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Update 21 - COVID-19 – From Office of the Medical Director 15 MAY2020 1500

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

Key Content:

- **Six Feet Safety? & Masks On AND Off Duty**
- **Educational Resource – The Osterholm Update – Episode 8**
- **Speaking of Science...**
- **Antibody Results n=1**

I thought I'd give you a "break" with only one Update this week, but my research inbox is getting full of genuinely good stuff. Besides, I committed I wouldn't be resting comfortably until we get through this viral pandemic together, so here's some additional resources to help our understanding of what is evolving with SARS-CoV-2. As always, you've safely entered the political neutral zone as I'm a transparent card-carrying member of the "Science Party" in these matters.

Six Feet Safety? & Masks On AND Off Duty

Wearing masks outside of my house isn't the most enjoyable part of life, but it beats suffering with a febrile illness, marked fatigue and muscle aches, or much worse. It also beats having the guilt of giving COVID-19 to others. While no one should say that a homemade or purchased fabric mask eliminates those risks, these masks do achieve risk reduction and that's helpful for us individually and for our communities.

A distant relative that I've never met showed me incredible kindness, hearing of my work duties, by sewing me some cloth masks. I first held on to them as a reminder of the goodness that exists in the world, though have found I'm using them far more than I thought I would, specifically outside of work. If I'm out for personal errands, I'm behind one of those masks.

If you're a "mask doubter" then you're not alone in our communities. Pro- or anti-mask, you'll find this discussion that utilizes some impressive graphics thought-provoking: <https://www.nytimes.com/interactive/2020/04/14/science/coronavirus-transmission-cough-6-feet-ar-ul.html>

Additionally, here's another eye-opening article about the impact that speaking has on droplet and aerosol generation. As you review this article, you'll likely note two things: 1) you'll be glad you are now routinely putting surgical style masks on your speaking patients whenever clinically possible while simultaneously promoting appropriate PPE for you and your colleagues; and 2) the link to the impressive graphics just above is within this article. Great insights can be unexpectedly found when exploring both scientific reports and easier to read summaries of those reports, sometimes via FYI links within the summaries. Here's this article: <https://www.nytimes.com/2020/05/14/health/coronavirus->

[infections.html?campaign_id=9&emc=edit_nn_20200515&instance_id=18502&nl=the-morning®i_id=89587519&segment_id=27919&te=1&user_id=b16417940cf5590c6c9354f5e39d522f](https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-8)

Educational Resource – The Osterholm Update – Episode 8

Dr. Michael Osterholm, Director of the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota has his latest podcast, now in its eighth episode of The Osterholm Update – Raring to Reopen, posted on the CIDRAP website with release date 12 MAY.

You can access it at this link: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-8> or The Osterholm Update is available on Spotify, Apple Podcasts, or Google Play.

I encourage you to invest the 47 minutes in this latest compilation of knowledge and insight from Dr. Osterholm. We're in a tremendously uncertain time for what the immediate and beyond holds, COVID-19 wise. This podcast shares a wealth of wisdom, over 45 years of epidemiologic experience backing it, to help us best prepare both personally and professionally. Paradoxically, Dr. Osterholm shares his "concern" about the numbers of coronavirus cases falling significantly in many locales at present and in some places, likely to remain low for some weeks ahead too. Concern? This hope in the short term could result in the long term being...listen and learn.

Speaking of Science...

Speaking of science, because that's the smart basis for correct infection control decisions, what would two of the world's greatest researchers advise us about our present time? I'm referring to Emmett Lathrop Brown, Ph. D and Martin Seamus McFly. For a lighter note in these Updates, you might enjoy this recent gathering, at safe distancing of course, of these fictional characters and some of their friends:

https://www.youtube.com/watch?campaign_id=9&emc=edit_nn_20200515&instance_id=18502&nl=the-morning®i_id=89587519&segment_id=27919&te=1&user_id=b16417940cf5590c6c9354f5e39d522f&v=crdYIUdUOhc

More than the fun of seeing these actors reminisce about their enjoyable movies together, you'll appreciate their serious support of an important cause: YOUR safety. I'm always glad to see others showing you the support you deserve for your selfless dedication in keeping others healthy and helping them in times of their worst medical crisis.

Antibody Results n=1

Finally (for now), I got my SARS-CoV-2 anti-IgG antibody test result this week: negative. It took 6 days, but we shouldn't be using antibody tests to diagnose active illness anyway. Time is relative in that regard. This is a snapshot looking at my past exposures to SARS-CoV-2 – known and unknown – if any had successful transmission with "successful" being defined from the viral point of view. We have talked in detail already about accuracy of antibody tests and what the results mean for us individually and in the larger public health sense. More discussion is still relevant, especially as more of us do antibody testing ahead. I'll save that for Update 22 or 23, depending upon what my research brings to us in the next few days. The great folks at CIDRAP may have even better answers than I can compose from the available studies so far. I'm awaiting Part 3 of their *COVID-19: The CIDRAP Viewpoint*, testing is the topic, out in a few days. For now, I think I'll reread the first point in this Update and keep wearing my mask! (AND eye shield AND gown AND gloves!)

Vigilance. Safety. Evidence-Based Service to Others.

Let's be careful out there.

Dr. Goodloe