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Update 58 - COVID-19 – From Office of the Medical Director 11FEB2021 1200

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

#### Key Content:

- **What Do I Do? – Navigating Encounters & Exposures**
- **New Surgical Mask Recommendations – US Centers for Disease Control (CDC)**

*Didn't we just cover the encounter/exposure and quarantine thing? Yes, AND... the CDC issued very encouraging information yesterday on changes in quarantine (as in removing the need for quarantine!) if you have been fully vaccinated and meet the involved time parameters. This impacts our EMS system to an important extent. Update 58 will largely be a re-issue of Update 57 with this latest information. This way, you'll still have all the information in one place.*

If we go back a year, as far as any of us knew, none of us had COVID-19 and none of us had COVID-19 exposures to worry about harming us. COVID-19 was something overseas, mostly in China and in Italy to be more specific, unless you happened to work in a few seemingly very unlucky nursing homes in suburban Seattle. Not that life was disease free, but it sure felt COVID-19 free. So much for that.

All that may seem more than obvious, but what might get lost in those memories is all of us were in the same situation, or at least we thought we were. None of us were vaccinated against COVID-19. None of us had antibodies against the SARS-CoV-2 virus produced from being ill with COVID-19. That put all of us in the same action plan – if we had a COVID-19 exposure of concern, we quarantined for 14 days and hoped we didn't develop symptoms. It was in that way a far simpler time.

This Update is designed to help us all navigate what we should do after a COVID-19 exposure of concern today. Now, it's not so simple; we are in different situations. Some of us have had COVID-19 and are making antibodies without needing the help of vaccines. Some of us had COVID-19 long enough ago we may have decreased antibody production to poor defense levels. Some of us have had one vaccination. Some of us have had both vaccinations in the 2-shot regimen. Some of us completed vaccination 3+ weeks ago. Some of us just got vaccinated within the week. It gets complicated. Let's do our best to help each other out.

I thought about doing this in a flowchart, but it gets complex if trying to do it all in one, so at least for now, let's walk through this maze in outline format.

What is an "exposure of concern" so that we can have the same understanding? First, you must encounter a person with COVID-19 during a time in which they are capable of spreading it, in other words they are infectious.

The time of infectiousness starts 2-3 days before any symptoms appear if they even do appear. Remember that part of the trickiness of tracking and containing the spread of COVID-19 is that 50%+ of spread is from asymptomatic or pre-symptomatic individuals. Infectiousness wanes after 10 days of symptoms. When we are talking about millions and millions of infected individuals around the world, we can find a very rare situation outside of the -3 to +10 days of symptoms, but these are the vast norms. Okay, so, let's say you encountered someone in this typical timeframe and you suspect or know they have COVID-19. Now what?

Is the "encounter" really an "exposure"? Were you less than 6 feet in distance from the individual for 15 minutes or longer? OR If you were with multiple infectious individuals in a 24-hour period, is the cumulative time in which you were less than 6 feet from those individuals 15 minutes or longer in time? OR Were you providing higher risk personal care to that person, such as invasive airway management in which aerosols and droplets might be spread? OR Were you in direct physical contact with that person? OR Did you share eating or drinking utensils with that person? OR Did that person sneeze or cough on you at close distance? (Kind of like the invasive airway management question minus any involvement of endotracheal tubes, iGel airways, or nebulizers.) IF the answer to one or more of these questions is "Yes." then...

Oh, wait. Here's the amazing value of PPE used correctly. Even if the answer to any or all of the above is "Yes", then if you were wearing PPE to protect you from aerosol, droplet, and contact spread of infection, congratulations! You just turned an otherwise exposure into an encounter of mitigated concern. You do NOT need quarantining or testing. You can go on living your life as you were pre-encounter. ***And now, at least for a few months post-complete vaccination, the same can be said among the benefits of the COVID-19 vaccines!***

Let's run the options, aka permutations, after a situation you are worried about so that this can be a helpful guide in times ahead for all of us. Each situation listed is pretty self-explanatory, but as always, feel free to email me your specific questions if you think helpful.

