



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Office of Emergency Medical Services
 67 Forest Street, Marlborough, MA 01752

MAURA T. HEALEY
 Governor

KIMBERLEY DRISCOLL
 Lieutenant Governor

KATHLEEN E. WALSH
 Secretary

ROBERT GOLDSTEIN, MD, PhD
 Commissioner

Tel: 617-624-6000
 www.mass.gov/dph

MEMORANDUM

TO: All MA Licensed Ambulance Services and Accredited EMT Training Institutions
 CC: EMCAB Members
 FROM: Dr. Jonathan Burstein, OEMS Medical Director
 RE: 2024.1 Statewide Treatment Protocols (STPs)
 DATE: January 22, 2024

The Massachusetts Department of Public Health, Office of Emergency Medical Services (the Department) is issuing the 2024.1 Updated Statewide Treatment Protocols.

As a reminder, the PDF edition continues to be hyperlinked. The Table of Contents is hyperlinked to each individual protocol. Additionally, within each protocol, when a reference is made to another protocol that, too, is hyperlinked to the appropriate protocol. Finally, the number of the protocol at the top of each page is hyperlinked back to the Table of Contents.

All ambulance services are required to train their EMS personnel in the updated protocols. **The updated protocols may be used by a service once such training is complete, and the service is appropriately equipped, but in any event are mandatory as of April 22, 2024.**

The change chart is below:

Change Chart, OEMS Statewide Treatment Protocols 2024.1

Section	Changes
TOC	Added entry for new protocols 6.17 and 6.18
Throughout	Epinephrine ratios replaced with concentrations as per national standards
1.0	Epinephrine infusion clarified to state that IV pumps are the preferred method of administering vasoactive medications. <u>Norepinephrine and epinephrine</u> infusions must be administered via pump. If an ambulance does not have an infusion pump, paramedics are to consult medical control for preferred alternatives, such as a fluid bolus or <u>dopamine</u> administration. Paramedics with the equipment and training may begin using pumps immediately. This is also noted in later relevant protocols. Also, corrected PEEP pressure to ‘5 mm Hg’

1.0	Added to page 2 , new 4 th bullet, “Regardless of point of entry (POE) criteria, a patient with an uncontrolled airway, in arrest, or otherwise critically unstable due to issues not amenable to EMS intervention, should be brought to the closest hospital. Consider consulting on-line Medical Control.”
2.2A	Clarifies epinephrine drip dose and Medical Control infusion dose corrected to 10-50 mcg/minute
2.2 P	Clarifies that EMT-Basics and Advanced EMTs must contact on-line medical control for second epinephrine dose
2.4	Clarifies that a Section 12 commitment (and paperwork) is done under MDMH regulations and authority
2.6A	Clarifies EMT-Basic use of CPAP <i>and</i> BiPAP and IM Epinephrine
2.6P	Clarifies EMT-Basic use of IM Epinephrine
2.14	Clarifies EMT-Basic use of CPAP <i>and</i> BiPAP
2.15A	Note that all levels of EMT may assist patient or caregiver with already-prescribed anticonvulsants.
3.4P	Removed under Paramedic standing orders, “For Bradycardia...” Added “Hypoglycemia” to the reversible causes for pediatric patients only and treated with the administration of D10.
3.5P	Clarified defibrillation energies as 4 J/kg per shock and American Heart recommendation of a maximum 10 j/kg per shock
3.6	EMTs can use BiPAP as well as CPAP in appropriate circumstances
5.2	Difficult airway interventions by level have been clarified
6.8	EMTs can use BiPAP as well as CPAP in appropriate circumstances
6.17	New protocol added
6.18	New protocol added
7.2	Electronic Control Weapons: Note added that patients will always go to hospital barring <i>patient</i> refusal
Appendix 1	Interfacility transfer protocol clarified to allow under extenuating circumstances allowing “any level of certified EMS personnel” to transport a patient operating within their scope of practice only.
Old Appendix 3/ New Appendix 3	Old Appendix 3 Removed – the Department’s statewide point of entry plans are separately approved policy documents, and not part of the Statewide Treatment Protocols. Old Appendix 4 has been renumbered as Appendix 3

Thank you for your continued collaboration and efforts to effectively serve patients across the Commonwealth. If you have any questions on the Statewide Treatment Protocols version 2024.1, please contact Renée Atherton, NRP, Clinical Coordinator, at renee.atherton@mass.gov.