

INTERNATIONAL ACADEMIES OF EMERGENCY DISPATCH

OFFICIAL POSITION DOCUMENT

The Unified Protocol Theory and Maintenance of a Commonly Organised Protocol System

The success of the MPDS™ and its system-based process over the past quarter century has led to its proliferation into nearly every populated continent on earth. The Revocable Rights Agreement entered into by the IAED requires the Academy's adherence to a Unified Protocol Model that, briefly defined, is one core protocol used by all, scientifically improved by all, for the benefit of all. The AHA and ILCOR (et al) have also used a successful form of this model for the scientific maintenance of CPR, ACLS, and BLS standards. This document defers justification and explanation of the necessity of this central feature of the MPDS™, FPDS™, and PPDS™ to various published IAED documents and the text, *Principles of EMD 3rd Edition*. Suffice it to say there are a million ways to practice medicine, fire suppression, and policing within a public safety environment, and these protocols represent but one of each of them.

The *Protocol* has spread into various cultures in more than 25 countries and in over 16 language/dialect variants. In addition, the long-term success of the MPDS™ philosophy is responsible for the new development of associated Police and Fire protocol systems. As such, the need to maintain the Unified Protocol Model has become even more evident. The scientific testing, beta-testing, logic testing, as well as the electronic automation of this process requires a base protocol commonality with as few variations to account for as possible. Within this requirement lies the necessity, at times, to vary elements of the protocol's medicine, logic, and wording, when such variations are *persuasively proven to be required* by a country, cultural region, dialect, or language.

A system of checks and balances has been established by the Academy to ensure that protocol variants are incorporated when truly needed, but only when truly needed. The collective standards' maintenance body of the Academy is the International College of Fellows. The College has evolved from a single standards council into the various councils, boards, committees, and specialty task groups that make up the current organisational format required of a broad, standard setting process. This has been necessary to expertly evolve protocol, logic, training, curriculum, certification, quality management and improvement, accreditation, and legal/legislative issues.

Protocol evolution requires a strong oversight process by each core standards body. Generally, a consensus process reigns at the meetings of the various standards groups and improvements flow forward in a seamless evolution from old to new. At times, what may be seen regionally as cultural variations, do not pass the litmus test of persuasiveness once reviewed by the final decision-making body. In the case of protocol, the Rules Committee of the Council of Standards holds this difficult but necessary position.

One particularly misunderstood area of what “core” protocol is and isn’t lies within the science of determinant codes. A code and its associated clinical descriptor text is merely the closest description of what the EMD has selected as their interpretation of the “Big Picture” at the scene during that moment in time. This code has no local response “value” but is ranked in an order on the protocol representing its general relationship to other codes and clinical descriptors (see *Response Determinant Methodology*, National Academy EMD Protocol, v11.2). Neither the Academy nor the MPDS, FPDS, or PPDS coding systems *require* that any particular local response assignment be adopted other than there be one for all non-OMEGA level codes. Selection of *each* response for *each* code is up to local public safety system managers and medical oversight personnel.

A *Cultural Approval Requirements Document* has been issued by the Academy’s Rules Committee and approved by the Board of Trustees. It is consistent with the Unified Protocol Model requirement and serves to guide the various standards bodies in the performance of their important duties.

Cultural Approval Requirements Document

The Academy has a duty to release the core protocol in an orderly and timely way. This ensures the continued benefit of dispatch science, technology, and currently approved practices to the emergency and public communities at large. Therefore, the Rules Committee retains the right to “call the question” on any disputed issue and move forward to reasonably expedite the release of approved protocol enhancements.

The Rules Committee of the Council of Standards will be the final ruling body on any cultural Standards Committee’s request(s) for variation to the core protocol. Once the core protocol is approved, *only purely cultural variations* will be entertained for the release version of that protocol language or dialect type. There will be no exceptions granted. Final cultural requests ruled as non-persuasive will be *automatically* referred to the Council of Standards for formal entry into the *next* appropriate standards forum scheduled.

Official Parameters for the Determination of Cultural Persuasiveness

- 1) Wording or phrasing that is commonly different in related dialects, especially if it relates to caller use or understanding and represents a sound, persuasive argument.

- 2) The presence or absence of distinct, associated care and referral programs (such as Hyperbaric Oxygen Centres, Animal Control, RSPCA, Poison Control Centres, etc.), may form a basis for variation.
- 3) The argument: “It would be better” or “It would be more effective” is not a cultural argument but a *core* argument, and should be evaluated from that standpoint.
- 4) Purely medical or public safety opinions do not reflect a persuasive argument for deviation from core protocol doctrine. Exceptions may include the presence of a distinctive entity (animal, plant, hazard) not found in the general core protocol coverage areas.
- 5) The argument: “This question (PDI, determinant, rule, axiom, law, list, etc.), is not used here” or “We do not like it” will not be considered persuasive unless the retention of that element would conflict with another approved variation. Many of the Additional Information elements are the basis for the core training philosophy of the Unified Protocol and must therefore remain in the interest of consistency.
- 6) Local or regional response assignment philosophies do not reflect a persuasive argument for changing or reordering determinant descriptor elements. These elements are created and ordered based on safety and clinical factors and actual response assignments are locally determined. Commonality in determinant coding is essential to protocol comparative science and is of great importance to computer-automated logic programs. It has been noted that a misinterpretation of determinant descriptor philosophy and practice accounts for many of such response-related "proposal for change" requests.
- 7) The argument: “This question does not lead to a response determinant choice” is not persuasive. While Case Entry and Key Questions may appear to be present for the distinct purpose of determining response, in fact, other essential objectives rely on the information provided by such questioning. These objectives include: safety and patient care determinations, information for responders and/or receiving facilities, patient and caller location, and data collection. In addition, the Council of Standards has previously scrutinised each protocol question. The argument that a "not wanted" question adds time to the cumulative interrogation and/or call-processing interval is not persuasive due to the essential nature of the objectives stated above.
- 8) Consistency between the police, fire, and medical structured protocol systems may override non-patient care-related cultural requests for wording, definitions, non-caller related meaning, etc. Consistency is an essential issue and required feature of the unified, as well as consolidated, protocol effort of the National Academies of Emergency Dispatch. Such arguments, by definition, may be deemed non-persuasive.

Conclusion

The Rules Committee of Council of Standards will make the ultimate decision regarding persuasiveness for cultural issues. In the event of an equal vote of Rules, the Chair of the Council of Standards may cast the determining vote.

As the window of time grows smaller in the effort to timely publish new protocol standards, the Rules Committee must make difficult decisions regarding when to end further input and debate. The understanding and cooperation of all dedicated, participating parties in this matter is greatly appreciated by “the many.”

The First Law of Unified Protocol: “If it can be the same, it will be the same.”

Formulated by the Rules Committee of the Council of Standards:

Approved by the Rules Committee, July 29th, 2001

Approved by the Council of Standards Chair, August 2nd, 2001

Approved by the College of Fellows Chair, August 13th, 2001

Approved by the Board of Trustees, August 14th, 2001

Revised for IAED three protocol discipline use, July 29, 2008