



Update 49 - COVID-19 – From Office of the Medical Director 20NOV2020 1200

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

*Before we get to the Key Content points, with Thanksgiving on the near horizon, I am sincerely thankful for you and your service to our communities, our patients, and each other. The quality of life, even in a pandemic, is immeasurably better because of your dedication to helping others in their times of greatest emergency medical need. Thank you. Here’s additional Update content now, with assuredly more in the future, to join what we’ve covered in these past 10 months, all of which is shared to help you, your families, and your other loved ones stay as safe and healthy as possible.*

***WE WILL GET TO BETTER, SAFER, HAPPIER TIMES... but we’ve got some tough days, weeks, and a few months to still navigate to get there. Hope alone isn’t a strategy, but please remember that hope, well in this regard it is better stated as scientifically-based optimism, can help renew our attention to the details we need to stay safe until those better, safer, happier times.***

**Key Content:**

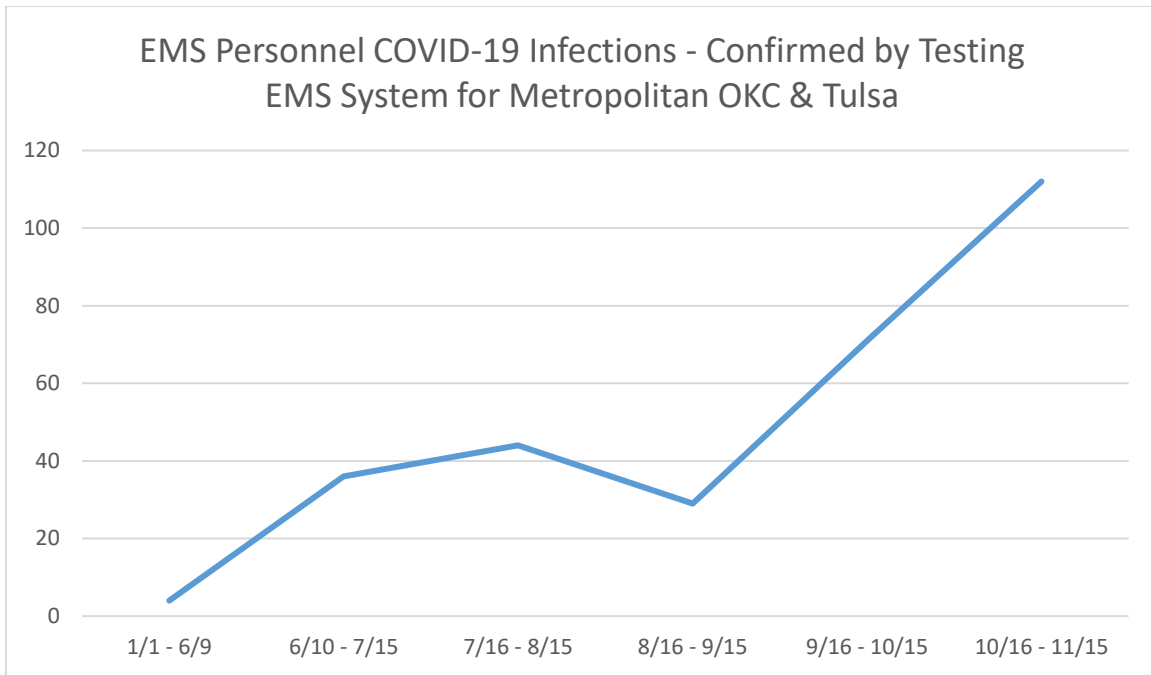
- **Where We Are – COVID Confirmed Cases in Our EMS System**
- **Educational Resource – The Osterholm Update – Episode 32**
- **Thanksgiving Planning – The Washington Post & CDC**

**Where We Are – COVID Confirmed Cases in Our EMS System**

There’s an old saying about maps that if you don’t know where you are and where you want to arrive, then any road will get you there. I am certain we want to arrive to a destination where no one in our EMS system has COVID-19. So, let’s look at the following data, verified through each agency in our EMS system reporting to the OMD team the numbers of confirmed COVID-19 positive personnel. For privacy reasons, the OMD team does not ask or receive test results by name, just by numbers updated every 30 days (queried at mid-month).

Here’s the full results since the pandemic’s beginning. Keep in mind, as you see the data points, these are new infections in the time periods indicated, not cumulative infections. I’ll share a table of the numbers as well as a graph of those:

Through 6/9/20	4 individuals
6/10/20 - 7/15/20	36 individuals
7/16/20 - 8/15/20	44 individuals
8/16/20 - 9/15/20	29 individuals
9/16/20 - 10/15/20	71 individuals
10/26/20 - 11/15/20	112 individuals



Overall, this represents a cumulative number of 296 individuals in our EMS system with confirmed COVID-19 infection (not suspected infection without positive test results) through the last reporting date of 11/15/20. While the day to day number can vary just a bit, overall we average 4000 individuals credentialed in our EMS system, meaning that  $296/4000 = 7.4\%$  of all our “work family” has been or is infected with COVID-19. These numbers aren’t just numbers; these numbers are far more importantly real people. Our people. Like the much larger US population, we’re heading in the wrong direction, further from zero infections currently.

