

From: [Theron Becker](#)
To: [CMHEMS](#)
Subject: daily status update
Date: Tuesday, March 31, 2020 5:35:16 PM

Bunch of stuff in today's status update:

- We should assume all patients are infected with COVID: Recommendations at the federal level are leaning towards no longer requiring quarantine for suspected or confirmed COVID. I guess everyone is exposed at this point. Additionally, Polk 911 is not asking COVID screening questions on all callers. So, here are my recommendations based on information from today:
 - Wear an N95 face mask with **every** patient contact.
 - If the patient has COVID risk factors (exposed to known COVID, signs/symptoms, etc.):
 - Place the patient on O2 via NRB and place an N95 mask over it.
 - Upgrade your own PPE to a full-face respirator.
 - Follow the new protocol (<http://www.ozarksems.com/protocol-2-330.php>) and limit aerosolizing treatments and close contact.
 - There will be scripting and conversation information coming from CMH on what to tell patients, but you can assume it would be something along the lines of: "This is for your and my protection and to limit the spread of all respiratory infectious agents, including COVID-19." blah blah, you guys get it. Use AIDET and reduce the fear and anxiety in your patients/family by explaining what and why.
- CMH is probably pretty good for PPE needs: The information I'm getting is the apprehension we had about not having enough PPE should not be a problem very soon. In addition to the respirators EMS is getting, the entire hospital should be good to handle an influx of infectious patients and protect their staff. In fact, you can probably expect in the next couple days an announcement from CMH that they will be putting N95s on staff with EVERY patient contact, not just suspected COVID patients. Not sure how it will look for us, but we are in the mix to get supplies of disposable N95 to wear to every patient encounter.
- Ambulance HEPA filters: Brice worked diligently yesterday with JR and Fleet Services to get our ambulances ready. All ambulances have HEPA filters installed in addition to the regular filters on the HVAC systems. This will help reduce suspended aerosolized viruses. Additionally, Brice investigated to find out exactly where the air from the onboard suction systems is discharged. It is under the ambulance in the middle of the chassis. That discharge is not filtered. So, if suction activities are going on inside, don't have people standing down-wind of the ambulance.
- Dr. Nicholes conversation: I spoke on the phone with our new medical director today, and I am excited to see where he can lead us. He seems pleased that we are a progressive service with advanced protocols. We discussed some overviews of equipment and medications we carry. Additionally, we spoke about EMS models of stay-and-play vs. load-and-go and where we fall between there somewhere but leaning more towards making the patient better instead of focusing on transporting. He even made a comment similar to he likes it when EMS can deliver a patient to the ER, and they are already fixed. He also mentioned once COVID simmers down a bit, he looks forward to riding some shifts on an ambulance. We should see a lot more of him than previous medical directors since he has contracted hours dedicated to EMS. Of course, right now is not the time to weigh him down with anything besides the minimum

requirements.

- The current list of protocols migrated to an online format for Dr. Nicholes's approval (again, no real changes to patient care, just new formatting):
 - Asystole (<http://www.ozarksems.com/protocol-2-088.php>)
 - Cardiac Arrest (<http://www.ozarksems.com/protocol-2-198.php>)
 - Exposure: Biological/Infectious (<http://www.ozarksems.com/protocol-2-330.php>)
 - Supraventricular Tachycardia (<http://www.ozarksems.com/protocol-2-858.php>)
 - Universal Patient Care (<http://www.ozarksems.com/protocol-2-924.php>)
 - I'm updating as fast as I can. Please be patient.

Theron Becker

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CMH EMS Mission:

Provide safe, exceptional, and compassionate care
to our communities with an emphasis on
highly trained and empowered staff.

From: [Theron Becker](#)
To: [CMHEMS](#)
Subject: fit testing schedule
Date: Tuesday, March 31, 2020 5:01:31 PM

This Thursday, April 2nd, is fit testing for Scott respirators. If you have a recent fit test for a Scott AV2000 or AV3000 masks, you are probably good and do not need to attend. If you are on duty on that day, we will be rotating trucks from Bolivar to each station to relieve you to come to Bolivar and get tested. Aaron will coordinate when, who, and where. Below is the schedule of those that signed up (maximum of eight employees per time-slot):

8a-9a

1. Pursselley, James (8-9)
2. Moore, Cody (8-9)
3. Wallen, Brent (8-9)
4. McAntire, Emma (8-9)
5. Holm, Peter (8-9 or 9-10)
6. Bradley, Tim (8-9 or 9-10)
7. Schoen, Kevin (8-9 or whenever the earliest)
8. Weaver, Aaron (anytime)

9a-10a

1. McKlinteric, Taylor (9-10)
2. Stoddard, Adam (9-10)
3. Wilson, Burns (9-10)
4. Hill, Travis (9-10 or 10-11)
5. Scroggins, Stephen (9-10 or 10-11)
6. Masters, Goldie (9-10 or 10-11)
7. Beasley, Jeffrey (9-10 or 10-11)
8. Jones, Comorgan (9-10 or 10-11)

10a-11a

1. Andrew, Cheryl (10-11)
2. Shaw, Tim (9-10 or 10-11)
3. Walker, William (10-11)
4. Curtis, Jeremiah (10-11 or 11-12)
5. Sloan, Dawn (10-11 or in that time time vicinity)
6. Anthony, Robert (10-11 or anytime after)
7. Dickover, Amanda (10-11 or anytime)
8. Gore, Zane (anytime)

11a-12p

1. Weaver, Lucas (11-12 or 12-1)
2. Keller, Steven (11-12 or 12-1)
3. Keller, Cassandra (11-12 or 12-1)
4. Minter, Michael (11-12 or 12-13)
5. Flynn, Brice (anytime)
6. Werner, Allen (anytime)

12p-1p

1. Bush, Cynthia (12-1 or 5-6 or whenever)

1p-2p

1. Thomas, Logan (1-2 or 2-3)

2p-3p

1. No sign-ups

3p-4p

1. No sign-ups

4p-5p

1. No sign-ups

5p-6p

1. Frye, Robert (get's off work at 5)
2. Daily, Jerry (5-6)
3. Pinter, Melisa (5-6)
4. Bailey, Cindy (5-6)
5. Lang, Zachery (5-6 works after)
6. Painter, Melisa (5-6)
7. Ream, Carolyn (5-6)
8. McDonald, Ryan (5-6 or 4-5)

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