The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
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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: 2026.1 Statewide Treatment Protocols (STPs)
DATE: January 21, 2026

The Massachusetts Department of Public Health, Office of Emergency Medical Services (Department) is issuing the 2026.1 updated Statewide Treatment Protocols (STP).

In addition to the substantive changes outlined below, throughout the document several edits have been made that address redundant information, typos, and formatting errors. Additionally, all references throughout the document made to American Heart Association, are now updated to reflect American Heart Association/International Liaison Committee on Resuscitation (AHA/ILCOR) and includes the recent release of the 2025 guidelines.

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 1, 2026.**

The change chart is below:

Change Chart, EMS Statewide Treatment Protocols 2026.1

Section	Changes
Table of Contents	Updated and renumbered Section 6 Medical Director Options; USAR now 8.4; 7.9 deleted. Added entry for new protocol 6.13 Low Titer Type O^+ Whole Blood (LTOWB) or Packed Red Blood Cells (PRBC) Transfusion. .
1.0	Clarification to Routine Patient Care: 1) Multiple edits done throughout the document to remove redundant language. 2) Under Advanced Airway – Now includes **in cardiac arrest only**, EMTs at the basic level of certification may consider inserting a supraglottic airway (SGA), when basic airway maneuvers are not sufficient (with specific training and authorization. Waveform capnography must be immediately available.)

	3) Under Assessment and Treatment Priorities, regarding intraosseous (IO) placement, corrected language regarding IO placement: "IO may be placed in any generally accepted site for which the appropriate levels of EMS personnel are trained and properly equipped." Under Bullet 7 - Language updated to include "EMTs that are properly trained and authorized, and AEMTs placing a supraglottic airway, also must use waveform capnography, not requiring it to be recorded. Only paramedic use of waveform capnography must be recorded 4) On page 5, under "Transport Decision" bullet 4 is now a direct link to the Department approved Point of Entry Plans for reference.
1.1 High Quality CPR	Added "per most recent American Heart Association/International Liaison Committee on Resuscitation (AHA/ILCOR) recommendations." Added Page 3 to the protocol that depicts the most recent AHA algorithm. Added SGA use by EMTs only after 8 minutes of resuscitation "if trained and authorized consider placement of a supraglottic airway (SGA) device." Same page, added, "While resuscitation is ongoing, assess if the patient is tolerating the SGA well, by evidence of waveform capnography, good chest rise, bilateral breath sounds, and improved oxygenation. **Do not** stop or delay resuscitation to assess SGA; if in doubt, remove and continue with BVM ventilations." Under "PEARLS" Bullet 6 - Changed "Hands on defibrillation" to "Hover over the chest"
2.2 Adult and Pediatric Allergy / Anaphylaxis	Under EMT standing orders added "epinephrine/surfactant nasal preparation." Added language regarding the second dose of nasal epinephrine, "If the first dose of **epinephrine** is via nasal spray, and does not significantly improve anaphylaxis symptoms within 5 minutes, all subsequent **epinephrine** doses **MUST BE** via IM injection." Added under EMT Standing Orders: "In the presence of wheezing, administer Albuterol 2.5mg via nebulizer; repeat every 5 minutes up to a total of 3 doses" In 2.2P, signs and symptoms of Anaphylaxis moved to the top of the page and stressed the use of epinephrine for pediatric patients.
2.6 Adult and Pediatric	EMT Standing Orders - Added the use of bronchodilators: Added Continuous Positive Airway Pressure (CPAP) use to EMT standing orders. Clarified intramuscular epinephrine administration to be by autoinjector or check and inject throughout both adult and pediatric.
2.10	Added language regarding treatment of "immediate and delayed postpartum hemorrhage" to include under paramedic standing orders the addition of oxytocin and tranexamic acid (TXA). Under paramedic medical control orders, calcium gluconate has been added.
2.12	Full update
2.14	Title changed to now read "Poisoning/Overdose/Toxicology."
2.16	Under "Distributive Shock" added a reference to Protocol 2.2A Allergic Reaction/Anaphylaxis Adult.
2.18	Update to the stroke protocol to combine the last two bullets to now read:" If the onset of signs and symptoms PLUS transport time is < 24 hours, consider transport to a Department approved Stroke Point-of-Entry (POE) hospital."
3.2	Changed cardioversion setting for atrial flutter from 50joules to 200joules, "per manufacturer recommendations based on the specific cardiac monitor you are using."
3.4A	Under EMT standing orders added, "if trained and authorized consider placement of a supraglottic airway (SGA) device." Also, in the same place

