



City and County of San Francisco
London Breed, Mayor

Department of Public Health
Emergency Medical Services Agency

Date: June 29, 2020

To: San Francisco EMS Providers
San Francisco Receiving Hospitals

From: John Brown MD, MHOAC & San Francisco EMS System Medical Director
Jim Duren, EMS Administrator

A handwritten signature in blue ink, appearing to read "John Brown MD".

Subject: **Emergency-Release Revision to Protocol 7.01 Airway Management**

Pursuant to EMSA Policy 1000, Section IV "Policy Release Without Public Comment" the EMS Agency is issuing an emergency-release revision of Protocol 7.01 Airway Management. The changes in the attached protocol were made for the purposes of reducing exposure risk due to COVID-19 and improving clinical outcomes following EMS Agency data review.

The revised version of Protocol 7.01 will go into effect **Tuesday, June 30, 2020 at 07:00**. Due to the ongoing pandemic response an augmented public comment period will take place prior to the October 2020 EMSAC meeting where the emergency-release version of this protocol will be reviewed.

7.01 AIRWAY MANAGEMENT

BLS Treatment

- Assess circulation, airway, breathing, and responsiveness.
- Assist ventilations with BVM and oxygen if indicated.
- Pulse oximetry, if training occurs and approved by Provider Medical Director.
- OPA or NPA as indicated.
- BLS maneuvers to remove foreign body airway obstruction as indicated.
- **Oxygen** as indicated.

ALS Treatment

- For patients between ages 0 and 8:
 - Laryngoscopy to remove foreign body airway obstructions.
 - **Supraglottic Airway** for patients who cannot be adequately managed with BLS airway adjuncts.
 - For patients greater than 8:
 - Laryngoscopy to remove foreign body airway obstructions.
 - Use of **Continuous Positive Airway Pressure** as indicated.
 - Advanced airway interventions as indicated using the following sequence:
 1. Two attempts with a **Supraglottic Airway**.
 2. If above is unsuccessful, one attempt with **Oral Endotracheal Intubation**.
Video laryngoscopy may be used if approved by the Medical Director.
 3. If both above interventions are unsuccessful, may attempt **Needle Cricothyrotomy** with jet insufflation as the airway of last resort.
-
- Must obtain and document End Tidal CO₂ for initial advanced airway placement and continuous monitoring of advanced airways.
 - Target O₂ saturation 94-95%.
 - Target End Tidal CO₂ is 35-45 mmHg