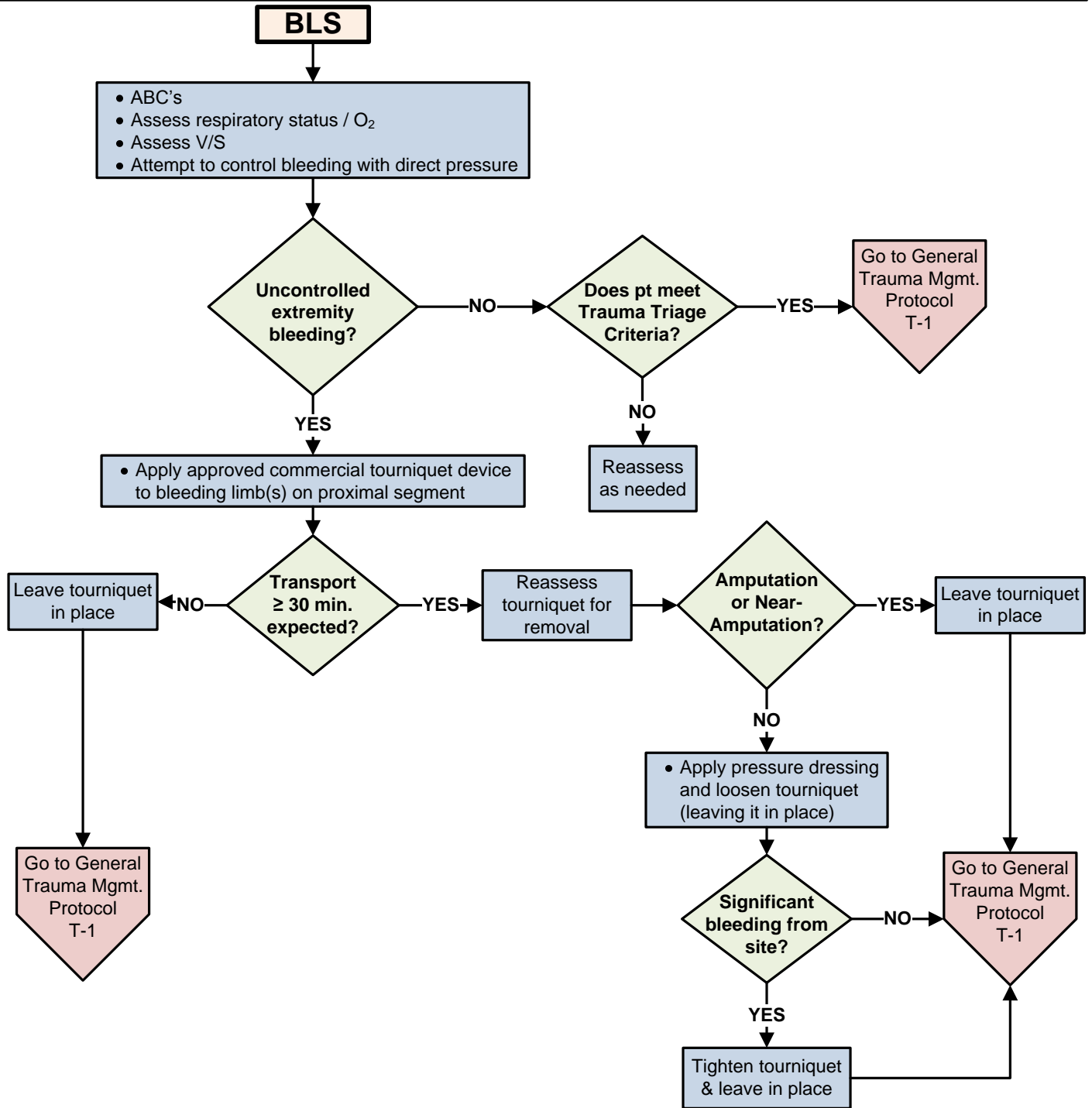




**SIERRA SACRAMENTO VALLEY EMS AGENCY  
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**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  
Page 1 of 1

**SIGNATURE ON FILE**  
S-SV EMS Medical Director

**SIGNATURE ON FILE**  
S-SV EMS Regional Executive Director