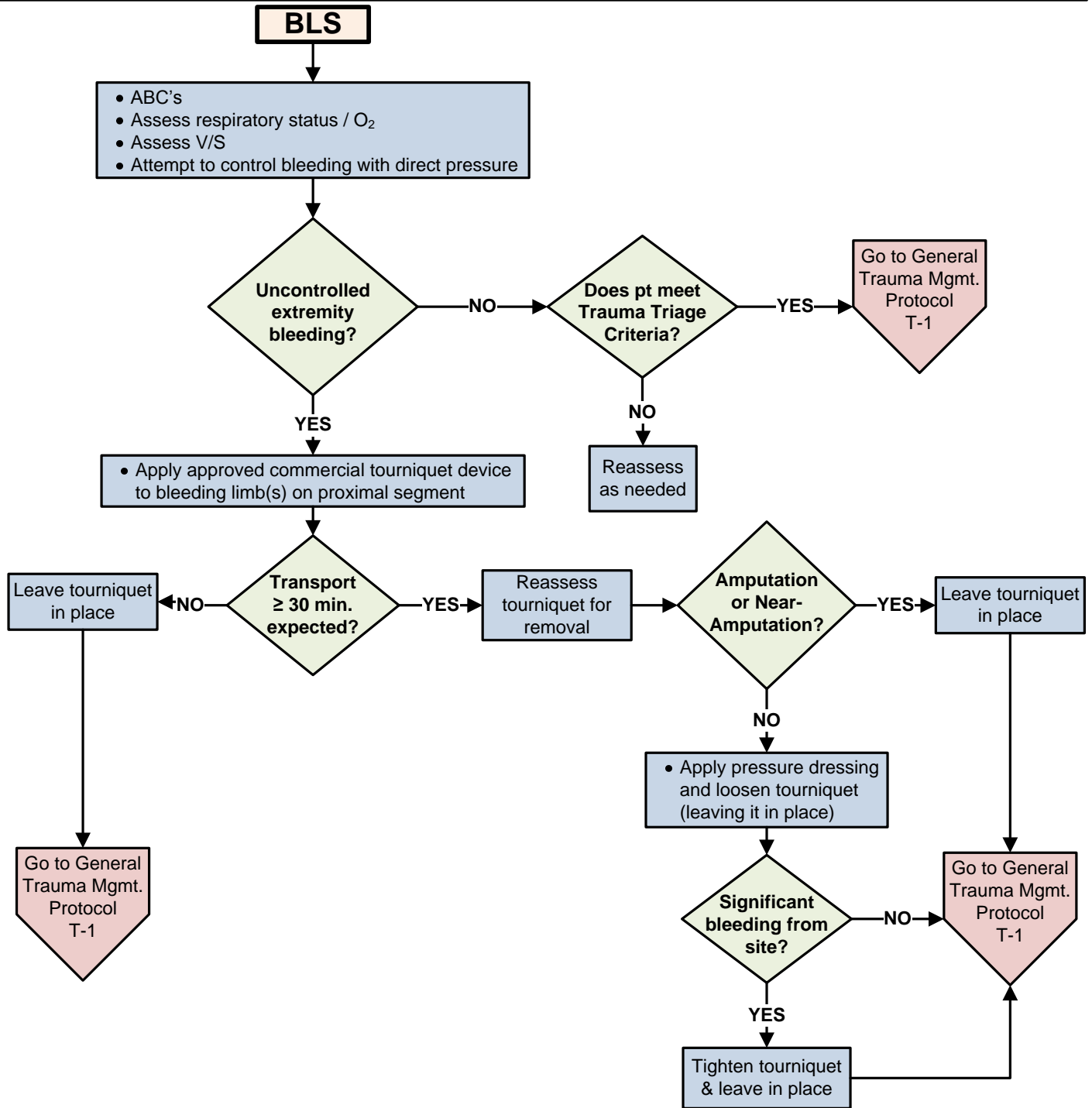




**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**TRAUMA
REFERENCE NO. T-8 (LALS)**

SUBJECT: UNCONTROLLED EXTREMITY BLEEDING



Effective Date: 07/01/2010
Next Review Date: 06/2012
Approved by:

Date last reviewed revised: 06/10
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SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director