San Francisco EMS Agency
Emergency Medical Services Advisory Committee
Summary-Go Live October 1, 2026

DESCRIPTION OF UPDATES	
POLICIES	
2020 EMT Program Approval	• Added statement verifying CPR equivalent to AHA • Added statement verifying EMT Basic Refresher
2030-Paramedic Program Approval	• Updated to meet state regulation language
2040 EMT Certification	• Updated application process to include using the online SF EMS Agency licensing management system
2050 Paramedic Accreditation	• Added ALS from the American Red Cross for initial and renewal accreditation
2060 Continuing Education	• Updated CE requirements for Title 22, Chapter 3.5 • Added ITLS as an alternate for PHTLS
4001a-Minimum Equipment Requirement	• Added pulse oximetry to BLS • Removed traction splint
4000.1 Ambulance Turnaround Time Standard	• Updated criteria for patient eligibility to be offloaded directly to ED waiting room
4041 Physician on Scene	• Reorganized previous policy 4041 (included Scene Management, Physician on Scene and Mass Gatherings) so that updated 4041 is limited Physician on scene. Two other topics are redistributed to #7010 and new policy #4044 Scene Management • Of note, **physician on scene is defined as California licensed physician or other healthcare professional licensed for independent clinical practice** (e.g. Nurse Practitioner, Certified Professional Midwives etc)
4044 Scene Management	• New policy: imported language, but preserved the principles, regarding scene management from the previous policy 4041 • **Of note, criteria for patients requiring a paramedic assessment are redefined to align better with criteria in triage to alternate destination criteria (Section 5.2)**
5011-Base Hospital Standards	• Reorganization of sections and update of requirements, personnel requirements, quality assurance, and base hospital report
6050 Documentation of Pre-Hospital Care	• Added definitions. Emphasis on CEMSIS compliance as defined and required by the State including all procedure notes shall be accompanied by the **identification (state paramedic number)** who performed the procedure. • Added relevant language from previous #4041.
7010 EMS at Special Events	• Definitions added. Re-formatted and reorganized language from previous #4041. • Added heat mitigation plan and submission process (Section 4).

<table>
<tr><th colspan="2">PROCEDURES</th></tr>
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- Removed numbering and re-ordered to reflect clinical escalation ABCs and procedure invasiveness
- Added documentation requirements sections

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<tr><td><u>Airway/Breathing</u>
Airway Management
CPAP
Supraglottic Airway
Endotracheal Intubation
Needle Cric (No change to protocol)
Needle Thoracotomy</td><td>

- <u>Airway management:</u> Added of BVM best practices sections, indications for continuous EtCO2 and pulse oximetry (7.08 pulse oximetry to be retired, now standard of practice). **Patients with obstructed airways due to foreign bodies should receive back blows, followed by abdominal thrusts aligned with AHA 2025 recommendations.** Video laryngoscopy text moved to 7.04 endotracheal intubation.
- <u>CPAP</u>: Clarification of indications and contraindications (e.g. active vomiting or suspected pneumothorax etc). Added section about when to discontinue CPAP.
- <u>SGA:</u> **Simplification of indications including addition of full-term neonates** (previously limited indication for >28 days). Addition of documentation, troubleshooting sections and i-gel size chart reference (Appendix A).
- <u>ET:</u> Minor language edits to emphasize pre-oxygenation, and continuous EtCO2 especially with each patient transfer.
- <u>NT:</u> Simplification of indications. Clarified on **preferred anatomic location for specific populations**.

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<tr><td><u>Circulation</u>
Tourniquet (NEW)
Mechanical CPR Device
Intraosseous (IO) Access
12 Lead ECG</td><td>

- <u>Tourniquet:</u> New BLS procedure that specifies indication, precautions, technique, **discontinuation** and documentation.
- <u>Mechanical CPR:</u> Renumbered. Simplified indications and contraindications. Specifies LUCAS device for mechanical compression in medical cardiac arrest.
- <u>IO:</u> Simplified indications and contraindications. **Added distal femur for pediatric patients <6 years of age and visual references.**
- <u>ECG</u>: Added the following references: Diagram of ECG and lead placement, STEMI anatomic territories, and STEMI Center contact information

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<tr><td><u>Disability/Exposure</u>
Spinal Motion Restriction
Splinting</td><td>

- <u>SMR:</u> Added general principles of SMR and more details regarding cervical collar and rigid long board applications.
- <u>Splinting:</u> Added details on assessment and technique (e.g. removal of jewelry from injured limb). **Removed traction splinting** given evolving scientific literature regarding lack of benefit and potential harm (favor alternative non-traction splinting techniques).

