SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

POLICY & PROTOCOL ~~PUBLIC COMMENT~~ FEEDBACK AND IMPLEMENTATION PROCESS

PUBLIC COMMENT NOVEMBER 2026

EFFECTIVE DATE: xx/xx/xx ***POLICY REFERENCE NO: 1000*** ***SUPERSEDES: 9/9/13***

1. DEFINITIONS

1.1. Emergency Medical Services Advisory Committee (EMSAC): Multi-disciplinary advisory forum for reviewing and making recommendations on clinical protocols and policies. See EMSA Policy # 1010 (Advisory Committees)

1.2. Submission process: EMSA Proposed changes of policies and protocols are submitted to EMSA for review.

1.3. Public comment process: A 14 calendar day period where the stakeholders and members of the public can submit comments on proposed changes in protocols and policies that will be reviewed at EMSAC.

2. PURPOSE

2.1. To ~~define~~ outline the San Francisco Emergency Medical Services (EMS) Agency ~~public comment and approval~~ implementation process for policies and patient treatment protocols

3. POLICY

3.1. The EMS Agency is responsible for developing ~~g~~ and updating policies and protocols for the administration and operations of the EMS system. The EMSA ~~Agency~~ Medical Director retains the final decision through his/her medical authority and control in matters pertaining to the planning, implementation and evaluation of the EMS system including all EMS policies and protocols. ~~The~~ EMSA ~~Agency~~ shall follow the procedures outlined in this policy for new or revised policies or patient treatment protocols. **For brevity, the term "policy" is used to mean either policy, ~~or~~ protocol, procedure, or medication ~~in this policy~~.**

3.2. SUBMISSION PROCESS

3.2.1. All policy proposals must be submitted to EMSA by the submission deadline to be considered for the upcoming EMSAC meeting.

3.2.2. Submissions are accepted by using 1 of the following:

3.2.2.1. EMSA Policy Suggestion Form

3.2.2.2. Requesting and returning an editable document to EMSA with proposed additions highlighted in yellow, proposed removals with a ~~strikethrough~~, and "DRAFT" watermark.

3.2.2.3. Using the QR code below

DRAFT

3.2.3. Based on the clinical or operational content, the submitted proposal may be reviewed at the appropriate subcommittee by subject matter experts and/or key stakeholders prior to being placed on the agenda for review by EMSAC.

3.2.4. Proposed submissions are not a guarantee of review at EMSAC or implementation.

3.3. PUBLIC COMMENT PROCESS

3.3.1. All new or ~~significantly~~ revised current policies are posted on the EMSA ~~Agency~~ website for public review and comments ~~prior to becoming effective~~. Only ~~W~~ written comments are accepted through an EMSA approved online public comment form posted on the EMSA website at Emergency Medical Services Advisory Committee and due ~~at the EMS Agency~~ by the date listed on the public comment notice and website ~~page~~.

3.3.2. Public comments submitted after the deadline will not be included in EMSA public comment review nor accepted as part of the official public comment record

3.3.3. ~~The~~ EMSA ~~Agency~~ allows a minimum of 14 calendar days for public comment.

3.3.4. All comments received during the comment period will be reviewed by the EMSA ~~Agency~~ Medical Director ~~for either inclusion or exclusion in the policy. A summary of the comments received, their disposition and final policy drafts will be reviewed at the next EMS Advisory Committee meeting following the close of the public comment period~~.

3.3.5. All policies for review, agenda, public comments with Medical Director responses will be posted on the EMSA website noted in § 3.3.1 of this policy no later than 3 business days prior to the scheduled EMSAC meeting.

3.3.6. Through majority rule, the EMS Advisory Committee members shall advise the EMSA Medical Director by voting ~~on a recommendation to the Medical Director~~ to ~~accept or~~ approve, ~~reject~~ oppose, or abstain. The committee may recommend additional steps such as, but not limited to, forming a time-limited workgroup to address consensus prior to re-review by EMSAC. Re-submitted documents must be posted through a new public comment period.

3.3.7. The Medical Director may accept or ~~reject~~ overrule the ~~EMS Advisory Committee~~ EMSAC voting members recommendation when determining the final policy content.

~~**3.3.8.** The EMS Agency Medical Director shall forward the final policy to the Director of Health at the Department of Public – for his/her signature as the Chief Executive Officer of the Health Commission – the governing body for emergency medical services.~~

3.4. POLICY RELEASE WITHOUT PUBLIC COMMENT (IMMEDIATE/EMERGENCY RELEASE)

3.4.1. The Medical Director ~~reserves the right to~~ may make minor revisions to policies without public comment for administrative continuity of the EMS System. Minor revisions include grammatical, format editing, ~~and / or~~ minor corrections of outdated information, and/or editing adjacent policies for consistency. The EMSA Medical Director (or designee such as EMS Director, Acting EMS Director or Interim Medical Director) may ~~immediately and without prior notice~~ implement a new or significantly revised EMS Agency policy to protect public health, and safety, Policies released under these circumstances shall be valid ~~for 90~~ up to 120 days from the initial effective date. ~~Within 60 days of the initial effective date, t~~ The policy shall be released for ~~the~~ public comment following the procedures in ~~Section~~ § 3.3 of this policy~~IV~~ at the following EMSAC for formal voting. The Medical Director may extend a policy without public comment for one time for a total of 180 days from the initial effective date.

3.5. POLICY DISTRIBUTION

3.5.1. ~~The~~ EMSA ~~Agency~~ is responsible for distribution of the final ~~policy~~ policies to EMS System stakeholders via email and EMSA ~~Agency~~ website no less than 60 calendar days prior to implementation.

3.5.2. Policies to be implemented will be released on the official EMSA policy platform and effective bi-annually on either April 1st or October 1stat 05:00 hours or unless reasons stated in § 3.4 of this policy

3.5.3. All EMS system providers are responsible for:

3.5.4. Distributing new or revised policies to employees prior to the implementation date and providing training on all relevant policies

~~**3.5.5.** Making available an EMS Agency Policy Manual to employees (either paper or electronic versions).~~

~~**4. POLICY EXEMPTION PROCESS**~~

~~**4.1.** Requests for a policy exemption by an EMS provider must be submitted in writing to the EMS Medical Director. All requests must identify the reasons for the requested exemption and include substantive supporting documentation justifying the request.~~

~~**4.2.** Upon request of the EMS Medical Director, the EMS Advisory Committee will review the exemption request at their next scheduled meeting to recommend either an approval or denial of the request~~

~~**4.3.** The Medical Director will review the exemption request, supporting documentation and recommendations in making a determination to approve or deny the request. The Medical Director will notify the submitting agency of a decision within 60 days of the date of the EMS Advisory Committee review. The decision of the Medical Director is final.~~

~~**4.3.1.**~~

5. AUTHORITY

5.1. California Health and Safety Code, ~~Section~~ § 1797.202, 1797.204, 1797.214, 1797.221, 1797.270, 1798 (a), et seq.

5.2. California Code of Regulations, Title 22, Division 9

5.3. San Francisco City Charter, Section 4.110

5.4. ~~San Francisco Health Code, Article 3, Section 112~~

5.5. ~~Health Commission Rules and Regulations, January 17, 2012~~