

MEDICAL CONTROL BOARD

Russell Anderson, DO, Chair Hillcrest Hospital South

David Smith, MD, Vice Chair Integris Health Baptist Medical Center

Keri Smith, DO, Secretary Integris Health Southwest Medical Center

Chad Borin, DO, FACOEP SSM Health St. Anthony Hospital

Barrett Bradt, MDSaint Francis Hospital

Amanda Celii, MD, FACS OU Medical Center – Trauma

David Gearhart, DO, FACOEP OSU Medical Center

Jeffrey Johnson, MD, FACEP Hillcrest Medical Center

John Nalagan, MD, FACEP Mercy Hospital

Michael Padgham, MD, FACEP OU Medical Center

Michael Smith, MD, FACEP Ascension St. John Medical Center

OFFICE OF THE MEDICAL DIRECTOR

David Howerton, NRPDivision 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 April 12, 2023

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

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

Re: Cessation of Pandemic MPDS Screening - Effective April 14, 2023

Concurrent with the presidential signing of federal legislation earlier this week, accelerating federal government declaration of an end to the present public health emergency (PHE) initially prompted by the COVID pandemic, utilization of the Medical Priority Dispatch System (MPDS) screening questions for pandemic purposes is to now to stop on April 14th. At that time, all remaining usual and customary operations in emergency medical communications guided by the Medical Control Board/Office of the Medical Director protocols and policies, the MPDS process of caller interrogation – call prioritization – emergency apparatus assignment – medical pre-arrival instructions, and applicable EMSA and City/FD policies will continue.

Responding EMS personnel should continue to exercise due caution when patient assessment, including information supplied by emergency communications prior to scene arrival, is consistent with an infectious disease process. Proper utilization of personal protective equipment, including N95 masking in the setting of suspected or confirmed highly infectious diseases known to be spread by aerosol and/or droplet mechanisms, is expected – for the health of responding EMS personnel, their co-workers, their families, and future patients served by our EMS system.

We must not forget lessons learned during this pandemic and the ultimate price paid by so many in healthcare and public safety over these past three years.

Thank you for your continuing dedication to excellence in out-of-hospital emergency medical services.