



Update 43 - COVID-19 – From Office of the Medical Director 31AUG2020 0900

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

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Key Content:

- **Educational Resource – The Osterholm Update – Episode 21**
- **A Change in Testing Strategy? Maybe Not – The New York Times**
- **Speaking of *Increasing* Testing – Associated Press**
- **All It Takes Is One (Event) – The Boston Globe & The Washington Post**
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Whoa! The inbox of good insights well-reported is o-v-e-r-f-l-o-w-i-n-g. I feel like a super short-legged squirrel on a treadmill turned up to tilt speed.



Let’s jump right in.

Educational Resource – The Osterholm Update – Episode 21

Here’s Episode 21 from Dr. Osterholm, Crazy Days. This one covers his thoughts about the increasing number of gatherings, such as the Sturgis, South Dakota motorcycle rally and the number of universities attempting to restart in-person classes for Fall 2020. There is also discussion about “reinfection” with COVID-19. Here’s the link to it at: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-21> or all episodes, the current and his prior may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#).

A Change in Testing Strategy? Maybe Not – The New York Times

Some of you are likely aware of a yet incompletely explained change in recommended testing for asymptomatic individuals concerned they may have COVID-19. The change is to NOT test these worried folks. As always, these Updates are designated by me a “politics free” zone, so I’ll keep intro comments to simply saying this is the link for your own read: <https://www.nytimes.com/2020/08/25/health/covid-19-testing-cdc.html>

As for Dr. G, I’ll be taking that option of “if health care providers or state or local public health officials recommend testing” for any of my patients concerned about exposures.

Speaking of Increasing Testing – Associated Press

So, with that backdrop, how about making testing even more accessible to folks? Not quite the “do it yourself at home” variety many folks understandably want to see available, but another released testing platform could further increase accessibility of testing within physician offices, urgent care clinics and even within some emergency departments. This test is like rapid pregnancy and strep tests in that it does not require sending it to a medical reference laboratory. It does have limitations, specifically its specificity (and remember, specificity means how accurate its “negative” – in other words, “you don’t have COVID-19” – test results are). In fact, the conventional wisdom for now on such a test is that if “positive” then treat as COVID-19 and if “negative” then seek more accurate, traditional lab-based testing for the SARS-CoV-2 virus.

Here’s the announcement of Abbott’s test, the BinaxNOW™, as reported by the Associated Press: <https://apnews.com/845debd14eda2f8b13f0eb84485c816d>

Of note, there are three other tests, similar in function, on the market, though all are likely in supply to trail demand by healthcare professionals and patients.

All It Takes Is One (Event) – The Boston Globe & The Washington Post

Although it’s been seven months (that feel like a decade) since we started this journey, mapped out with these Updates to help us understand it better, there are still “Wow!” reports I come across in research. Check out the impact of one medical industry conference in Boston in February 2020. To be fair, few conceived then what we increasingly know now, but this summary of the extent of viral spread from one gathering is eye opening. To me, it’s a reminder warning we must be cautious moving ahead when planning “getting everything back to normal.”

Here’s this article from *The Boston Globe*: <https://www.bostonglobe.com/2020/08/25/business/biogen-conference-likely-led-20000-covid-19-cases-boston-area-researchers-say/>

I was going to leave this item with credit to the “hometown” newspaper, but then I came across an article on the same medical conference in *The Washington Post*. This additional report was so well constructed that I’m including it as well: <https://www.washingtonpost.com/climate-environment/2020/08/25/boston-coronavirus-superspreading-event/>

But If You Must Travel, Here’s Some Tips – The Washington Post

Travel?????? Did I read the articles I just suggested above? Yes, I did. AND I also know that some of you and your families are weighing travel plans, especially with virtual school more common right now. Also, you or a member of your family may have travel requirements due to work duties. So, especially for those of you for which travel isn’t optional, I provide a link to an article in *The Washington Post* that nicely (and accurately) answers some frequently asked travel-related questions about COVID-19 testing. The subject matter expert is a Massachusetts-based physician who is the President of the International Society of Travel Medicine. Here it is:

<https://www.washingtonpost.com/travel/tips/everything-you-need-know-about-getting-tested-coronavirus-travel/>

That 6-Foot Rule We've All Been Trying to Follow? – British Medical Journal

Well, there isn't much certain with this viral pandemic except it isn't over yet. Turns out the 6-foot rule that resulted in almost any responsible business painting or sticking something every 6 feet on its floors is based on science. Good! The science? It's from the late 1800s. Uh oh.

You might or might not be surprised to learn as we look around Planet Earth, that the US 6-foot rule isn't mirrored in other countries. The World Health Organization (WHO) is more often speaking of 1 meter/3 feet than our 6 feet. Throughout Europe, you can find guidelines for about any length between 3 feet and 6 feet. Leaves you less certain that 6 feet is the absolute safe distance, doesn't it?

It's a starting distance to factor relative, not absolute, safety among several factors. And particularly in EMS Medicine, we seemingly never get to use 6-feet (or certainly anything longer) as we work to assess, treat, and transport our patients.

This is a well-done article, published in the *British Medical Journal*, that puts distancing in perspective. The green-yellow-red matrix shouldn't come as much surprise and might be helpful for your family and friends that are particularly vigilant about preventative measures in these times.

I would caution that this study does NOT say "to heck with it all, what's the use of distancing?????" Rather, this study thoughtfully addresses issues of droplets, aerosols, environments, airflows, etc. There's always danger in trying to simplify something so complex, but my appreciation to the researchers of this study for helping us to better grasp that one size, make that one distance, does NOT fit us in all situations.

Here's the study (and I suggest focusing on its matrix): <https://www.bmj.com/content/bmj/370/bmj.m3223.full.pdf>

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe