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Update 25 - COVID-19 – From Office of the Medical Director 01 JUN2020 0800

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

Key Content:

- **On the Surface about SARS-CoV-2?**
- **Health Care Surfaces of Concern**
- **What if the “Surface” is the Whole Building?**
- **Educational Resource – The Osterholm Update – Episode 10**

On the Surface about SARS-CoV-2?

We all want to avoid catching and spreading COVID-19. At work, we utilize PPE practices according to our patient assessments, but what about the in between patient care times and what about our families and us in non-work life? Here’s a thoughtful review about our risks from virus on surface contamination (known as fomite transmission of SARS-CoV-2). This from *The New York Times*:

<https://www.nytimes.com/2020/05/28/well/live/whats-the-risk-of-catching-coronavirus-from-a-surface.html?smid=em-share>

Health Care Surfaces of Concern

Speaking of surfaces to think about during those in between patient encounters, let’s take some lessons from an early study looking at the surfaces of greatest contamination in the hospital environment. While it’s not exactly the same dynamic as ambulances, the concepts of where to be wary and where to make sure to include in disinfecting can be gleaned from this study from Wuhan, China in early release from the *CDC Emerging Infectious Diseases*:

https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article

How would I translate their findings to emergency apparatus and our care environments for us? These are some of the “hot zone” areas to keep in mind:

Work boots/shoes – more reason to spray them down and wipe post shift and/or leave them at work, in your garage or POV trunk (reference Update 11 for keeping your uniform and home clean strategies).

Documentation tablets, ECG monitor/defibrillator handles, apparatus door handles – anything that gets touched over and over and over throughout a shift

Flooring of ambulances – those aerosols and droplets that escape must land somewhere and gravity is always a factor. Also, a reason to pay attention to those work boots/shoes.

What if the “Surface” is the Whole Building?

We often find ourselves in life saying, “I’m glad I don’t have that job.” or “I’m grateful I’m not responsible for (fill in the blank).” Well, add safely running a nursing home facility to those statements. Now more than ever, infection control in a nursing home facility is both dramatically important and difficult. Here’s a study published by the *New England Journal of Medicine* describing the dynamics of one of the earliest impacted nursing home facilities in the United States:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2008457?query=TOC>

You’ll note the spread is rapid – more rapid than in the community otherwise – and significant in terms of how many can be infected in a short timeframe. You’ll also note how many in this study had COVID-19 without evident symptoms initially, making the cohorting, or segregating, those infected difficult by symptoms alone. This is further proof of what we know – a facility housing multiple higher risk individuals is a site of significant risk for COVID-19. Continue to work collaboratively with the staff of these facilities to minimize your exposure and simultaneously to minimize the exposure of facility residents and staff to you. Infection control is a bidirectional exercise. It’s important to note this caution does not indicate we doubt the efforts of nursing home facility staff to keep their patients safe. This is simply a contagious virus, easily spread.

Chiefs Richard Kelley, Scott Clark, and Chris Goodwin and CEO Jim Winham continue to work very closely with me as we develop ongoing, relevant strategies to help minimize the impact of COVID-19 in nursing home facilities we serve. We will continue to work to optimize the patient care interfaces between EMS and nursing home staff in this regard.

Educational Resource – The Osterholm Update – Episode 10

Dr. Osterholm has his latest podcast, now in its tenth episode of The Osterholm Update – A New Time for Public Health, posted on the CIDRAP website with release date 27 MAY.

You can access it at this link: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-10> or The Osterholm Update is available on Spotify, Apple Podcasts, or Google Play.

I encourage you to invest the 39 minutes in this latest compilation of knowledge and insight from Dr. Osterholm. There are insights about the larger implications of this viral pandemic, beyond the immediate acute illness that you and I are called to treat. It helps to underscore the importance of our work in keeping folks as healthy as possible.

Vigilance. Safety. Evidence-Based Service to Others.

Let’s be careful out there.

Dr. Goodloe