CLINICAL OVERSIGHT FOR THE MPDS

1. Overview:
This SOP is intended to define the parameters of use for those areas within the Medical Priority Dispatch System (MPDS) that require the signature of the Medical Control Physician. It is understood that an agency without the approval of a designated Medical Control Physician may not use those items which require their signature.

2. Procedure:
Listed below are the specific areas within the MPDS that require the approval and signature of a designated Medical Control Physician. These signatures should be contained within an electronic copy of a policy or procedural document maintained by the agency (Signature forms used by the IAED attached to this policy as an Addendum). The agency must identify the allowed definitions within the ProQA™ administrative tabs in the set up of the software.

1. Protocol 9—Allowable Definitions for Obvious and Expected Death
2. Protocol 9—Use of the preferred Cardiac Arrest Pathway (Compressions 1st or Compressions only)
3. Protocol 10—Use of Aspirin Diagnostic and Aspirin Administration
4. Protocol 14—Use of Obvious Death for Submersion >6 hours in Drowning incidents
5. Protocol 18—Definition for Stroke Treatment Window for headache patients
6. Protocol 24—Approval of High Risk Pregnancy definitions
7. Protocol 24—Use of Omega Referral for “Water Broken” without labor pains
8. Protocol 28—Definition of Stroke Treatment Window for stroke patients

In addition to these specific protocols, the Academy strongly recommends the Medical Control Physician be involved in the setup of the basic response matrix, and in the decision where the use of Lights-and-Sirens can be clinically supported.