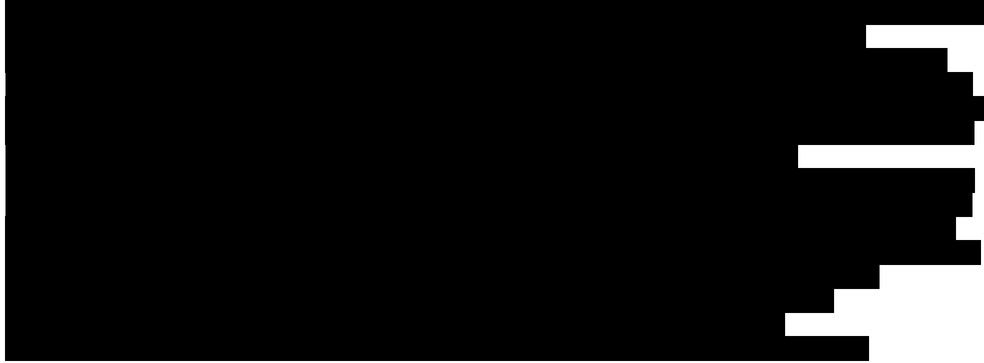
From: Hale, Kimberly
To:



Subject: Update - COVID-19 - Communication from Office of the Medical Director 02MAR2020 1100
Date: Monday, March 02, 2020 11:33:45 AM

To all EMS personnel-

The Office of the Medical Director, and Dr. Goodloe specifically, are continuing monitoring updated information again almost hourly throughout the day and late evening hours regarding the coronavirus originating from a market in Wuhan, China in the past three months, including the growth of confirmed illnesses from this specific coronavirus.

This week we WILL see an exponential growth of cases within the United States and I predict we will see more than one case within Oklahoma, specifically within our major metropolitan areas.

This is expected and part of the course of a viral disease that is known to be more infectious (easier to spread from a single infected person to others) than influenza AND able to be spread by an asymptomatic individual, in other words, before that person develops fever to know they are sick with an infection. Dr. Goodloe has multiple detailed briefings scheduled throughout this week with national and international resources and has called a meeting with both Oklahoma City County Health Department and Tulsa Health Department to explore strategies designed to minimize the impact of COVID-19 on our EMS system.

Have no uncertainty, COVID-19 will be declared a pandemic by the World Health Organization and Oklahoma (and our patients and we) will be a part of it.

As of Monday morning 1000 hrs Central Time, no specific routine call precautions for our EMS system beyond standard respiratory illness precautions are indicated. Patients with respiratory symptoms and fever should be asked about any concerning travel to them. Recognize we are long past China as being the sole focus. The list of countries of any concern exceed 45 and is growing, so it is simply best to ask the potential COVID-19 patient if they have travel of concern. We are destined for wider community spread within the United States, so travel patterns of the ill individual will be less and less of a focus over time. We do have individuals still in self-quarantine if they have been contacted by the CDC or the Oklahoma State Department of Health AND informed they are on a self-quarantine program due to concerning travel locations and/or having had close contact with one of the presently known individuals confirmed with this specific coronavirus. Fortunately, many earliest self-quarantine persons have 14+ days now free of symptoms and have been released from self-quarantine. For anyone in self-quarantine as directed by the Oklahoma State Department of Health

and its local affiliate health departments, in conjunction with CDC, they are being closely monitored and report via phone any symptoms and particularly if a fever develops to the relevant health department officials. By public health protocol, these individuals to date have pre-designated a hospital of their choice if they become symptomatic. In cases of symptoms, as we have already seen, EMS is not utilized for transport to the hospital unless the severity of illness is particularly concerning. This reduces your potential exposure and reduces potential viral contamination of an ambulance. We have had an excellent response from our local health department officials and anticipate ongoing, excellent collaboration to reduce your risk as much as possible. However...

I want to be clear that you are increasingly likely to encounter a patient with COVID-19 in the days ahead.

As we have reminded before, this is a primarily respiratory spread illness, particularly by droplets containing the virus. Patients of concern for COVID-19 should have a simple facemask (not N95 which is reserved for clinical personnel) applied. Clinical personnel should keep distance, preferably 6 feet or more when logistically and clinically able, from the patient's face. I am well aware that 6 feet is often impractical in the confines of providing care in small residences, hallways, and within an ambulance. Keep as much distance as logistically possible. Without fail, don eye protection, N95 masks (it is imperative to use at least N95 as a simple mask has been proven to be ineffective for healthcare professionals), gown or Tyvek suit (to protect uniform clothing) and standard gloves. Minimize the number of EMS professionals involved in patient contacts to those absolutely clinically needed. Avoid invasive airway procedures, particularly intubation, if clinically safe to do so. Avoid nebulization treatments that would contribute to cough and expelling virus by the patient if clinically safe to do so.

Despite all of the above measures, I predict some of us, me included as I'm actively seeing patients in the Emergency Department setting too, will acquire COVID-19. Yes, we can REDUCE our risk by thinking and acting smartly, using good PPE, and doing frequent, thorough hand washing. Avoid touching your nose and mouth at work as much as humanly possible.

Am I scared or worried? Honestly more of influenza. Influenza continues to be widespread in Oklahoma and I am seeing multiple cases of it every shift I am working in the Emergency Department setting, meaning we as an EMS system are transporting multiple patients with influenza every 24 hours right now. Influenza in Oklahoma alone since September 1, 2019 has caused over 2300 hospital admissions and 45 deaths (source: Oklahoma State Department of Health). Nationally, at least 125 children have died from influenza since September 1, 2019 (source: CDC). Think about how you approach patients possibly with flu. Why is COVID-19 getting so much more press? It's new and yes, there are still unknowns. Anyone that says they know everything about this novel coronavirus is lying and/or delusional. What I will share with you always are facts known to be true at the time I communicate. Facts can change with updated information and I will share if those facts do change.

As I shared on Feb 21, "a careful study of earlier coronavirus outbreaks (SARS and MERS) predicts that there may well be a bimodal reality." That reality is here, this week.

True containment of COVID-19 is scientifically unrealistic given the nature and numbers of

infections, known and UNKNOWN, today. This said, keep in mind to date, the spectrum of COVID-19 illness severity is showing to be approximately 80% mild, 15% requiring hospitalization, and 5% requiring ICU admission. Certainly, there are fatalities and most of those are in older individuals with pre-existing, chronic ailments. Because there are unknown cases that make the known more severe cases seem a higher percentage than they actually are, I believe the 80% is actually higher. The latest statistic I have reviewed indicates if typically healthy and below the age of 50, COVID-19 fatality risk is predicted at only 0.2-0.4% (sources: 1. The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) - China CCDC, February 17 2020 and 2. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) - World Health Organization, Feb. 28, 2020 obtained at https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/)

As communicated previously, our EMS system's approach can change based upon new, scientifically validated approaches and we will assuredly advise in a timely manner if it does.

Expect more frequent updates on this subject from me. As we did with Ebola in 2014, our sincere goal is to keep our patients as safe and healthy as possible AND to keep you as safe and healthy as possible. Those are not mutually exclusive goals. We will continue to achieve both.

We are open to any specific questions if you have them.

Dr. Goodloe

Thank you!

Kimberly Hale
Administrative Assistant
Medical Control Board-Office of the Medical Director
(918)596-3147
kimberly.hale@emsa.net