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<tr><th colspan="2">PROTOCOLS</th></tr>
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- Consolidated/streamlined number of protocols (e.g. adult and pediatric combined)
- Simplified protocols to either text or flow chart, depending on content
- Added general assessment section when appropriate
- Removed of specific drug dose references and included links to drug sheets to minimize dosing discrepancies/errors

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<tr><th colspan="2">Medical</th></tr>
<tr><td>2.09 Pain & Nausea Control</td><td>

- Added pain scale reference
- **Added of nausea treatment, to BLS management and inhalation for alcohol swabs for nausea**

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2.13 Adult Seizures	• BLS management added glucose check • Clarified “Status Epilepticus” and “Eclampsia”
2.11 Respiratory Distress	• Combined/streamlined into Bronchospasm (2.11), Acute pulmonary distress (2.12) and Pediatric respiratory distress (8.09) into one simplified algorithm. Therefore, if a patient has a mixed clinical picture (e.g. pulmonary edema, COPD/asthma and/or pneumonia) they can be treated in one protocol based on level of respiratory distress
2.21 Alcohol Withdrawal **(NEW)**	• **New protocol** using Brief Alcohol Withdrawal Scale (BAWS) to treat severe alcohol withdrawal with midazolam
Trauma	
4.01-General Trauma	• Simplified into an algorithm that aligns with PHTLS **XABCD** approach to trauma patients. Included elements from retiring protocols 4.03 (Head, neck and facial trauma), 4.04 (chest, abd and pelvic) 4.05 (Extremity Trauma), 4.07 (Trauma in the OB patient)
OB/GYN	
Childbirth	• Combined/simplified the following retiring protocols - 5.03 (normal delivery and post-delivery care), 5.04 (uncontrolled hemorrhage before or during labor), 5.06 (postpartum hemorrhage), 5.07 premature birth (< 36 weeks gestational age) • Added Appendix B as a description and reference to McRobert's Maneuver with suprapubic pressure for management of shoulder dystocia
Eclampsia & Pre-Eclampsia with Severe Features	• Added relevant pregnancy history assessment questions • Clarified definition of Eclampsia and Severe pre-eclampsia

Environmental	
3.03 Near Drowning	• Added BLS management to focus on airway management • Added EtCO2 under ALS management • Added reference to criteria for withholding resuscitative efforts
3.05 Heat Injury	• Added BLS management (e.g. **application of ice packs to cheek's palms soles**) • Added definition of **heat exhaustion versus heat stroke**
3.06 Cold Injury	• Added BLS management section (e.g. treatment of suspected frost bite)
Behavioral	

6.01 Agitated Violent Patient	• Clarified:
	  ○ Droperidol is preferred first line agent, but if clinical circumstances (e.g. severe post-ictal agitation, severe alcohol withdrawal) favor midazolam, then paramedic judgement may consider the use of midazolam
	  ○ If a patient becomes severely agitated after olanzapine use, either droperidol or midazolam may be considered based on clinical circumstance
	• Added of pediatric patient protocol (midazolam only)

