

San Francisco EMS Agency
Emergency Medical Services Advisory Committee
Go Live-April, 2026
Policy & Protocol Update Summary

DESCRIPTION OF UPDATES	
POLICIES	
4040-Procedures and Documentation for Non-transported Patients	<ul style="list-style-type: none"> Added section 2.5.3 language of Health Officer Detention Order Added section 3.6 Health Officer Detention Orders Language Added section 8.3 authority of the health Officer for Civil Detention
4049 Discontinuing Resuscitative Efforts	<ul style="list-style-type: none"> Renumbered from 4050 to 4049 and renamed Discontinuing Resuscitative Efforts. Multiple changes to criteria for discontinuation of resuscitation, some major changes include: EtCO2 cut off to "persistently less than 20mmHg", 20 minutes of resuscitation without shockable rhythm or ROSC Criteria changes made to better align with AHA Termination of Resuscitation algorithms [(AHA Figure 5&6) https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/algorithms]
4050-Death in the Field	<ul style="list-style-type: none"> Updated criteria including additional details provided on what characterizes "obvious" death based on NASEMSO Clinical Guidelines Version 3.0 (https://nasemso.org/content.aspx?page_id=22&club_id=157064&module_id=701974)
4051-DNR-POLST	<ul style="list-style-type: none"> Updated entire text Updated pictures
5001-Trauma Triage	<ul style="list-style-type: none"> More specificity to physiologic and anatomic criteria Addition of diving injury Reasons for base hospital contact reduced (e.g. minor motorized vehicle/bike accidents/ped accidents, antiplatelets medications)
PROTOCOLS	
Medical	
2.04-Cardiac Arrest	<ul style="list-style-type: none"> Revised to resemble AHA ACLS [(AHA Figure 3) https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/algorithms] except with the following key differences: <ul style="list-style-type: none"> allows for continuous ventilation option no monophasic defibrillation given infrequency of use, removes lidocaine as alternative, however, still included as backup medication in event of amiodarone shortage keeps specific defibrillation instructions from previous 2.04 version adds specific interventions for reversible causes of H&Ts lists supraglottic as first line, aligned with current policy removes reference to intra-arterial monitoring Special circumstances: LVAD and pregnancy reorganized and updated Options after 30 minutes of resuscitation clarified: <ul style="list-style-type: none"> If shockable rhythm --> transport OR call base; If non-shockable rhythm review pronouncement criteria OR call base
2.10-Poisoning and Overdose	<ul style="list-style-type: none"> Added general assessment Alphabetized Added example drugs, presentation and management subsections

	<ul style="list-style-type: none"> • Nerve Gas removed to section 11.03. • Reasons for base hospital contact reduced
2.20-Hospice	<ul style="list-style-type: none"> • NEW
2.15-Suspected Sepsis	<ul style="list-style-type: none"> • RETIRED
2.16-Shock	<ul style="list-style-type: none"> • Addition of definition of shock • Distinction between hypovolemia/septic/spinal, anaphylactic and hemorrhagic shock and treatments • Previous suspected sepsis protocol retired and included here
Environmental	
3.02-Decompression Injury	<ul style="list-style-type: none"> • RETIRED
3.04-Hazardous Materials	<ul style="list-style-type: none"> • RETIRED
Trauma & Burns	
4.02-Trauma Arrest	<ul style="list-style-type: none"> • Protocol updated to reflect NAEMSP/ACEP/ACS 2025 recommendations (https://pubmed.ncbi.nlm.nih.gov/39984237/). This includes an emphasis on hemorrhage control and no requirement for chest compressions or epinephrine unless medical etiology of cardiac arrest suspected. • Replaced with flowchart
Procedures	
7.09 CO Monitoring	<ul style="list-style-type: none"> • Added procedure • Renamed protocol from “monitoring” to “screening” • Listed examples of CO levels
Special Circumstances	
11.01-Austere Care	<ul style="list-style-type: none"> • For seizures, the addition of alternative benzodiazepines are added (lorazepam and diazepam).
11.03-Chemical and Radiological Agents	<ul style="list-style-type: none"> • Cyanide removed since redundant to poisoning section • MIC removed since uncommon • Treatment for chlorine gas includes sodium bicarb (epinephrine removed) per toxicologist recommendation • Organophosphate poisoning treatment updated, table added. • Alphabetization • Updated example exposures and presentations
11.05-Blast Injuries	<ul style="list-style-type: none"> • Comments updated • Morphine removed
References	
14.I Blood Product Management	<ul style="list-style-type: none"> • NEW
14.I Ketorolac	<ul style="list-style-type: none"> • Mechanism of action and drug classification clarified • Contraindications simplified including the removal of current steroid use, and age >65, history of asthma. • IM Dose changed to 15mg since there is equivalent analgesia at that dose (https://pubmed.ncbi.nlm.nih.gov/34365063/) • Added caution for use with patients 65 years and older in lieu of contraindication

14.I Sodium Bicarb	<ul style="list-style-type: none"> • Addition of indication and dosing for chemical injury after chlorine gas inhalation • Potential side effects updated. For crush syndrome changed to 50mEq push from (1mEq/Kg) for simplicity
14.I Pralidoxime (2-PAM)	<ul style="list-style-type: none"> • SLUDGE definition added • Dose chart updated per HHS/ASPR • Added image demonstrating IM injection location
14.I Activated Charcoal	<ul style="list-style-type: none"> • Added time parameters (1 hour) to indications. • Contraindications clarified to include decrease level of consciousness and remove NG tube since not encountered prehospital • Contraindications clarified and reorganized with toxicology input • Pulmonary aspiration added as potential side effect. • Pediatric indication age increased from one to two years of age
Administrative Changes	
Policy 2000 Prehospital Standards and SOP	<ul style="list-style-type: none"> • Added 14.I Blood Product Management protocol for Paramedic SOP/LOSOP?
5.03-Childbirth Normal Delivery	<ul style="list-style-type: none"> • Clarified Fentanyl Max dose of 100 mcg
5.04-Childbirth Complications (prolapsed cord only)	<ul style="list-style-type: none"> • Clarified positioning during transport to “knee chest position”
7.01-Airway Management	<ul style="list-style-type: none"> • BLS treatment addition of the word “patency” • Clarification of supraglottic airway for age ≥ 28 days • Addition of percutaneous cricothyroidotomy for patients ≥ 12 years of age
7.02-ETI	<ul style="list-style-type: none"> • Change to “≥ 8 years old”
7.03-SGA	<ul style="list-style-type: none"> • Change to “≥ 28 days”
11.02-Crush Syndrome	<ul style="list-style-type: none"> • To align with Sodium Bicarb medication page
14.I Ondansetron (Zofran)	<ul style="list-style-type: none"> • Max dose 8mg for adults and pediatrics
14.I Epinephrine	<ul style="list-style-type: none"> • Clarification and consistency. "IV epinephrine should be used in cardiac arrest or hypotension
14.I Magnesium Sulfate	<ul style="list-style-type: none"> • Clarified Eclampsia/Pre-Eclampsia under indications • Clarified dose delivery time for pre-eclampsia
14.I Buprenorphine and Naloxone	<ul style="list-style-type: none"> • Contraindications copied from section 2.18 Opioid Withdrawal Appendix B
1020-Glossary	<ul style="list-style-type: none"> • Updated Public Health Officer language on page 9 • Added definition of surrogate on page 11

[2025-2026 Protocol & Policy Suggestion Form](#)

