

Emergency Medical Care Committee

Meeting Minutes

8:30 AM July 17th, 2025
2995 McMillan Way, Suite 178
San Luis Obispo, CA 93401



MINUTES

MEMBERS PRESENT:

Chair Chris Javine, Pre-Hospital Transport Providers
Bob Neumann, Consumers
Rachel May, Emergency Physicians
Julia Fogelson, Hospitals
Diane Burkey, MICNs
Alexandra Kohler, Consumers

MEMBERS ABSENT:

Jay Wells, Sheriff's Department
Michael Talmadge, EMS Field Personnel
Matt Bronson, City Government
Brad Knox, Physicians
Jonathan Stornetta, Public Providers

EMS AGENCY STAFF PRESENT:

Rachel Oakley, EMSA

PUBLIC COMMENTORS:

Rob Jenkins, CALFIRE

EX OFFICIO:

Ryan Rosander, EMSA

1. CALL TO ORDER

Chair Chris Javine called the meeting to order at 8:30 a.m.

2. REVIEW AND APPROVAL OF May 15th, 2025, MINUTES

It was requested to work on discussion points for minutes. Provide more of a summary of discussions, rather than quotations by committee members, to more accurately record important information discussed in committee meetings.

Action: Rachel May moved to approve the minutes, Bob Neumann is second to approve, all approved, no opposition.

3. Protocols/Policies for Review:

Paramedic Policy 341

Discussion:

Suggestion to insert “SLOEMSA” before Medical Director in section IV., A., 6., d.

Paramedic Policy 342

Discussion:

It was suggested to match the language with other policies and attachment B for who is allowed to sign off on Paramedic skills sheets in section V., A., 5.

It was suggested to go over how to get signed off on skills performed in the field (at an EMS Update Class), as an EMT partner can't sign off on Paramedic skills.

Another Paramedic or field supervisor can sign off if present.

Patient Refusal Policy 203

Discussion:

It was suggested that, “of a minor” is added to “Parent” and “legal guardian”, for clarification in the DDM definition.

Under refusal in definitions, change “base station” to “receiving hospital”.

It was suggested to include a definition for peds welfare and institutions hold 5585.

It was suggested to refer to 5585 in III., C. regarding when minors can't refuse.

It was suggested to clarify how providers document a patient's refusal to sign in section IV., A., 7., by putting in the signature line “patient refused” with provider's signature, and document in the narrative more information about the refusal.

Typo on IV., F.; “medial” change to “medical”.

Paramedic policies 341, 342, and Patient Refusal policy 203 are moved for approval by Rachel May and Bob Neumann is second to approve. All in approval, no opposition.

Opioid Withdrawal Protocol and Buprenorphine Formulary

Discussion:

During the last EMCC meeting, it was proposed that the Opioid Withdrawal Protocol and Formulary be sent back to the Clinical Advisory Committee to change the medication from Suboxone to Buprenorphine. Buprenorphine is more readily available, less expensive, and has significantly more research supporting its use compared to Suboxone. Further changes include excluding pediatrics as a contraindication and moving the COWS score from 7 to 8. The Clinical Advisory Committee had no objections to the changes presented before returning to EMCC.

The Leave Behind Naloxone policy was discussed, and the committee learned that SLOEMSA is developing a universal Leave Behind Naloxone policy that can be applied during any protocol where there is a suspicion that the patient or their family could benefit

from this service. SLOEMSA also mentioned that they have been collaborating with the County's Opioid Safety Coalition to refine this policy and provide free, pre-made naloxone kits to any transport agency that requests them. The coordinator from the Opioid Safety Coalition will join the EMCC to discuss this further and explore the Naloxone Distribution Project.

Needle Cricothyrotomy Procedure 704

Discussion:

In recent months, several ALS agencies have requested approval from SLOEMSA for commercially available needle cricothyrotomy devices. These devices are significantly more advanced than those that must be custom-manufactured and installed in ALS units by each agency. Dr. Mulkerin supports ALS providers using these devices, provided they adhere to the manufacturer's instructions. The use of these commercially available devices is not mandatory; ALS agencies can choose to use them, continue with their current equipment, or maintain the status quo. Price was discussed briefly, but no further discussion ensued.

4. STAFF REPORTS/ANNOUNCEMENTS

Health Officer Update - Dr. Borenstein is currently on vacation.

EMS Director Update - The CHEMPACK and EOM/MHOAC training with CDPH and the RDMHS program was a huge success. Dr. Mulkerin is currently working his final shift in Stanford and will be more readily available in SLO.

EMS Medical Director Update - Dr. Mulkerin is not present.

PHEP Program Manager Update - Maya discussed the possibility of federal funding being cut from PHEP/HPP. Also informed the committee of a successful EMAD drill with OES.

5. FUTURE AGENDA ITEMS

Leave Behind Naloxone, Emergency Medical Responder (EMR) Training Program, Fluids for Normotensive Patients, Atrial Fibrillation RVR, Drowning, Mechanical CPR Devices.

6. ADJOURNMENT

Action:

Chair Javine adjourned the meeting at 10:00 a.m.