Perhaps these numbers are surprising to you, given the overall US population dynamics widely reported. I think there are some key points we must keep in mind, whether surprising or not:

- 1) PPE – the right PPE – MEGG = N95 or equivalent mask; Eye protection – wraparound shields/goggles/glasses that are specifically designed as PPE and not corrective eyewear; gown; and gloves – this works. We’d be MUCH farther away from “destination zero” without the right PPE. I utterly understand the fatigue and discomfort that can set in after these months of PPE at a level none of us imagined in day to day EMS. But the fatigue, discomfort, and frankly danger of severe COVID-19 is so much worse. I’ll gladly wear the right PPE to avoid that. Please, please do the same.

You might rightly ask, “How do we know the right PPE works?” The answer comes from the numerous patient contacts we’ve had over the past 10 months. By definition, you and I are at higher risk for infection compared with the average US citizen that does not treat sick people, especially very sick people and in the confined spaces of their homes and in our ambulances. So, if we use a data source we’ve used before in these Updates to stay consistent (<https://www.worldometers.info/coronavirus/country/us/>) then today’s cumulative infection rate in the US population is:  $12,078,831 / 331,002,651 = 3.65\%$ .

- 2) At several prior points in time, our EMS system personnel confirmed COVID-19 infection rate (percentage) was less than the overall US population confirmed COVID-19 infection rate. You and I both want that to resume! However, again factoring the risks that we all know are involved in caring for sick, infectious patients... I’m relatively encouraged that our rate isn’t multiple factors above that overall US population rate. So, until we have access to what appear to be very promising vaccines, our best line of defense is through PPE.

- 3) Most of the COVID-19 infections confirmed by testing among us are from a source outside of work. That's the most accurate we can determine from the infectious disease detective work to date. This isn't meant as a fault-finding exercise and I certainly have no goal related to worker's compensation coverage, etc.... the sole point is that to the best we have been able to source track, it isn't often we find an identifiable high-risk patient care encounter, but more likely an interaction away from work. This would of course change dramatically if PPE weren't being used. Uncertainty is also involved, as we know from several past information resources that it is quite common that folks never know from where or from who they got COVID-19. The key learning point, for me more than anyone, is no matter how careful we try to be at work, we ALSO must be very thoughtful and cautious when outside work... for ourselves and for our families.
- 4) There is a concerning aspect of severity in these COVID-19 infections confirmed by testing among ourselves. I've been discouraged by some of the severity of symptoms and test results (e.g. chest x-rays) while humbled and honored to provide care to some of our own in the emergency department, including some requiring admission to hospital. I remember in the earliest days being concerned about any COVID-19 infection among us, yet at least a bit happy to say no one was seriously ill or even required hospitalization. That has obviously changed. Yes, a further ask to stay deliberate in protecting yourself – for you, for your colleagues, and for those that love you away from work, too.

### **Educational Resource – The Osterholm Update – Episode 32**

Speaking of vaccines, I want to share with you the latest from Dr. Osterholm. Yes, we've skipped over a few podcasts to get to Episode 32, "Stop Swapping Air," but it was just released yesterday (November 19) and I want you to have his latest as it covers the most up to date thoughts he has on the COVID-19 infection trends and the recently announced vaccine results of 94%+ effectiveness and what this means. Please invest the 61 minutes of time in listening and learning from Dr. O. And remember, just like I do, you don't have to find an hour uninterrupted to listen, it's perfectly fine and useful to listen in 5-10 minutes of time if that's what you have available. I suggest your work commutes are fantastic times to listen to this information.

Also, to touch on an earlier point within these Updates, I am professionally (and personally) encouraged to see Dr. Osterholm recognized and named to the Biden-Harris Administration's COVID-19 Task Force. I assure you that's not a Democrat leaning or Republican leaning or any other political party leaning statement. That's a 100% science leaning statement. Let's see what he and his designated colleagues can bring us all in these difficult weeks ahead. By listening to his podcasts, you already have some valuable insights into what is surely being discussed at that virtual table.

Here's the link for this podcast from Dr. Osterholm, and remember like all the other podcasts, the title is just one of many issues covered: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-32> or any episode, the current and his prior may be found on [Apple Podcasts](#) or [Spotify](#).

### **Thanksgiving Planning – The Washington Post & CDC**

As you already know, it's not wise to gather in large numbers this Thanksgiving. I personally am having a Thanksgiving dinner (after my ED shift that day) of exactly 2 persons, me included. I'd like to have far more people over than that. I'd like to travel. But I'm not doing either.

One of the easiest achievements in human history is telling someone else what they should do. Outside of specific clinical work products (treatment protocols), I honestly try hard to avoid doing that to you or with you. As for what you should or should not do about Thanksgiving 2020? I willingly share my own plan to be transparent and accountable to you. And I'll share the following resources from *The Washington Post* and the CDC to assist you in your Thanksgiving planning with your family and friends. Your choices are ultimately exactly that... yours. I respect that. Whatever your choices, please do all you can to stay safe.

<https://www.washingtonpost.com/lifestyle/2020/11/19/holiday-guide-safety-tips-covid/?arc404=true>

[https://www.washingtonpost.com/health/covid-3-million-plus-infected/2020/11/18/d9f079a8-2849-11eb-8fa2-06e7cbb145c0\\_story.html](https://www.washingtonpost.com/health/covid-3-million-plus-infected/2020/11/18/d9f079a8-2849-11eb-8fa2-06e7cbb145c0_story.html)

<https://www.washingtonpost.com/business/2020/11/18/map-covid-risk-thanksgiving/>

<https://covid19risk.biosci.gatech.edu/>

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/daily-life-coping/everyone\\_can\\_make\\_thanksgiving\\_safer.html.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/daily-life-coping/everyone_can_make_thanksgiving_safer.html.pdf)

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

*Let's be careful out there.*

Dr. Goodloe