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Public Comment and CCCEMSA Response

Date Public Comment Opened: May 28, 2025
Date of CCCEMSA Response: July 10,2025
Document Name: CCCEMSA 2026 Field Treatment Guidelines Proposed Changes

Reference	Comment	Response
A18 Suspected Stroke	The Cincinnati and lams tools are great for rapid screening, especially at the basic EMT level. Approximately 20% of large vessel strokes are posterior circulation which neither of these tools address appropriately. Including the NIH tool and 5d's for posterior stroke as well as improved education may lead to increased capture of critical stroke patients who are commonly missed in the prehospital setting. Also, in terms of hemorrhagic stroke, including the hunt and Hess tool for SAH assessment is also a simple tool that is better than "worst headache". A majority of sub arachnoid bleeds present with neck pain for example, and a significant number of them will not be unconscious in the early phase. Appropriate recognition early, and destination choice are critical to improve mortality.	The 2026 changes support field provider recognition of strokes that do not meet positive Cincinnati Stroke Screen criteria, and support critical rapid intervention for suspected catastrophic intracranial bleeds.
A18 Suspected Stroke	Will Policy 4002 X. STEMI/ACUTE STROKE also need to be rewritten to reflect the transport destination decision change in this guideline?	Policy 4002 will be consistent with field treatment guideline options for destination decisions.
T03 Burns	St. Francis should be transitioned back from "adult only" to "adult and pediatrics". Per San Francisco's EMS protocols as of March 10th 2025, St. Francis is considered a Pediatric receiving Center	Recommendation Declined: The City and County of SF is utilizing St. Francis as a triage mechanism for pediatric patients. We use local facilities for that function.

	for Critical burns	
FP 15 Intraosseous Access	There should be an age like there is for the distal femur. I believe it is 12 and up due to growth plates.	Recommendation Declined: Per device manufacturer, the humeral site is without age limitation.
FP 15 Intraosseous Access pg 2, 4,5	Number 4 at the end if black line is not visible add in "size up". #5 after the first sentence it should read Stop when you feel the needle penetrate the medullary space.it shouldn't go to the hub.	Both Recommendations Accepted.
Drug Reference - Cyanokit (Hydroxocobalamin)	Will providers be able to use Cyanokit for other suspected cases of cyanide poisoning outside of Smoke Inhalation Burn?	The Cyanokit will be used in cases of suspected severe cyanide poisoning due to smoke inhalation. Crews can make base contact should other etiologies arise.