**Both vaccine doses received; 3 weeks/21 days or greater** – experts say it is at least 2 weeks, maybe as long as 3 weeks post-vaccination until we are protected to the full extent of the vaccine benefit - **since the second dose; wearing PPE:** this is an encounter but fortunately *not an exposure* as we've said above, right? No quarantine. No testing. Live your life. As you would at any time in life, monitor yourself for any symptoms of concern. Recall that the vaccines are incredibly impressive in preventing severe COVID-19 (95% protection against severe cases in the research reports to date), but there still exists that very small percent chance of worrisome disease. You might still get a mild or moderate variety of COVID-19, or an asymptomatic form of COVID-19. We still don't know the answers to the asymptomatic part yet or whether when fully vaccinated if we can still spread disease when asymptomatic to others. This is why we still wear masks, distance, and hand wash even after getting vaccinated, at least for now we do.

**Both vaccine doses received; 3 weeks/21 days or greater since the second dose AND within 3 months since the second dose; NOT wearing PPE** (this could include when away from work and understandably not in full mask, eyewear, gown, gloves, aka "MEGG" mode): ***This is a change from the CDC. Now, with completed vaccination, if at least 2 weeks after the last vaccination (though I am advising 3 weeks/21 days as my read of the literature indicates we get the protection of the completed vaccination between 2-3 weeks after the last vaccination) AND within 3 months/90 days of the second vaccination date, this becomes an encounter, not exposure. No quarantine. No testing unless symptoms unexpectedly develop. It is still important to mask, distance, handwash, etc. to help protect the unvaccinated we continue to encounter in our work and personal lives.***

**Both vaccine doses received; greater than 3 months/90 days since the second dose; NOT wearing PPE:** The correct answer is still to be determined by more data over time. Caution advises quarantine and when looking at returning to work, testing if on a 7-day quarantine or no testing required if on a 10-day quarantine. Remember that if you are doing a 7-day option, the COVID-19 test must be negative, and it must be done at day 5 or later. Whether 7-day or 10-day, no return to work until symptoms are nearly or completely gone AND fever free for at least 24 hours without taking any fever reducing medications, such as acetaminophen or ibuprofen. Although both 7-day and 10-day quarantines are

widely in use, the CDC still advises extra vigilance in self-monitoring for symptoms through 14 days.

**Both vaccine doses received; less than 3 weeks/21 days since the second dose; wearing PPE:** encounter, not exposure. Live your life. Thank goodness for PPE.

**Both vaccine doses received; less than 3 weeks/21 days since the second dose; NOT wearing PPE:** quarantine. Testing involved if on the 7-day plan. No testing required if on the 10-day plan.

**One vaccine dose received; 3 weeks/21 days or greater since that dose; wearing PPE:** encounter, not exposure. Sensing a trend yet on that PPE benefit?

**One vaccine dose received; 3 weeks/21 days or greater since that dose; NOT wearing PPE:** quarantine. Testing involved if on the 7-day plan. No testing required if on the 10-day plan.

**One vaccine dose received; less than 3 weeks/21 days since that dose; wearing PPE:** encounter, not exposure. Who could've guessed that?

**One vaccine dose received; less than 3 weeks/21 days since that dose; NOT wearing PPE:** quarantine. Testing involved if on the 7-day plan. No testing required if on the 10-day plan.

**Not vaccinated** (this is where we all were 2 months ago); **wearing PPE:** encounter, not exposure.

**Not vaccinated; NOT wearing PPE:** quarantine. Testing involved if on the 7-day plan. No testing required if on the 10-day plan.

**Personally ill in past with COVID-19; Recovered from COVID-19; 3 months/90 days or less since acute illness** (recent research findings, some of which were shared in Update 56 though not yet adopted by the CDC, indicate this can be expanded to 6 months/180 days, perhaps even longer but not enough data yet exists to know what the cut off time will prove); **wearing PPE:** encounter, not exposure. Bonus points to PPE for consistent protection, huh?

