



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

Kimberly Hale
Administrative Assistant

Curtis Knoles, MD, FAAP
Assistant Chief Medical Officer

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

March 12, 2020

To: EMSA communications professionals

From: Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS
Chief Medical Officer, EMS System for Metropolitan Oklahoma City & Tulsa

Re: MPDS Protocol 36 (Pandemic/Epidemic/Outbreak) Implementation
Friday, March 13 at 1700

The Office of the Medical Director team and I continue to monitor updated information related to the illness known as COVID-19, caused by the SARS-CoV-2 coronavirus. You can be assured the safety and wellbeing of the citizens we collectively are entrusted to treat AND for you has our highest attention.

As you are most likely aware, there are two confirmed cases of COVID-19 in Tulsa County. I have been monitoring the situation with nearly constant updated information and my staff and I working are closely with local and state authorities. Recently the World Health Organization has declared COVID-19 as a pandemic, as it is now present on every continent except Antarctica. The exponential growth of confirmed cases throughout the world is of great concern.

Effective 1700 on Friday, March 13, 2020, the EMSA communications center staff will implement MPDS Protocol 36 (Pandemic/Epidemic/Outbreak) to assist in screening EMS system patients that have potentially have COVID-19. The expectation is this protocol will be used to process patients who are having influenza-like illness with associated symptoms that could include fever, difficulty breathing/cough/congestion/wheezing, headache, and/or muscle aches (myalgias). Individuals with breathing disorders such as asthma, COPD or cardiac conditions such as CHF or angina type pains should continue to be processed using the normal applicable MPDS protocols.

I sincerely believe we will see an exponential growth of COVID-19 in metropolitan Oklahoma City and metropolitan Tulsa in the weeks ahead. As an emergency medical dispatcher, your role in correctly applying MPDS Protocol 36 assists in your colleagues properly incorporating “respiratory PPE advised” actions prior to making patient contact. In other words, your role is critically important to keeping our EMS system operational with the fullest clinical capabilities possible in challenging weeks ahead. Thank you for excelling in this role.

I am open to any specific questions you may have after any discussions with your communications supervisor(s).