

San Francisco EMS Agency  
Emergency Medical Services Advisory Committee  
**Go-Live July 1, 2025 Policy &  
Protocol Update Summary**

| SECTION                              | Type   | DESCRIPTION OF UPDATES   |
|--------------------------------------|--------|--|
| 4000.1 Ambulance Turnaround Standard | Policy | <ul style="list-style-type: none"> <li>Added "Ambulance Level" definition</li> <li>Added "Medic to Follow" definition</li> <li>Added limited procedures an ED can perform while patient is waiting for a bed assignment</li> <li>Added APOT criteria</li> <li>Added "temporary suspension" of Stroke/STEMI center if APOT is declared</li> <li>Added steps for EMS supervisor if APOT is declared</li> </ul> |

**Go-Live October 1, 2025  
Policy & Protocol Update Summary**

| SECTION                  | Type       | DESCRIPTION OF UPDATES  |
|--------------------------|------------|---|
| 7.10-12 Lead ECG         | Protocol   | <ul style="list-style-type: none"> <li>Removed V4R language</li> </ul>  |
| 2.06-Chest Pain          | Protocol   | <ul style="list-style-type: none"> <li>Removed V4R</li> <li>Added time to when 12 Lead ECG to be completed (10 min within patient contact)</li> <li>Added 12 Lead to be done prior to NTG</li> </ul>  |
| 2.05-ROSC w Pediatric VS | Protocol   | <ul style="list-style-type: none"> <li>Updated treatment and assessment to include adult and pediatric ROSC</li> <li>Added flowchart</li> <li>Incorporated Pediatric Vital Signs to ROSC protocol</li> <li>Corrected heart rate for an asleep toddler</li> <li>Added temporary removal of defib pads to obtain 12 Lead ECG</li> </ul> |
| 14.I-Lidocaine           | Medication | <ul style="list-style-type: none"> <li>Added Lidocaine as back up if Amiodarone supply disruption</li> <li>Added indication for cardiac used</li> <li>Added Doses for Adult/Peds</li> <li>Added maximum dose for pediatric VF/pVT</li> </ul>  |
| 14.I-Ketamine            | Medication | <ul style="list-style-type: none"> <li>Clarified "co-administration" of Fentanyl to be 15 minutes apart</li> <li>Removed BHC criteria for additional doses</li> </ul>   |

|   |                 |   |
|---|-----------------|---|
| 8.05-Neonatal Resuscitation                         | Protocol        | <ul style="list-style-type: none"> <li>• Clarified suctioning procedure if meconium is present</li> <li>• Created flowchart</li> <li>• Removed BHC criteria for neonatal Narcan</li> </ul>  |
| 8.07 Pediatric Cardiac Arrest                       | Protocol        | <ul style="list-style-type: none"> <li>• Incorporated PEA/Asystole (8.06) into one document (8.07)</li> <li>• Updated flowchart</li> <li>• Added Lidocaine as back up</li> <li>• Removed Hypokalemia from Hs &amp;Ts</li> <li>• Clarified Epinephrine can be administered throughout resuscitation</li> </ul> |
|   |                 |   |
| <b>8.06 Pediatric Cardiac Arrest (PEA Asystole)</b> | <b>Protocol</b> | <ul style="list-style-type: none"> <li>• <b>Retired</b></li> </ul>  |
| <b>10.01-Agitated Violent Patient (pediatric)</b>   | <b>Protocol</b> | <ul style="list-style-type: none"> <li>• <b>Retired</b></li> </ul>  |
| 1.01 Patient Assessment-Primary                     | Protocol        | <ul style="list-style-type: none"> <li>• General review of document by committee (no changes have been made)</li> </ul>   |
| 1.02 Patient Assessment-Secondary                   | Protocol        | <ul style="list-style-type: none"> <li>• Added ETCO2</li> </ul>   |
| 14.I-Oral Glucose                                   | Medication      | <ul style="list-style-type: none"> <li>• Updated dose (15-30g)</li> </ul>   |