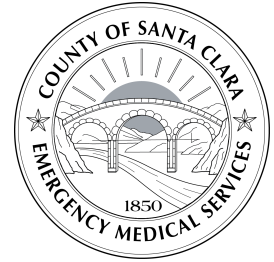



**County of Santa Clara**  
**Emergency Medical Services System**



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Date: September 24, 2024

To: EMS System Stakeholders

From: Dustin Gonzalez, Program Manager  
Prehospital Quality Improvement Unit 

Copy: Nicholas Clay, EMS Agency Director  
Kenneth Miller, MD EMS Medical Director  
Michael Cabano, EMS Agency Assistant Director

Subject: Santa Clara County EMS Protocol/Policy Revisions

The public comment period for the following protocols/policies has concluded. The finalized changes shall take effect on January 1<sup>st</sup>, 2025 at 0000.

All treatment protocols received three new sections intending to provide a reference for providers and further clarify priorities for assessment, treatment and documentation. These sections were guided by the National Association of EMS Officers Model EMS Clinical Guidelines. The guidelines are evidence/consensus based and can be found [here](#).

Updated protocols and policies can be found on the EMS Agency website <https://ems.santaclaracounty.gov/services/find-ems-policies-protocols-and-plans/blsals-protocols>

A summary of changes/additions that directly alter treatment for current patient care protocols has been provided here:

Policy Name	Description of Change
<b>Adult Treatment Protocols</b>	
<b>Protocol 700-A01: Abdominal Emergencies</b>	Pain management referred to 700-S04.
<b>Protocol 700-A02: Seizure</b>	Updated status epilepticus definition 5 minutes continuous seizure or no return to baseline mental status.  Added reference to 700-A18 for treatment of suspected eclampsia.

<b>Protocol 700-A03 Hypoglycemia</b>	No changes to treatment
<b>Protocol 700-A04 Sepsis</b>	Specified total dose of 1L fluid bolus before moving to dopamine  Consider IV acetaminophen for fever
<b>Protocol 700-A05 Bradycardia</b>	Morphine dose changed to 2mg q 5 minutes
<b>Protocol 700-A06 Burns</b>	Added high flow oxygen for all suspected inhalation injuries/rescued from enclosed space  Pain management referred to 700-S04
<b>Protocol 700-A07 Cardiac Arrest</b>	No changes to treatment
<b>Protocol 700-A08 Chest Pain – Suspected Cardiac Ischemia</b>	No changes to treatment
<b>Protocol 700-A09 Environmental Emergencies</b>	Reworded section 5 to clarify treatment for hypothermia  Patients with severe hypothermia in cardiac arrest shall be transported for further rewarming/treatment at hospital
<b>Protocol 700-A10 Shock</b>	No changes to treatment
<b>Protocol 700-A11 Respiratory Distress</b>	No changes to treatment
<b>Protocol 700-A12 Allergic Reaction</b>	Clarified method for administering IV epinephrine in anaphylactic shock
<b>Protocol 700-A13 Stroke</b>	No changes to treatment

<b>Protocol 700-A14 Tachycardia with Pulses</b>	No changes to treatment
<b>Protocol 700-A15 Poisoning and Overdose</b>	No changes to treatment
<b>Protocol 700-A16 Trauma Care</b>	Pain management referred to 700-S04
<b>Protocol 700-A18 Gynecological and Obstetrical Emergencies</b>	Magnesium Sulfate will be administered in addition to Midazolam for seizures due to eclampsia
<b>Protocol 700-A19 Crush Injury Syndrome</b>	Pain management referred to 700-S04
<b>Protocol 700-A20 Behavioral Emergency – Combative</b>	All references to the term “Excited Delirium” have been replaced with “Severe Agitation with Altered Mental Status (SAWAMS)”
<b>Pediatric Treatment Protocols</b>	
<b>Protocol 700-P01: Abdominal Emergencies</b>	No changes to treatment
<b>Protocol 700-P02: Seizure</b>	Referred to Protocol 700-P03 for treatment of hypoglycemia
<b>Protocol 700-P03 Hypoglycemia</b>	Clarified hypoglycemia threshold for neonates 45 mg/dl
<b>Protocol 700-P05 Bradycardia</b>	Removed Base Contact for transcutaneous pacing
<b>Protocol 700-P06 Burns</b>	Added high flow oxygen for all suspected inhalation injuries/rescued from enclosed space Pain management referred to 700-S05

<b>Protocol 700-P07 Cardiac Arrest</b>	No changes to treatment
<b>Protocol 700-P09 Environmental Emergencies</b>	Reworded section 5 to clarify treatment for hypothermia  Patients with severe hypothermia in cardiac arrest shall be transported for further rewarming/treatment at hospital
<b>Protocol 700-P10 Shock</b>	No changes to treatment
<b>Protocol 700-P11 Respiratory Distress</b>	No changes to treatment
<b>Protocol 700-P12 Allergic Reaction</b>	Clarified method for administering IV epinephrine in anaphylactic shock
<b>Protocol 700-P14 Tachycardia with Pulses</b>	Added definitions for ST/SVT to section 4 and 5. Corrected amiodarone administration 5 mg/kg IV over 10 minutes. Corrected flowchart
<b>Protocol 700-P15 Poisoning and Overdose</b>	No changes to treatment
<b>Protocol 700-P16 Trauma Care</b>	Moved pleural decompression to ALS Treatment, adjusted pain management to refer to 700-S05
<b>Protocol 700-P18 Neonatal Resuscitation</b>	No changes to treatment
<b>Policies/Procedures/Standard Protocols</b>	
<b>Policy 302</b>	Addition of Magnesium Sulfate  Addition of pelvic binding equipment  Updated "King Vision Video Laryngoscope" to "County Approved

	<p>Video Laryngoscope with video capture capability”</p> <p>Updated “King Vision Size 3 Channeled Blade” to “Assorted curved, straight and hyperangulated Video Laryngoscope Blades, adult”</p> <p>Added “Assorted straight and curved Video Laryngoscope blades, infant and child sizes</p>
<b>Policy 501 Hospital Radio Reports</b>	Referred Base Hospital Contact to Policy 511
<b>Policy 511 Base Hospital Contact</b>	New policy for utilizing Base Hospital
<b>Policy 607: NON-EMERGENCY AMBULANCE UTILIZATION IN THE 911 EMS SYSTEM</b>	Updated use of non-911 ambulance units transporting an emergent patient from a scene to 15 minutes
<b>Procedure 700-M10 Transcutaneous Pacing</b>	Removed contraindication for patients under 15 years old
<b>Protocol 700-S02 ALS to BLS Transition of Care</b>	<p>Removed nausea/vomiting from exclusionary criteria</p> <p>Specified Trauma Alert Patients meeting “Red Criteria” not eligible for ALS to BLS transition</p> <p>Specified sustained pulse rate greater than 120bpm not eligible for transition</p> <p>Added IV TKO or saline lock to approved treatments eligible for transition</p> <p>Added ondansetron administration for approved treatments eligible for transition</p>

<b>Protocol 700-S04 Routine Medical Care - Adult</b>	IV Morphine administration changed to 2mg q 5 minutes
<b>Protocol 700-S05 Routine Medical Care – Pediatric</b>	Treatment for pain management added Added table for pediatric vital signs
<b>Protocol 700-X05 Emergency Psychiatric Services (EPS) Triage</b>	New protocol for criteria to transport to EPS

If you should have any questions or concerns regarding this memorandum, please contact Dustin Gonzalez at 408.794.0643 or by email at [Dustin.Gonzalez@ems.sccgov.org](mailto:Dustin.Gonzalez@ems.sccgov.org).