NEW YORK STATE | Department of Health
Division of State EMS

Number: 26-04.B
Date: August 25, 2026
Supersedes/Updates: 26-04

POLICY STATEMENT

BLS Protocol Change Log V.26.1
Effective 09.01.2026

The following changes were made in accordance with motions approved at the May 13, 2026, SEMAC and SEMSCO meetings.

UPDATE: Clerical corrections have been made to the Statewide BLS Protocols V.26.0. Updated protocols are now Version 26.1, and a change log of those changes are listed starting on page 3 of this policy statement.

Version 26.0 Change Log

Throughout Protocols

- Corrected grammatical or formatting errors to improve consistency and readability

(3) General Adult and Pediatric Medical Protocols

Difficulty Breathing – Pediatric Asthma

- Clarified epinephrine dosing for Emergency Medical Technician level to mirror that for anaphylaxis

Environmental: Heat Emergencies

- Clarified and added language surrounding active cooling for patients with elevated temperature and altered mental status as follows: For patients presenting with elevated skin temperature and altered mental status:
    - Begin active, whole-body cooling ***immediately*** until their mental status returns, at which time stop cooling efforts. Transport may be delayed if means of active cooling is available. Use any of the following in decreasing order of preference:
        - Ice water immersion, cold water immersion,
        - Tarp-Assisted Cold water with Oscillation (TACO),
        - cold water dousing, or
        - cold water-soaked towels with ice packs.

Fever – Adult

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher

Fever – Pediatric

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Reordered Key Points/Considerations

Nausea and/or Vomiting – Adult

- Moved “patients may be given an isopropyl alcohol pad for self-administered inhalation” to all levels

Nausea and/or Vomiting – Pediatric (≥ 2 y/o)

- Moved “patients may be given an isopropyl alcohol pad for self-administered inhalation” to all levels

Obstetrics: Childbirth

- Renamed from Childbirth: Obstetrics

Obstetrics: Newborn / Neonatal Care

- Renamed from Newborn / Neonatal Care – Pediatrics and placed adjacent to Childbirth protocol for ease of reference
- Consistent with American Heart Association 2025 guidelines, reworded to emphasize waiting at least one minute before clamping and cutting the umbilical cord. Place the infant immediately on the mother’s bare chest after delivery. Only once packaging for safe transport should wrapping occur.

Obstetrics: Hemorrhagic Shock

- New protocol for the management of postpartum hemorrhage patients

Pain Management – Adult

- Removed criteria bullets as they conflict with protocols, specific agents, and create confusion without improving safety
- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Combined ibuprofen contraindications for simplicity
- Removed bullet referencing non-required items as they are indicated already by ‡(if trained and equipped) and the Medication Formulary

Pain Management – Pediatric

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Combined ibuprofen contraindications for simplicity
- Removed bullet referencing non-required items as they are indicated already by ‡(if trained and equipped)‡ and the Formulary

(4) Trauma

Amputation

- Clarified to consider either cefazolin or moxifloxacin if equipped and trained.

Bleeding / Hemorrhage Control

- Clarified the ability and process to convert a tourniquet by Emergency Medical Technician or higher

Musculoskeletal Trauma

- Clarified to consider either cefazolin or moxifloxacin, if equipped and trained.

(5) Resources

Medication Formulary

- Added Acetaminophen to formulary
- Added Ibuprofen to formulary

Version 26.1 Change Log

The following clerical corrections were made in the Statewide BLS Protocols V.26.1, in addition to formatting and spelling corrections. Protocol title references were also updated throughout protocols to align with updates made in Version 26.0.

(3) General Adult and Pediatric Medical Protocols

Pain Management – Adult

- Added to acetaminophen contraindications to include the use of >650 mg acetaminophen-containing product within 4 hours, unless medical control approved to align with Fever - Adult protocol use of acetaminophen

(5) Resources

APGAR

- Updated to align with most current Pediatric Assessment Triangle resource document

Normal Vital Signs for Infants / Children

- Updated to align with most current Pediatric Assessment Triangle resource document

Pediatric Assessment Triangle

- Updated to reflect most current Pediatric Assessment Reference Card document