



The Commonwealth of Massachusetts
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MEMORANDUM

TO: All MA Licensed Ambulance Services and Accredited EMT Training Institutions
 CC: EMCAB Members
 FROM: Dr. Jonathan Burstein, OEMS Medical Director
 RE: 2025.1 Statewide Treatment Protocols (STPs)
 DATE: April 15, 2025

The Massachusetts Department of Public Health, Office of Emergency Medical Services (Department) is issuing the 2025.1 updated Statewide Treatment Protocols (STP).

All ambulance and EFR services are required to train their EMS personnel in the updated STP. **The updated STP 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 June 16, 2025.**

The change chart is below:

Change Chart, OEMS Statewide Treatment Protocols 2025.1

Section	Changes
TOC	Added entry for new protocols 6.19 and 8.3
1.0	Clarification to Routine Patient Care: 1) Under Exception Principle, added the following: “The Exception Principle applies only to exceptions from the Statewide Treatment Protocol, for real-time care of a specific individual patient. It does NOT apply to exceptions from the EMS statute, regulations, Department-approved point-of-entry plans, Administrative Requirements, and Advisories. So, for example, it would not apply to operations issues, such as ambulance staffing, deployment, equipment failures, lack of par levels of medications; or transport decisions deviating from the EMS regulations or point-of-entry plan requirements. These are outside the authority of medical control.” 2) Under Transport Decision, added the following: “A patient who is in cardiac arrest, cannot be oxygenated or ventilated, or is otherwise critically unstable due to issues not amenable to EMS intervention, should be transported to the closest APPROPRIATE hospital based on their condition and POE criteria. This may still be a specialty hospital such as a percutaneous coronary intervention (PCI) facility or Department -approved Trauma Center. Consider consulting Medical Control for destination assistance.”

	<p>3) Under Patient Approach, added the following: “For patients who are minors: In an emergency, EMS personnel may assess and treat without consent of a parent or legal guardian. Consent to emergency medical care is implied. If the parent or guardian is on scene, EMS personnel must explain what assessment and care they are providing. Note that only a parent or legal guardian may refuse care for a patient who is a minor, unless the minor is emancipated, in accordance with Protocol 7.5.”</p> <p>4) Under Assessment and Treatment Priorities, added the following: “A service may use blood analyzer equipment in accordance with manufacturer recommendations.”</p> <p>5) Under Assessment and Treatment Priorities, regarding IO placement, added the following: “IO may be placed in any generally accepted site for which the paramedic is trained and properly equipped.”</p>
2.2P	<p>Under paramedic standing orders, added the following: “for pediatric patients 2 years of age or older.”</p> <p>Under EMT-Basic, moved the second dose of IM epinephrine from medical control to standing order. For all EMT levels, changed diphenhydramine maximum dose to 50mg</p>
2.4	Update to Midazolam dose: Now reads 5 mg IV/IO/IM or 10 mg IN
2.9	Update to Midazolam dose: Now reads 5 mg IV/IO/IM or 10 mg IN every 10 minutes as needed.
2.13	Changed “renal injury” to “renal dysfunction” in Note box at the bottom of the page.
2.14	All references made to “Substance Abuse” now changed to “Substance Use” throughout the document.
2.15A	Note that all levels of EMT may assist patient or caregiver with already-prescribed anticonvulsants. Update to the Midazolam dose: Now reads 5 mg IV/IO/IM or 10 mg IN
3.7	Update to Midazolam dose: Now reads 5 mg IV/IO/IM or 10 mg IN
3.10	Under Paramedic standing orders: 1) Removed 50j, and 2) Added “per manufacturer recommendations based on the specific cardiac monitor you are using. For biphasic cardiac monitors, use equivalent biphasic values as per manufacturer. Check rhythm and pulse between each attempted. cardioversion.”
4.1	Updated fluid therapy under Advanced EMT standing orders: Removed Adults - 1 liter bolus of normal saline, Pediatric 20ml/kg normal saline and burns less than 20% age appropriate, maintenance fluids.
6.7	Under “Guidelines ...” point 1: Changed pediatric age from 8 to 12 years of age.
6.19	New protocol added: Antibiotic Infusions for Sepsis Patients
7.4	Update to pediatric weight-based transport devices to now include 2.3 – 45 kg or to cover weight range of between 5 and 99 pounds.
7.6	For sedation with Midazolam the Adult dosing: Now reads 0.5mg-5mg IV/IO/IM and 2mg -10mg IN
8.3	New Protocol Added: Hazardous Materials Response by EMS
A.1	Under Guidelines Section A1-4a, last sentence regarding minimum staffing for a BLS ambulance now reads: “one EMT-Basic and one person trained to the first responder level.”
A.2	Added “Advanced” to the following: “ <i>Skills allowed only under Paramedic/Advanced-Basic/ALS-assist staffing and training.</i> ”

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 2025.1, please contact Renée Atherton, NRP, Clinical Coordinator, at renee.atherton@mass.gov.