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Update 37 - COVID-19 – From Office of the Medical Director 04 AUG2020 1000

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

Key Content:

- **What Does the Nose Know About Kids? – The New York Times**
- **How Does the CDC Spell EMS in This Pandemic? - CDC**
- **This You Just Have to See - American Society of Hospital Pharmacists**
- **We Must Fight the Fatigue of PPE – CNN**
- **An Oklahoma Snapshot – The New York Times**

What Does the Nose Know About Kids? – The New York Times

It looks like children, younger children at that, can pack a lot of SARS-CoV-2 virus in those smaller noses. Pick your brain, but not their noses, when pondering these findings from a study in *JAMA Pediatrics* that issues a caution that the smallest of us that we'd like to think are both safe AND non-spreaders... maybe too optimistic. I appreciate the limitations noted in both the study and the reporting on it by *The New York Times*. Links to both *The New York Times*:

<https://www.nytimes.com/2020/07/30/health/coronavirus-children.html> as well as the study itself:

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2768952>

How Does the CDC Spell EMS in This Pandemic? - CDC

The CDC recently reorganized and published (release date 15 JUL) their best practices for EMS systems in the SARS-CoV-2 pandemic. If you're curious and want to check what our EMS system is doing as compared to the CDC "list" of recommendations, here is that link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

I think you'll find that our "best practices" compare very, very closely to theirs and if you are consistently following our system's practices and protocols, you'll have as much confidence as can be possible in remaining safe on duty. We're always happy to answer your questions, especially those about your safety in caring for patients.

This You Just Have to See - American Society of Hospital Pharmacists

With a tip to check this out from our friends and colleagues in the Austin/Travis County (Texas) Office of the Medical Director, here's a staggering at first impression list of current studies on potential therapies for COVID-19 as amassed by the American Society of Hospital Pharmacists: <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/ASHP-COVID-19-Evidence-Table.ashx>

And no, I didn't read all the pages either ;)

We Must Fight the Fatigue of PPE - CNN

CNN reports on findings from a study published in *The Lancet* that warns us what we intuitively know - being a healthcare professional remains a risky endeavor in a pandemic. Even with PPE supplies, there is reason we must stay cautious, keep distancing when possible and handwashing frequent. Both are challenging in the mobile practice of medicine we know as EMS.

This study reports that we (being healthcare professionals generically, not specifically EMS professionals) are 3.4 times as likely as the public to become infected with COVID-19. For me, the exact number isn't as important, though I'm not discounting it a bit, as is the reminder to be deliberate about how I'm wearing my N95/KN-95 mask, eye shield, gown, and gloves when I suspect (or know!) a patient has COVID-19.

And yes, some days/nights, it's getting harder to do that with a smile. For me, I acknowledge my fatigue while I think about people that are counting on me to stay responsible - to my own health for me, to my health so I can continue to care for others, to their health so I don't get and spread COVID-19. I also think about the times ahead that I want to enjoy being healthy. Far from magical sprinkles, those simple but important thoughts are enough to get me through one more time, one more patient encounter "behind the PPE" so to speak. Maybe that will help you, too.

Whatever resonates with you, the key is we want you safe. PPE chosen and worn correctly does help. Without PPE, I can only imagine how much greater than 3.4 times the risk would be. Here's the link to the CNN piece: <https://www.cnn.com/2020/07/31/health/ppe-covid-risks-high/index.html>

An Oklahoma Snapshot – The New York Times

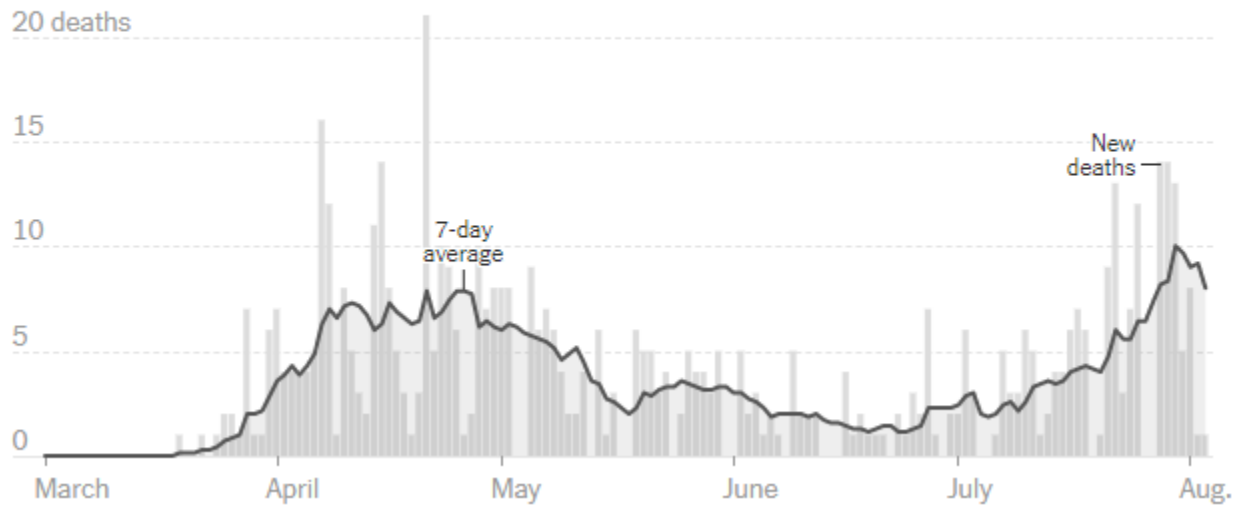
Let's close Update 37 with today's graphics on us as a state from *The New York Times*. I'm certainly hoping the number of cases and number of deaths will drop quickly, though remember some caveats that we have consistently seen for months: 1) there seems to be 1-2 days a week (typically weekends) where the reported number of cases drop way down – not because the cases aren't there, but testing/reporting drops off when testing sites are reduced on the weekends; 2) when those days and their effects as just mentioned in point 1 are included in 7-day averages, well then those averages necessarily drop off too. Yes, technically accurate by the math, but are they accurate to what's really happening in our communities?; and 3) deaths always lag behind serious cases because often these unfortunate folks have a prolonged ICU course of therapy prior to futility of further care and death. And that is pretty much what these graphs show us. Another good reminder to fight the fatigue of PPE as I surely don't wish to see YOU on these graphs!

New reported cases by day in Oklahoma



Note: The seven-day average is the average of a day and the previous six days of data.

New reported deaths by day in Oklahoma



Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe