

Emergency Medical Care Committee
Meeting Minutes
Thursday November 21st, 2024
2995 McMillan Ave, Ste 178, San Luis Obispo



Members

- ☒ CHAIR Jonathan Stornetta, Public Providers
- ☐ VICE CHAIR Dr. Brad Knox, Physicians
- ☒ Bob Neumann, Consumers
- ☒ Alexandra Kohler, Consumers
- ☒ Matt Bronson, City Government
- ☒ Chris Javine, Pre-Hospital Transport Providers
- ☒ Michael Talmadge, EMS Field Personnel
- ☒ Dr. Rachel May, Emergency Physicians
- ☒ Jay Wells, Sheriff's Department

- ☒ Julia Fogelson, Hospitals
- ☒ Diane Burkey, MICNs

Ex Officio

- ☐ Dr. Penny Borenstein, Acting EMS Division Director
- ☐ Dr. Bill Mulkerin, LEMSA Medical Director

Staff

- ☒ Rachel Oakley, EMS Coordinator
- ☒ Ryan Rosander, EMS Director
- ☒ Maya Craig-Lauer, PHEP Program Manager
- ☒ Alyssa Vardas, Administrative Assistant
- Eric Boyd, EMS Coordinator
- Kaitlyn Blanton, EMS Coordinator

Guests – Ben Dore, Natasha Lukasiewich, Jayson Dumas, Pete Gavitt, Jon Ontiveros, Heidi Hutchison, Lisa Epps

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	The meeting called to order at 08:31 AM
Introductions	
Public Comment	No comments
Approval of Meeting Minutes – Motion to approve with changes.	J. Wells Motioned, R. May Seconded, call for a vote, Approved.
Recommend/Approve Heidi Hutchison and Jon Ontiveros for Clinical Advisory and Operations Committee	
Brown Act Training. Staff Report for revisions for Protocol #603, #640, #641, and Policy #218 Revisions: • County Counsel is providing training on the Brown Act. • SLOEMSA has proposed revising the pain management protocol, as well as the chest pain and pulseless cardiac arrest protocols. • SLOEMSA has Updated the upgrade/downgrade policy. • Brown Act Training: R. May – Are Trauma, Stemi Ad Hoc Committees? R. Oakley – I think because they aren't public, they wouldn't be. B. Dore – I will look more into them for clarification. Beware of "reply All" in emails before the meeting. 603: J. Fogelson - Do you intend to take IN out? M. Talmadge – That's for Fentanyl. R. May – I would support IN also, based on multiple sources which all showed the benefits of Ketamine IN with no adverse effects. R. Rosander – I originally put it in there but Bill wanted it out. R. May – Are these action items since they have already been rolled out, so can they actually be discussed? R. Rosander – We just discussed these as upcoming protocols in update class. C. Javine – One method of administration is IV mixing, one agency mixes it and another uses it, will there be guidance on administering something mixed by another agency? R. Rosander – Some will transfer and some will want to ride in.	R. Rosander/R. Oakley

R. May – ketamine comes in a high concentration, there is a higher likelihood of error, but Ketamine is very safe. Just need to educate medics on using it. D. Burkey – In hospital there are high-alert stickers on them to let them know that the max is a specific amount. R. May – we need to make sure that we have uniformity with the medication vials. R. Rosander – We need to figure out the most readily available concentration. Put in notes to label the bag for transfer so all crews are doing the same. J. Fogelson – I like Diane's point of putting on stickers, but we also have two people checking on medicine. M. Talmadge – In the language there is a discrepancy between wording on protocol and formulary, one says or and one says Fentanyl first. 640: R. May – I think these are good changes. M. Talmadge – Was it intentional to not have "maintain a SBP"? R. Rosander – I think we can put that in there for field crews. 641: R. May – Are you going to add a fluid bolus? 218: C. Javine – I fall into the camp of having more descriptive language. Currently, there are hardly any reductions in the system. The policy is currently IC judgment. I am curious what criteria they are using to execute that judgement. I would think anything to reduce number of code 3s would be good. R. Rosander – This should all be heavily discussed in the QI committee. We should shift the culture not the policy. There are no reductions here at all so we definitely need to address that. C. Javine – I completely agree this is a training issue and should be in QI, but what metrics are you using to judge that? M Talmadge – We have a policy that outlines hemodynamic patients for downgrades and we could say to reference it. R. May – I think we need a new dispatch system. J. Stornetta – It is unheard of to have a system as large as ours with no EMD. C. Javine – It is not all the fact that the IC is not reducing the ambulance, it may be that the ambulance is already there. J. Wells – I think it might be good to have a metric for the reductions if applicable. B. Neuman – Who is delivering EMD now? J. Stornetta – No one. N. Lukasiewicz – I noticed in policy it is not there, will ketamine for pediatrics be coming in the future? Is there anywhere in the policy about hypothermia and holding EPI? Motion to approve 603, 640, 641, 218.	Motion to approve: M. Talmadge motioned R. May Second. Call for a vote, All Approve
EMS Updates: We have two new coordinators: Eric Boyd, Kaitlyn Blanton. Health Officer Updates: None EMS Medical Director Report: None PHEP Staff Report: We are coordinating with the state to hold a ChemPak training.	R. Rosander P. Borenstein B. Mulkerin M. Craig-Lauer
Announcements: Some members need new letters. Voted on new Chair: Chris Javine, Matt Bronson for Vice Chair.	J. Stornetta

Future Agenda Items: Letters for board members.	Adjourn at 10:12 AM.
Next Regular Meeting The next meeting is on Thursday, January 16 th , 2025, at 08:30 AM at the EMS Agency.	

DRAFT