

AREA HIGHLIGHTS AND HAPPENINGS

- One Team One Fight
<https://www.youtube.com/watch?v=uygGnE6L2AM&feature=youtu.be>
- Park Ridge is experiencing an increase in responses to assisted living facilities

RESOURCES

John's Hopkins Coronavirus Resource Center:
<https://coronavirus.jhu.edu/news>

CDC Coronavirus Resources for Healthcare Professionals:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-hcp.html

IDPH: <http://www.dph.illinois.gov/covid19>

Cook County: <https://ccdphcd.shinyapps.io/covid19/>

IAFF: <https://www.iaff.org/coronavirus/>

Glenview Confirmed Cases - 137
Cook County Confirmed Cases – 3969 **Deaths – 162**
Illinois Confirmed Cases – 15,078 **Deaths – 462**
COVID-19 related LODD - 2

GENERAL INFORMATION

- Stay-at-Home Order is in effect
- Continue to disinfect stations and apparatus
- Maintain social distancing
- **Please conserve PPE. Follow CDC recommendations for re-uses when applicable**
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendationsguidanceextuse.html>

Quote of the Day: "One Team One Fight" – Illinois Fire Services

Thank You for Everything You Do!!