EXHIBIT
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SAN FRANCISCO EMS AGENCY PROTOCOL MANUAL

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January 30, 2017

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Summary of Changes effective January 30, 2017

Summary of Protocol Revisions

Protocol Number	Title	Action Taken	Details
2.02	Allergic Reaction	Revision	**BLS Treatment:** Added administration of intramuscular epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma by trained EMT (new in state scope of practice for EMTs). • Epi added to EMT scope of practice due to statewide push to expand availability of treatment for anaphylaxis and/or severe asthma. • Change added to Policy 2000 Personnel Standards and Scope of Practice
2.03	Altered Mental Status	Revision	**BLS Treatment:** Added Naloxone IN by trained EMTs (new in state scope of practice for EMTs). • Narcan added to EMT scope of practice due to statewide push to expand availability of treatment for opiod overdoses. • Change added to Policy 2000 Personnel Standards and Scope of Practice.
2.04	Cardiac Arrest	Revision	**ALS Treatment:** Added Double Simultaneous External Defibrillation (DSED) (also called "dual defibrillation") for refractory pulseless V fib /V tach. • Recent change in medical literature suggests DSED may convert persistent VF / VT due to change in energy vector. **LVAD**: • Minor edits to #9 to clarify Base Hospital vs. LVAD center field contact. • Added LVAD patient destination considerations for LVAD center (where the patient had the device implanted) in #10.
2.05	Post Arrest & ROSC	Revision	Revised to conform to AHA 2015 guidelines for targeted temperature management by checking and maintaining temperature between 32 and 36 degrees Celsius for adults and 36.5 – 37.5 degrees Celsius for newborns.
2.06	Chest Pain	Revision	**ALS Treatment:** Added if 12-lead EKG interpretation is compatible with "STEMI" per EKG protocol, initiate transport and notification of the appropriate STAR center.
5.01	GYN & OB	Revision	Added AHA guidelines on neonatal temperature management in the comments section: • Newborn hypothermia can occur within minutes. Keep the baby on the mother's belly skin to skin until the cord is clamped. If continued access to the infant is necessary (e.g. for positive pressure ventilation) keep the baby warm including the use of warmed blankets or radiant warmer if available).
7.02	Oral Endotracheal Intubation	Revision	• Added requirement for end tidal CO2 monitoring to confirm tube placement. • Added requirement for continuous end tidal CO2 monitoring post-intubation.
7.04	Nasotracheal Intubation	Revision	• Added requirement for end tidal CO2 monitoring to confirm tube placement. • Added requirement for continuous end tidal CO2 monitoring post-intubation.
7.10	12-Lead EKG	Revision	• Revised case definition for STEMI adding ***acute STEMI*** to EKG criteria and minimum ST elevation criteria to correct oversight in current protocol. • Training requirement moved to a separate training guidance that will

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CITY AND COUNTY OF SAN FRANCISCO

PREHOSPITAL CARE VISION AND ETHICS STATEMENT

2015

Our EMS community consists of a team of health care professionals including EMT-1's, Paramedics, Nurses, Physicians, Researchers, Dispatchers and system Educators and Administrators. This statement defines our goals and ethical responsibilities and is beneficial in guiding our practice.

We believe that…

- We exist to provide the best possible emergency care to the residents and visitors of the City and County of San Francisco at all times and in all places.
- Competent medical care must be provided with compassion and regard for human dignity to all persons, regardless of ethnicity, race, creed, gender, economic status, sexual orientation, gender identity, age or response to our care.
- Patients who are competent have the right to determine what shall be done with their body and to receive or refuse medical service and to know the consequences of their decision.
- We are accountable for providing medical care to the best of our ability and for accurately documenting our care.
- Patients and colleagues must be dealt with in an honest and truthful manner in all matters pertaining to our prehospital care.
- The highest standard of professional conduct must be maintained with providing medical care, including respect, confidentiality and maintenance of personal competence and teaching other members of the prehospital community.
- We are responsible for upholding the standards of the profession and for participating in activities that contribute to its growth and improve our community.
- We must obey and respect the law and not participate in any professionally unethical activities. We refuse to let personal considerations such as economic gain or convenience influence our provision of patient care, and we refrain from activities which may impair our professional judgment and our ability to act competently.
- Our EMS system, organization, supervisors, peers and subordinates deserve our utmost loyalty.
- Where conflicts of interest arise, our professional judgments should always be guided by our ultimate obligation which is to our patients and the public that we serve.
- We are committed to accomplishing our job; and that commitment stems from the desire to be the best we can possibly be and the affirmation of all the preceding elements of this code.

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