



MEDICAL CONTROL BOARD

Chad Borin, DO, FACOEP, Chair
St. Anthony Hospital

Russell Anderson, DO, Vice Chair
Hillcrest Hospital South

David Smith, MD, Secretary
Baptist Medical Center

Roxie Albrecht, MD, FACS
OU Medical Center – Trauma

Barrett Bradt, MD
St. Francis Hospital

Jeffrey Dixon, MD, FACEP
Hillcrest Medical Center

David Gearhart, DO, FACOEP
OSU Medical Center

Karyn Koller, MD
OU Medical Center

John Nalagan, MD, FACEP
Mercy Health Center

Keri Smith, DO
Integris Southwest Hospital

Michael Smith, MD, FACEP
St. John Medical Center

OFFICE OF THE MEDICAL DIRECTOR

David Howerton, NRP
Division Chief – Medical Oversight - West

Duffy McAnallen, NRP
Division Chief – Medical Oversight - East

Matt Cox, NRP
Division Chief - Critical Care Analytics

Curtis Knoles, MD, FAAP
Associate Chief Medical Officer

Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS
Chief Medical Officer

Update 65 - COVID-19 – From Office of the Medical Director 21MAY2021 0700

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

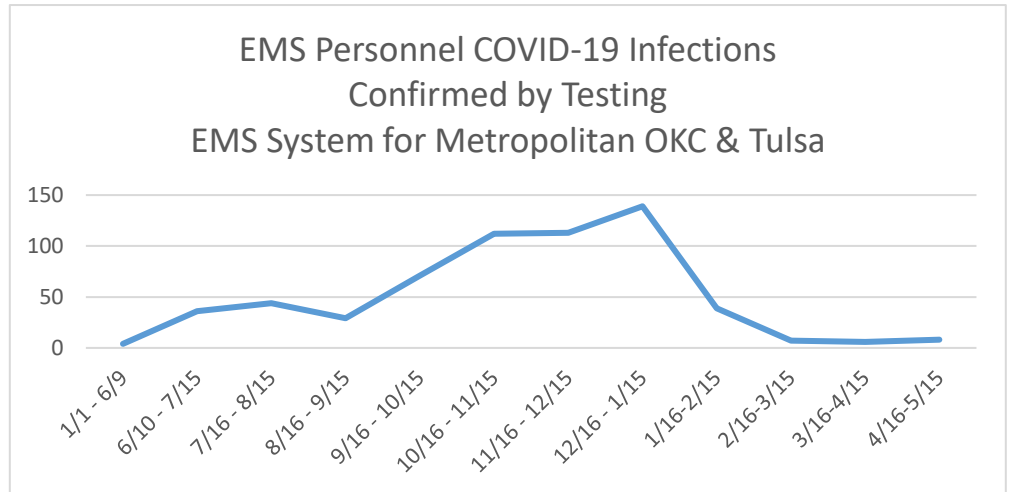
Key Content:

- **Where We Are – COVID Confirmed Cases in Our EMS System**
- **Unmasking the Masks? Really?? – Dr. G’s Position**

Well, some news has certainly transpired since Update 64 – the good, the bad, and the uncertain – but not the ugly, because this is real life, not a Hollywood movie. We all like good news, so let’s get to that first!

Where We Are – COVID Confirmed Cases in Our EMS System

Congratulations and many, many thanks to those of you now fully vaccinated and encouraging others in and out of our EMS system to get fully vaccinated, too because that’s the primary reason for this graph’s shape over the past 120 days in particular:



Here’s the full results for our EMS system family 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:

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
11/16/20 – 12/15/20	113 individuals
12/16/20 – 1/15/21	139 individuals

1/16/21-2/15/21	39 individuals
2/16/21 – 3/15/21	7 individuals
3/16/21 – 4/15/21	6 individuals
4/16/21 – 5/15/21	8 individuals

Overall, this represents a cumulative number of 608 individuals in our EMS system with confirmed COVID-19 infection (not suspected infection without positive test results) through the last reporting date of 5/15/21.

Ongoing thanks to the OMD team and all those involved in helping us collect this important information every 30 days so we can all be smarter about at least some of the impact of this viral pandemic upon our EMS system.