Special Circumstances	

11.07 Suspected abuse reporting & Resources	• Moved from procedure (7.14) to protocol special circumstances section • Added general management including **trauma informed care principles** • Added definitions of types of abuse. • Updated reporting resources/processes and references to provide patients
Medications	
Albuterol	• Clarified precautionary use, but not explicit contraindication, for severe tachycardia (e.g >180 BPM (adults) etc)
Aspirin	• Removed contraindications to asthma • Added notes on mechanism of action for chewing aspirin
Dextrose	• Clarified of frequency for pediatric dose and additional doses based on blood glucose level response
Droperidol	• Clarified contraindications to include "suspected" hypotension - blood pressure does not need to be routinely obtained prior to administration. • **Removed requirement for base hospital contact** if administering 5mg Midazolam IM administration for persistently agitated/combative patients 15 minutes after 5 IM droperidol
Epinephrine	• Added **push-dose epinephrine** option, in addition to epinephrine infusion, for adult hypotension and symptomatic bradycardia • Added color-coded column specifying concentration of epinephrine.
Glucagon	• Removed IV administration (IM only) since dextrose is preferred if IV access is available. If poison control recommends IV glucagon for betablocker overdose, it can be administered
Hydroxocobalamin	• Clarified that when indicated, Rescue Captains should be contacted to see if available. Of note, currently availability may be limited
Midazolam	• Added **NEW** indication of **severe alcohol withdrawal** • Clarified IM route of administration preferred for status epilepticus. • Update dose for treatment of agitation (5mg IM) versus **premedication sedation (2mg** IV slow push, may repeat X1). This is intended to minimize over sedation in the setting of procedures
Magnesium Sulfate	• Added new indication of **severe acute asthma exacerbation** • Pre-eclampsia with severe features should preferentially be treated with 4mg IV (preferred) Magnesium in NS or D5W over 20 minutes. Eclampsia can be treated with 4mg IV/IO or 10mg IM magnesium
Naloxone	• Included indication for respiratory depression • Added pulmonary edema and aspiration pneumonia to potential side effects • Added **nebulized naloxone** as an option for patients spontaneously breathing (2mg diluted in 3mL normal saline via standard face mask) • Clarified maximum dose amounts for pediatrics and adults • Clarified: naloxone is contraindicated for neonate with suspected opioid dependence (however, may consider in neonates acute opioid induced respiratory depression)

Nitroglycerin	• Added information regarding contraindication of phosphodiesterase inhibitors including clarification of recent (within past 48hours) and examples of medications in the drug class. • Revised indication for pulmonary edema to include a SBP threshold **>160mmHg** and larger initial and repeat dose (**0.8mg** instead of 0.4mg)
References/Guidelines	
Jail Health Services ED DCI for Medical Clearence	• Guidelines for Emergency Department Physicians evaluating patients in police custody prior to discharge to jail. This includes an outline of jail health resources and capabilities to consider as part of discharge plan.
Administrative Changes	
4049 Discontinuing Resuscitative Efforts	• Section 3.1.2 lines 3 and 5 could be combined for clarity — to read in one line 3: • "If after 20 minutes of CPR (in the absence of obvious hypothermia), there has been **no** episodes of ROSC and **no** indication for defibrillation (e.g. persistent asystole/PEA)."
Buprenorphine and Naloxone	• Aligned COWS ≥8 with Opioid Withdrawal Protocol
Ondansetron	• Increased QTc contraindication to >500ms (previously >440ms for males and >480ms for females)
2.20 Hospice	• **Removed indication for base hospital contact** if a patient is administered narcotics and prefers non transport
2080 Provider Agency Medical director	• Reconciled EMS physician board certification or eligibility requirement to match 5011
POLICIES (RETIRE)	**Reason for Retirement**
4041 Scene Management, Physician on scene & Mass Gatherings	• Rearranged text into 4041, 4044 and 7010
6010 LEMSIS	• Superseded by 6050 Documentation of Prehospital Care
PROTOCOLS/PROCEDURES (RETIRE)	**Reason for Retirement**
1.03 Patient Assessment-Critical Offload	• Redundant content
2.01 Abdominal Discomfort	• Combined into updated Pain & Nausea Control
2.12. Respiratory Distress- Pulmonary Edema	• Combined into one Respiratory Distress protocol
4.03-Head, Neck and Facial Trauma 4.04 Chest, Abdominal and Pelvic 4.05 Extremity Trauma 4.07- Trauma in the OB patient	• Combined into General Trauma Management protocol and tourniquet procedure
7.08 Pulse oximetry 7.12 PVAD 7.17 COVID-19 POC Testing	• **7.08**-Standard of care. Relevant language added to Airway Management procedure • **7.12**- Given the availability and rate of success of IO, the risks of PVAD utilization outweighs the benefits • **7.17**- Not currently relevant given wide availability of COVID-19 testing

8.08 Pediatric Poisoning and Overdose 8.09 Pediatric Respiratory Distress 8.12 Pediatric Pain Control 9.01 Pediatric Trauma	• **8.08**-Recent April 2026 updates to medical protocol (2.10) are inclusive of pediatric treatment • **8.09**-Combined into one updated respiratory distress protocol • **8.12**- Combined into Pain & Nausea Control • **9.01**-Combined to General Trauma management protocol
5.01 Vaginal Bleeding 5.03 Normal Delivery and Post delivery care 5.04. Childbirth complications 5.05 Uncontrolled Hemorrhage 5.06 Postpartum Hemorrhage 5.07 Premature Birth Less than 36 Weeks	• Combined into one Normal delivery and Childbirth complications protocol