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Update 23 - COVID-19 – From Office of the Medical Director 25 MAY2020 1000

To: All EMS Personnel in the EMS System for Metropolitan Oklahoma City & Tulsa

#### **Key Content:**

- **Another Blow to Endless Double Patty Bacon Chili Cheeseburgers**
- **It's Numbers but It's Not a Game – CDC**
- **The FDA is Cracking Down on EUA for SARS-CoV-2 Antibody Testing - Finally**
- **Who's a Michigan Wolverine Fan? YOU Might Be Come 2021**
- **Speaking of Universities and Collaboration...**

#### **Another Blow to Endless Double Patty Bacon Chili Cheeseburgers**

Who doesn't love a big bushel of raw kale and maybe some celery juice to wash it down? All levity aside, check out this summary of two articles that indicates if you are obese today, especially if you are male, COVID-19 poses a heightened and legitimate risk to your ongoing health. When you're quickly ready to click it closed and roll your eyes, remember that these researchers defined obesity as a body mass index (BMI) 25 or greater. And yours is? Not a judgement if it's greater than 25, because mine is too...at least for now.

The additional risk of COVID-19 severity coupled to obesity is one more reason I'm serious about my own cardio program for weight loss. The coming "Fall Curve" that is estimated by many to be far worse than anything we've seen gives those of us interested in healthy weight loss a good 4-5 months to drop at least 10-15 pounds, feel better, and be better protected against the worst of COVID-19. Here's the link: <https://www.healio.com/endocrinology/obesity/news/online/%7B45e16aa9-6309-4fff-a22c-d6f706156dce%7D/obesity-triples-odds-of-more-severe-symptoms-with-covid-19>

#### **It's Numbers but It's Not a Game - CDC**

While there expectedly is debate about accuracy of some CDC models of SARS-CoV-2 transmission, especially when the CDC itself is working with FIVE different models right now, check out these announced numbers about asymptomatic spreaders: <https://www.cnn.com/2020/05/22/health/cdc-coronavirus-estimates-symptoms-deaths/index.html>

I wasn't going to say anything about the concerning images of folks packing beaches and water parks over this holiday weekend. I can't help it when the health impact can prove quite large. Fortunately, those images I'm seeing in multiple national and international news sources aren't from metropolitan Oklahoma City or Tulsa but... depending on who is traveling from where? You quickly get the point.

There are our freedoms. Memorial Day reminds us how solemnly selfless so many have given in fighting to preserve them. Then there are our responsibilities, essentially our accountabilities to each other. I'd have loved to do some personal travel over this weekend, one I traditionally seek a short respite from work. That would be asking you to do social distancing to a degree that I wasn't willing to also do. And that's just not allowed in my belief system.

We have continuing challenges ahead with resolving this pandemic. Okay, it's time for some more encouraging news. Fortunately, that's exactly what I have to share! Read on...

### **The FDA is Cracking Down on EUA for SARS-CoV-2 Antibody Testing – Finally**

It's admittedly easy to become frustrated with the FDA sloooooowwww wheels of progress at times. I was involved (without any financial interests) in the FDA's approval process of the ResQCPR™ system that we've used the last few years. It was painful to watch the process firsthand and I truly felt horrible for Dr. Lurie and his team, knowing how committed they had been for years and years to bring this technology literally to our hands. All this said, swinging the pendulum equally far to the fast tracking of devices gets us the "Wild West of Testing" for SARS-CoV-2 antibodies that we've been referencing in these Updates. Now, the FDA is cracking down on its emergency use authorization pathway for SARS-CoV-2 antibody testing and last week, 27 (TWENTY-SEVEN!) tests got the big FDA pointed-toe boot up the.... spleen, of course. ;)

You can read about it here: <https://www.reuters.com/article/us-health-coronavirus-usa-tests-idUSKBN22X2M9>