Unmasking the Masks? Really?? – Dr. G’s Position

BLUF- (which isn’t a “bluff” as it stands for bottom line upfront for you acronym-ophiles):

<u>Setting</u>	<u>System Members</u>	<u>Advised Action</u>
EMSA ambulance no patient contact EMSA ambulance no patient contact EMSA ambulance patient contact	ALL fully COVID vaccinated* Any partially or not vaccinated Vaccinated (fully/partially) or not	NO masks required Masks still required Masks still required
FD apparatus/station no pt contact FD apparatus/station no pt contact FD apparatus/station patient contact	ALL fully COVID vaccinated* Any partially or not vaccinated Vaccinated (fully/partially) or not	NO masks required Masks still required Masks still required
EMS system administration EMS system administration EMS system administration	ALL in-office & on-duty fully COVID vaccinated* Any in-office & on-duty partially or not vaccinated Contact with public & others w/status unknown	NO masks required Masks still required Masks still required
EMS system support services EMS system support services EMS system support services	ALL on-duty personnel fully COVID vaccinated* Any on-duty partially or not vaccinated Contact with public & others w/status unknown	NO masks required Masks still required Masks still required

*Fully COVID vaccinated means that in a two-vaccine schedule (examples include the Pfizer/BioNTech and Moderna branded COVID vaccines), the second vaccine has been received at least 2 weeks, and preferably at least 3 weeks prior. In a one-vaccine schedule, the vaccine has been received at least 2 weeks, and preferably at least 3 weeks prior.

Progress is allowed because of and is dependent upon fully vaccinated status. This is significantly derived from the most current CDC recommendations.

This progress also depends upon honesty, integrity, and professionalism not just for our patients, but just as importantly, from each of us for all the others in our EMS system. There are reasons, a very few medically necessary, although a bunch more based on beliefs that simply are NOT scientifically proven that many, including several sincerely valued members of our EMS system, have chosen to date to not get vaccinated against COVID-19. Because it is a matter of health – for you, for your apparatus/station/office colleagues, for your families, for their families, and for our collective patients – you must be honest about your vaccination status when a crew mate, station officer, or office co-worker asks if you are vaccinated. That is directly linked to what you and they – we – can safely now do.

A note, not as much of caution per se, but of reality: Recall that as amazing as the graph starting this Update shows, people are still getting COVID, life-threatening and sadly, life-ending COVID. Still, approximately 600 Americans per day are dying primarily from COVID-19 infection.

Just last week, I personally treated a middle-aged adult female that presented with cough, congestion, loss of taste and smell, and concern that she might have COVID due to an exposure she had with a person that subsequently tested positive for COVID themselves. When I asked her if she was partially or fully vaccinated against COVID, her reply was, “No. And I don’t want it (referring to the vaccine, not the illness) either!”

Okay. I didn’t have any vaccine to give her at that time anyway and the matter at hand was first testing her for COVID. Care to guess her diagnosis about an hour later? I certainly took no happiness in sharing with her that her concern was accurate. We discussed how the days ahead could bring worrisome dyspnea and the need to emergently return for care and admission if that happened. Then we discussed the importance of her isolating at home and trying to keep distance from her family, including her children, for their health as well. She was fortunately healthy enough at the time that she didn’t need admission, let alone any respiratory supportive care.

I wasn’t at all angered at her. I’m there to help her, right? Just like we all are when good people call us at 9-1-1 throughout the day and night. But... I freely admit to feeling frustrated FOR her and her family because given the availability of COVID-19 vaccines in our communities over the past few months now, this illness was nearly if not totally avoidable had she chosen vaccination.

It’s EMS Week 2021. The last thing you can count on from me this week, or any of the other 51 weeks annually, is missing an opportunity to advocate for YOUR health. No apologies at all – if you’re not vaccinated against COVID-19, and there is no absolute medical contraindication (e.g., severe allergy to the vaccine) then get vaccinated. I happen to think you are a special person because of what you selflessly do in caring for others. You deserve the protection this vaccine offers you.

As to the bad and the uncertain mentioned earlier? Well, let’s just save those for Update 66 and others to follow. We’ll make sure to keep sharing the good news, too! I think good news, especially the unmasking when able part, is the most important to share on this Friday.

Vigilance. Safety. Evidence-Based Service to Others.

Let’s STILL be careful out there.

Dr. Goodloe