

San Francisco EMS Agency
 Emergency Medical Services Advisory Committee
Policy & Protocol Update Summary-Public Comment July 2026

DESCRIPTION OF UPDATES	
POLICIES	
6020 Incident Reporting	<ul style="list-style-type: none"> Revised categories and updated process for incident reporting. This includes an emphasis on patient safety, "Just Culture" and exceptional care.
6050 Documentation of Prehospital Care	<ul style="list-style-type: none"> Added of language regarding responsible use of AI for documentation
PROTOCOLS	
Medical	
<p style="text-align: center;"><u>Circulation</u></p> Chest Pain/ACS Bradycardia (Adult & Pediatric) Tachycardia (Adult & Pediatric) Cardiac Arrest- Pediatric Hyperkalemia Hypotension/Shock <p style="text-align: center;"><u>Relevant Retirements</u></p> 8.03 Pediatric Bradycardia 8.04 Pediatric Tachycardia 8.11 Pediatric Hypotension	<ul style="list-style-type: none"> <u>Chest Pain/ACS</u> Added general management and relevant history. Recommended placing defibrillator pads on patients with STEMI. Reorganized into algorithm <u>Bradycardia</u> Updated algorithm to combine both pediatric adult treatment algorithms that closely resembles AHA ACLS/PALS algorithms. <u>Tachycardia</u> Updated algorithm to combine both pediatric adult treatment algorithms in a systematic approach that more closely resembles a combined AHA ACLS/PALS algorithms. This includes the use of electricity for unstable rhythms and description of vagal maneuvers. The one deviation from ACLS is the use of 12mg of adenosine as a first dose. <u>Cardiac Arrest- Pediatric</u> Alignment in content and design with AHA PALS recommendations. <u>Hyperkalemia</u> Added general assessment and reformatted <u>Hypotension/Shock</u> Added language regarding treatment of pediatric patients including the pediatric assessment triangle. <p style="text-align: center;"><u>Retirements</u></p> <ul style="list-style-type: none"> <u>Pediatric Bradycardia</u> Relevant portions moved into symptomatic bradycardia <u>Pediatric Tachycardia</u> Relevant portions moved into Tachycardia <u>Pediatric Hypotension</u> Relevant language to be included in 2.16
<p style="text-align: center;"><u>Disability/Exposure</u></p> Allergic Reaction Altered Mental Status Bites, Stings, & Envenomation Seizure Stroke	<ul style="list-style-type: none"> <u>Allergic Reaction</u> Updated algorithm to combine both pediatric and adult treatment algorithms. Updated definition of anaphylaxis to reflect 2024 consensus guidelines (PMID: 39880313). <u>Altered Mental Status</u> Updated and simplified algorithm to combine both pediatric and adult treatment. <u>Bites, Stings, & Envenomation</u> Added general assessment and reorganized subsections (Hymenoptera stings (Bees, wasps, hornets), spider bites & scorpion stings, snake bites and jellyfish stings) <u>Seizure</u> Updated to include pediatric considerations such as febrile seizure and assistance with diastat rectal gel if already prescribed. <u>Stroke</u> Emphasized documentation of "last known well" and numerical score for Cincinnati Score. Appendix A: Cincinnati Score

<p><i>Continued from previous page</i></p> <p><u>Relevant Retirements</u></p> <p>Pediatric Allergic Reaction Pediatric Seizure Pediatric Altered Mental Status</p>	<p style="text-align: center;"><u>Retirements</u></p> <ul style="list-style-type: none"> • <u>Pediatric Allergic Reaction</u> Relevant language included in 2.03 Allergic Reaction & Anaphylaxis • <u>Pediatric Seizure</u> Relevant language included in 2.13 • <u>Pediatric Altered Mental Status</u> Relevant language included in Altered Mental Status
<p>VAD (LVAD)</p>	<ul style="list-style-type: none"> • Moved from policy (#4072) to special circumstances. Updated clinical approach. Reviewed/updated contact information
Trauma	
<p>Burns</p> <p><u>Relevant Retirement</u></p> <p>Pediatric Burn</p>	<ul style="list-style-type: none"> • Retired flowchart. Combined pediatric and adult. Aligned with American Burn Association destination criteria
Other	
<p>Universal Care (1.01 Patient Assessment Primary Survey)</p> <p><u>Relevant Retirement</u></p> <p>1.02 Patient Assessment Secondary Survey 2001 Use of Standard and Special Circumstances Treatment Protocols Protocol, Medication, Procedure Template & Algorithm Legend</p>	<ul style="list-style-type: none"> • Reorganized patient primary and secondary survey. Added portions of retiring policy (#2001) Use of standard and special circumstance treatment <p style="text-align: center;"><u>Retirements</u></p> <ul style="list-style-type: none"> • <u>Patient Assessment</u> Relevant Language included in Universal Care • <u>Policy 2001</u> Relevant Language included in Universal Care
<p>Protocol, Medication, Procedure Template & Algorithm Legend</p>	<ul style="list-style-type: none"> • Standardizing format
MEDICATIONS	
<p>Diphenhydramine</p>	<ul style="list-style-type: none"> • Clarified indications & precautions
<p>Adenosine</p>	<ul style="list-style-type: none"> • Updated indications and contraindications. For adults, first dose of adenosine increased to 12mg from 6mg to increase effectiveness (PMID: 40471550). Addition of notes to use continuous ECG/rhythm strip and placing cardioversion/defibrillator pads in place when administering medication
<p>Amiodarone</p>	<ul style="list-style-type: none"> • Updated indications and contraindications (e.g. cardiogenic shock, known long QT syndrome)
<p>Atropine</p>	<ul style="list-style-type: none"> • Updated contraindications and precautions
PROCEDURES	
<p>Transcutaneous Pacing</p>	<ul style="list-style-type: none"> • Reformatted for clarity. Added diagram for pads placement in adults and pediatrics.
<p>Electrical Cardioversion</p>	<ul style="list-style-type: none"> • Reformatted for clarity. Added diagram for pads placement in adults and pediatrics.
Administrative Changes	
<p>8000 MCI Appendix D</p>	<ul style="list-style-type: none"> • Admin Change: "For criteria for patients requiring paramedic assessment prior to transport or release, See Policy #4044, Section 5."
<p>Ondansetron</p>	<ul style="list-style-type: none"> • Updated contraindications of QT >440ms in males or >460 in females to QT_c >500ms