	added, "While resuscitation is ongoing, assess if the patient is tolerating the SGA well, by evidence of waveform capnography, good chest rise, bilateral breath sounds, and improved oxygenation. **Do not** stop or delay resuscitation to assess SGA; if in doubt, remove and continue with BVM ventilations."
3.4P	Under AEMT standing orders added "Place IV/IO without interrupting chest compressions."
3.5A	Update to remove "Document in 2 leads," which was an error. Added under EMT standing orders, "if trained and authorized consider placement of a supraglottic airway (SGA) device." Also, in same place added, "While resuscitation is ongoing, assess if the patient is tolerating the SGA well, by evidence of waveform capnography, good chest rise, bilateral breath sounds, and improved oxygenation. **Do not** stop or delay resuscitation to assess SGA; if in doubt, remove and continue with BVM ventilations." Under "NOTE" Bullet 4 "Hands off defibrillation" now states "Hover hands over the chest."
3.5P	Under "NOTE" Bullet 4 "Hands off defibrillation" now states "Hover hands over the chest."
3.6	Under EMT/AEMT standing orders: added CPAP.
3.8	Paramedic standing orders: Moved "Consider amiodarone" administration and "Consider Lidocaine" from medical control order to standing orders.
3.9A	Clarified cardioversion criteria: "If systolic blood pressure is unstable (less than 100 mm Hg) and heart rate is greater than 150 beats per minute, immediate synchronized cardioversion at 100J, or the equivalent biphasic values as per manufacturer. Follow current American Heart Association/International Liaison Committee on Resuscitation (AHA/ILCOR) guidelines."
3.10	Updated to now read: "If systolic blood pressure is unstable (less than 100 mm Hg) and the ventricular rate is greater than 150 beats per minute, immediate synchronized cardioversion at 100J, or the equivalent biphasic values as per manufacturer, Follow current American Heart Association/International Liaison Committee on Resuscitation (AHA/ILCOR) guidelines." If Monomorphic VT – cardiovert at 100J If Polymorphic VT – consider unsynchronized, high-energy shock (defibrillation
Section 4.0 (All)	Updated to edit language regarding IV/IO fluid administration and additional fluid under medical control orders. Under paramedic standing orders, added language to consider pain management.
4.1	Burn chart for Rule of Nines updated
4.7	Full update to current treatment directives.
4.11	Updated to now include as a first priority, above initiating CPR, lifesaving interventions such as hemorrhage control and airway obstruction. Under paramedic standing orders, TXA added if trained and authorized.
5.1A	Updated as follows: "If the obstruction due to a foreign body is complete or is partial with inadequate air exchange, follow current American Heart Association/International Liaison Committee on Resuscitation (AHA/ILCOR) recommendations for Foreign Body Airway Obstruction (FBAO).

	a. Initiate 5 back blows, followed by 5 abdominal thrusts. Repeat until the object is expelled or the patient becomes unresponsive. b. If **partial obstruction** due to foreign body is suspected and there is adequate air exchange, transport to appropriate medical facility. Do not attempt to remove foreign body in the field. Maintain an open airway, remove secretions, vomitus and assist ventilations as needed. Consider encouraging the patient to cough. Continue to check for signs of severe FBAO." Moved tracheostomy management to EMT standing orders
5.1P	Updated and moved tracheostomy management to standing orders.
6.0 (all)	Former 6.1, 6.3 6.4 6.5 6.6, 6.8 6.16 all removed and placed into applicable protocols as standard of care; IV acetaminophen, TXA, Check and Inject added to optional medication list instead of medical director option protocol; CPAP and bronchodilators standard of care at the EMT level, and SGA now an optional skill for EMTs, included in standard of care for cardiac arrest only. Former 6.3 USAR now in Section 8 as 8.4. Section 6 renumbered
6.13	New protocol added: Low Titer O+ Whole Blood (LTOWB) or Packed Red Blood Cells (PRBC) Transfusion.
7.8	Added to the top of page 3, an updated link to a ventricular assist device (VAD) training document.
7.9	Out of date and deleted.
8.4	Now is USAR protocol.
A.2	Added under EMT capnography, CPAP, nebulizer treatments, SGA. Under paramedic, blood products now allowed under medical director option Protocol 6.13.

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 2026.1, please contact Renée Atherton, NRP, Clinical Coordinator, at renee.atherton@mass.gov.