*A note on vaccination for those personally ill with COVID-19: Also new in CDC recommendations is the removal of the advisement to wait 3 months/90 days since acute illness with COVID-19 before getting vaccinated. The CDC reinforces the belief that there is benefit of natural immunity during this time, but no longer has formal advice that you should wait the full 3 months/90 days for vaccination. If desired, vaccination can begin once symptoms have resolved and the isolation period is over.*

**Personally ill in past with COVID-19; Recovered from COVID-19; 3 months/90 days or less since acute illness; NOT wearing PPE:** The correct answer is still to be determined by more data over time. The variants of concern (VOCs) are definitely causing increasing concern as recent reports indicate that vaccine immunity is better against the VOCs than natural immunity after having COVID-19. Caution advises quarantine. Testing involved if on the 7-day plan (remember this will be testing for the antigen of active infection, not for the antibody which you have from the prior illness). No testing required if on the 10-day plan.

**Personally ill in past with COVID-19; Recovered from COVID-19; greater than 3 months/90 days** (maybe 6 months? maybe 6+ months? – we don't know yet) **since acute illness; wearing PPE:** Anyone? Anyone? Yes, correct! Encounter, not exposure.

**Personally ill in past with COVID-19; Recovered from COVID-19; greater than 3 months/90s days** (maybe 6 months? maybe 6+ months? – we don't know yet) **since acute illness; NOT wearing PPE:** Caution advises quarantine. Testing involved if on the 7-day plan (remember this will be testing for the antigen of active infection, not for the antibody which

you have from the prior illness). No testing required if on the 10-day plan.

**Personally ill with COVID-19** – stop. Don't work. Isolate. Get treatment. Testing involved if on the 7-day plan (remember this will most likely be testing for the antigen of active infection). No testing required if on the 10-day plan.

Gets complicated with all the variables, doesn't it? Remember you can find this Update at any time on the [www.oktulomd.com](http://www.oktulomd.com) website under the homepage banner menu "Treatment Protocols" tab, then the "Individual Protocols" green icon tab, and then the "COVID-19 Guidance" tab.

Some additional factors to think about in navigating encounters to keep them encounters and not exposures. As of today, approx. 11% of Oklahomans have been infected with COVID-19. Fortunately, most have recovered. But there's plenty of folks you encounter still with COVID-19. Some already know it, some suspect they have it, and many have no idea because they are asymptomatic, pre-symptomatic, or so mildly symptomatic that they aren't correlating that sniffly nose or headache with COVID-19. For those that have recovered, we simply aren't sure how long they are protected by natural immunity and to what extent they are protected against the VOCs of the SARS-CoV-2 virus. That is why we recommend they get vaccinated as well after 3 months/90 days from acute illness.

Finally, and very importantly, the above guidance is pulled from a collective of multiple resources. Here are some helpful CDC web pages: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> , <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html> , and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html> The last website shared helps us to remember that trying to return to work using the 7-day plan will often fail as the rapid antigen tests also pick up viral fragments. These viral fragments are just parts of the virus, not the whole virus. Although fragments are not infectious, they will still produce a positive test result. There are case reports of individuals stuck away from work due to "positive" antigen tests for 60+ days. We've seen the same in our EMS system. This is why I've recommended against the 7-day testing plan or any testing plan being required to return to work for months now.

***The latest updated information can be found here: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>***

I could not locate one resource that had all the variables listed out as I've worked to include in this Update. The above guidance is just that... guidance. It does not replace the policies or procedures established by your employer. Please continue to follow your employer's expectations in these regards, informing your supervisors, human resources professionals, and/or others that your employer instructs you to do when worried about possible infectious disease exposures, obtaining relevant testing and/or treatment, and taking time off work related to health.

### **New Surgical Mask Recommendations – US Centers for Disease Control (CDC)**

The CDC released new information about surgical masks yesterday as well in its Morbidity and Mortality Weekly Review (MMWR). Longer term readers of these Updates will remember we covered some MMWR history in Update 34. Yesterday's MMWR contained advice in how we can make surgical masks more effective in filtering and in protecting us. Here's the link you'll find helpful: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm>

Back with more soon. That's plenty to work through for now.

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

*Let's be careful out there.*

Dr. Goodloe

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