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	• 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	• 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	• 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	• Updated entire text • Updated pictures
5001-Trauma Triage	• 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)
5020 Diversion Policy	• Updated Internal disaster criteria (INT) requiring all receiving hospitals experiencing lack of CT services to be placed on INT in ReddiNet • Updated policy to reflect hospitals going on INT for any reason to notify the LEMSA Duty Officer (removed DEM Duty Officer as primary notification) • Updated hospital names (UCSF Hyde & UCSF Stanyan)
5000.1 Destination Chart	• Added Seton as an approved SF STAR Center • Updated hospital names (UCSF Stanyan, UCSF Hyde)
8050 Hazardous Material Incident Field Policy	• **RETIRED**

PROTOCOLS	
Medical	

2.04-Cardiac Arrest	• 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:
	  ○ 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:
	  ○ If shockable rhythm --> transport OR call base;
	  ○ If non-shockable rhythm review pronouncement criteria OR call base

2.10-Poisoning and Overdose	• Added general assessment • Alphabetized • Added example drugs, presentation and management subsections • Nerve Gas removed to section 11.03. • Reasons for base hospital contact reduced
2.20-Hospice	• **NEW**
2.15-Suspected Sepsis	• **RETIRED**
2.16-Shock	• 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	• **RETIRED**
3.04-Hazardous Materials	• **RETIRED**
Trauma & Burns	
4.02-Trauma Arrest	• 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	• Added procedure • Renamed protocol from “monitoring” to “screening” • Listed examples of CO levels
Special Circumstances	
11.01-Austere Care	• For seizures, the addition of alternative benzodiazepines are added (lorazepam and diazepam).

11.03 Haz Mat, Chemical & Radiological Agents	• Previous HazMat Policy (8050 and 8050a - to be RETIRED) have been combined into this medical protocol that emphasizes the role EMS providers play in HAZMAT awareness and the principles of decontamination. A subsection on crowd control agents/tear gas has also been added.
11.05-Blast Injuries	• Comments updated • Morphine removed
References	
14.I Blood Product Management	• **NEW**
14.I Ketorolac	• 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	• Addition of indication and dosing for chemical injury after chlorine gas inhalation • Potential side effects updated. For crush syndrome changed to 50mEq push from (1mEg/Kg) for simplicity
14.I Pralidoxime (2-PAM)	• SLUDGE definition added • Dose chart updated per HHS/ASPR • Added image demonstrating IM injection location
14.I Activated Charcoal	• 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	• Added 14.I Blood Product Management protocol for Paramedic SOP/LOSOP
7.02-ETI	• Change to "≥ 8 years old"
7.03-SGA	• Change to "≥28 days"
11.02-Crush Syndrome	• To align with Sodium Bicarb medication page
14.I Ondansetron (Zofran)	• Max dose 8mg for adults and pediatrics
Atropine	• Updated Medication card to reflect Protocol 8.03 (Pediatric Bradycardia) and PALS: ***Symptomatic Bradycardia****: 0.02 mg/kg IVP* • *or IO (min dose 0.1mg, max single dose 0.5mg) May repeat once*
Ketamine	• Clarified language on repeat and maximum dose for adult and pediatrics >3 years of age: *IV/IO 0.25mg/kg in 100ml of NS/D5W Slow infusion over 10 minutes (maximum single dose 30 mg). May* • *repeat every 10 minutes to a total of 60 mg*

14.I Magnesium Sulfate	• Clarified Eclampsia/Pre-Eclampsia under indications • Clarified dose delivery time for pre-eclamsia
14.I Buprenorphine and Naloxone	• Contraindications copied from section 2.18 Opioid Withdrawal Appendix B
1020-Glossary	• Updated Public Health Officer language on page 9 • Added definition of surrogate on page 11

2025-2026 Protocol & Policy Suggestion Form