### **Who's a Michigan Wolverine Fan? YOU Might Be Come 2021**

Go Big Blue. Really? Well, maybe go away Big Blue if "blue" is cyanosis in our patients. It's an unfortunate but necessary for your safety step we've had to take in reducing, nearly ceasing use of non-invasive positive pressure ventilation (NIPPV) and nebulizer therapies. These two therapies, sometimes combined as we know, are among the highest particulate spreading medical interventions studied in this viral pandemic. When the "particulate" is the SARS-Cov-2 virus, that's a no-go for your safety, especially if attempted in the back of an ambulance or in any other confined space area. The same dynamic has largely applied within hospital emergency departments that have few to no negative pressure treatment rooms. Until maybe now. University of Michigan clinicians and researchers have partnered with industry to develop prototype helmets that create negative pressure that effectively contains the virus in trials to date. Check out this picture of the helmet device:



Kevin Ward, a University of Michigan, Ann Arbor, emergency medicine physician, tests a negative pressure helmet he helped design. MICHIGAN MEDICINE AND FLEXSYS, INC.

Maybe not for everyone, maybe not compatible with some of our existing NIPPV airway circuits, and maybe not for the claustrophobic, BUT I'm encouraged by this kind of innovative thinking and a very reasonable estimated price point of \$150. Definitely something for us to follow and see if this or any similar created devices can help us safely resume the care we want to be able to give our patients in EMS and continuing in the emergency department. Here's the link to more discussion from *Science*: <https://www.sciencemag.org/news/2020/05/new-helmet-and-tent-aim-protect-health-care-workers-coronavirus>

### Speaking of Universities and Collaboration...

Can you imagine trying to search all the new literature published about COVID-19 and the SARS-CoV-2 virus, scan the articles for what is or isn't relevant, summarize each of them, even prioritize the ones that are closer to "must reads" and then publish that? Every day? Whew. Here's a fantastic resource for those of you that like to read and be on the leading edge of available scientific reports. This is co-founded by an EMS physician, Dr. Will Smith, that serves as Medical Director for Grand Teton National Park and for Jackson Hole, Wyoming Fire/EMS. I've known Dr. Smith for years and he's one of the great guys in EMS and emergency medicine. The other co-founder, Jasmine Rah, is a dynamic medical student at the University of Washington. They have recruited an amazing team, largely comprised of medical students from some of the leading medical schools in the United States. Collectively, they achieve a staggering amount of work every day to help all of us better answer the challenges of COVID-19 for our communities. Here's a screenshot from their website: <https://www.covid19lst.org/> and if you're wondering (as I was), lst stands for Literature Surveillance Team. Cool.

DAILY SUMMARIES OF THE LATEST RESEARCH

# COVID-19 Literature Surveillance Team

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## Making A Difference Together

We are an affiliated group of medical students, PhDs, and physicians keeping up with the latest research on SARS-CoV-2 / COVID-19. We find the newest articles, read them, grade their level of evidence, and bring you the bottom line. Our goal is to empower you to take the best care of yourself and those in your care.



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\*does not imply endorsement by any of these institutions

Obviously optional, but I've signed up for their daily summary report. Here's an example, this one from Friday, May 22<sup>nd</sup>: <https://www.covid19lst.org/post/may-22-daily-covid-19-lst-report>.

1111 Classen Drive • Oklahoma City, OK 73103-2616 • 1417 N. Lansing • Tulsa, OK 74106  
(405) 297-7173 Telephone • (405) 297-7199 Fax • [www.okctulsaomd.com](http://www.okctulsaomd.com)

I use several sources to compose these Updates for you. I'm excited about this one as a committed group this large is way more powerful than I am alone in researching the reports and discoveries that I believe can help us best. There is a podcast version you can find on their website as well. These are responsible folks and just like the CIDRAP team, I can trust they aren't letting politics, wishes, and guesses get ahead of science. Well done, LSTers!

*Vigilance. Safety. Evidence-Based Service to Others.*

*Let's be careful out there.*

Dr. Goodloe