

## San Francisco EMS Agency

### Summary of Policy Revisions effective October 29, 2018

	Title	Action Taken	Details
3020	Field to Hospital Communications	Revision	<ul style="list-style-type: none"> <li>• Entire policy revised to reflect new hospital notification procedures for “critical alerts” vs. standard hospital notifications vs. ZSFG specific notifications.</li> <li>• Added: Required 12-lead EKG transmission for STEMI patients.</li> </ul> <p><b>Please note:</b> There were minor edits made after this policy was released in a previous “training packet.”</p> <ul style="list-style-type: none"> <li>• <b>EFFECTIVE DATE CHANGED FROM SEPT 24 TO OCTOBER 29</b></li> <li>• III.A Changed “pediatric” to read “critical pediatric.” (critical was accidentally omitted).</li> <li>• III. C.2. Added “STEMI” in front of STAR to better clarify the patient destination.</li> <li>• Attachment A. Revised term “pediatric acute care” to “critical pediatric” for a clearer terminology.</li> <li>• Revised title Attachment B for better clarity. It now reads, “HOSPITAL REPORT GUIDELINES FOR OTHER EMS PATIENTS (Not Shock Trauma/STEMI/Stroke/Critical Pediatric or Compromised Airway).”</li> </ul>
4002	Controlled Substances	Revision	<p><b>Added:</b> Ambulances may stock either morphine or fentanyl but not both as the same time. Added procedures for labeling and notifying the EMS Agency when morphine is in use.</p>
4050	Death in the Field	Revision	<p>Revised language for TERMINATION of resuscitation in section II.A.2 Medical Indications:</p> <ul style="list-style-type: none"> <li>• Patient in cardiac arrest with persistent asystole or pulseless electrical activity (PEA) rhythm after <b>20 minutes</b> of ALS intervention that includes intubation or supraglottic airway insertion, and End Tidal CO2 monitor shows good waveform (for placement confirmation) and persistent low ETCO2 reading (less than 10 mmHg).</li> <li>• Patient in cardiac arrest with persistent ventricular fibrillation or pulseless ventricular tachycardia rhythm after <b>30 minutes</b> of ALS intervention that includes intubation or supraglottic airway insertion, and End Tidal CO2 monitor shows good waveform (for placement confirmation) and persistent low ETCO2 reading (less than 10 mmHg).</li> </ul>
7010	EMS at Special Events	Revision	<p><b>Deleted:</b> Supply and equipment lists for special events. Those lists were consolidated into the Policy 4001 Vehicle Equipment and Supply List.</p>
5000	Destination	Revision	<p><b>Added:</b> Option for direct transports to Zuckerberg San Francisco General Hospital Psychiatric Emergency Service (PES) if the patient is stable. The patient is deemed stable for direct transport to PES when the criteria listed in the policy are met.</p> <p><b>Added:</b> Medical pediatric patients include those with psychiatric issues under 5000.1 San Francisco Hospital Designation table.</p> <p><b>REVISED:</b> Extended window for stroke FROM last seen normal 4.5 hours TO 24 hours or less prior to 911 call.</p> <p><b>REVISED:</b> Pediatric age cutoff changed from &lt; 14 years old to &lt; 18 years old.</p>

**Summary of Policy Revisions effective September 7, 2018**

4001	Vehicle Equipment & Supply List	Revision 09/07/18	<ul style="list-style-type: none"><li>• Added required equipment for Quick Response Vehicles and the various configurations for Mobile Assistance Teams.</li><li>• A letter detailing all the revisions went out to the individual ambulance provider companies.</li></ul>
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