Clinical Advisory Subcommittee
of the Emergency Medical Care Committee

Meeting Minutes
10:15 AM April 17, 2025
2995 McMillan Way, Suite 178
San Luis Obispo, CA 93401

MINUTES

MEMBERS PRESENT:
Chair Dr. Stefan Teitge, *County Medical Society*
Casey Hidle, *Lead Field Training Officer*
Dr. Heidi Hutchison, *ED Physician Tenet*
Rob Jenkins, *Fire Service Paramedics*
Nate Otter, *Ambulance Paramedics*
Lisa Epps**,** *Air Ambulance*
Tim Nurge, *Medical Director Appointee*

MEMBERS ABSENT:
Dr. Kyle Kelson*, ED Physician Tenet*
Dr. Lucas Karaelias*, ED Physician Dignity*
Diane Burkey, *MICNs*
Paul Quinlan, *Fire Service EMTs*
Jeffrey Hagins*, Air Ambulance*
Arneil Rodriguez*, Ambulance EMTs*
Casey Hidle, *Lead Field Training Officer*

EMS AGENCY STAFF PRESENT:
Alyssa Vardas, EMS Administrative Assistant
Ryan Rosander, EMSA
Rachel Oakley, EMSA
Kaitlyn Blanton, EMSA

EMS AGENCY STAFF ABSENT:
Eric Boyd, EMSA
Bill Mulkerin, EMS Medical Director

1. CALL TO ORDER

Ryan Rosander called the meeting to order at 10:28 a.m. He led the reviewing of the meeting protocols and meeting agenda.

2. REVIEW AND APPROVAL OF December 19th, 2024, Summary Notes

Action: Nate Otter moved approval of the February 20, 2024, Clinical Advisory Committee Meeting Minutes. Rob Jenkins seconded. Motion carried unanimously with no abstentions.

Protocol 704 Needle Cricothyrotomy:

Procedure 704 needle Cricothyrotomy has been updated with language approving ALS providers to follow manufacturers' guidelines for brand-specific instructions on their equipment.

Discussion:

None

Protocol XXX Opioid Withdrawal:

In conjunction with the County's Strategic Plan for 2025, the introduction of Protocol #XXX (no currently assigned numeric) for Opioid Withdrawal has been drafted. This new protocol will include the addition of Suboxone to our County as an ALS pre-hospital medication with Base Orders. Aligned with the California Bridge Program ideals, this draft protocol has been created to benefit patients experiencing Opioid withdrawal symptoms, with the intent of seeking resources for treatment

Discussion

- H. Hutchison says this is great, we will have pushback from medics and hospitals. May want education from bridge program for hospitals. Knowledge that physicians may choose not to use. If base station order, education for physicians. What is the feeling from field staff?
- C. Hidle says that the field staff will have push back as there already is.
- H. Hutchison says that this is a good thing but we might need
- education and resources
- R. Jenkins asks what the potential is to see patient 2 in a day,
- S. Teitge says some might be more hesitant.
- R. Jenkins asks In How often would we use this, how emergent is it that we use it and not hospitals?
- S. Teitge says that it probably wouldn't be given very much.
- N. Otter says This would be successful if there are all the right pieces in place. I think we are premature in getting this onto the ambulances.
- S. Teitge says you will have to collect the data on it. How often that happens depends.
- R. Jenkins says we would have to get information from the hospital about whether that was the correct diagnosis.
- C. Hidle says I've talked to providers who have done this and people will get it from the ambulance and then not go to the hospital.
- K. Blanton says that's why there are those criteria and it's a base order.
- H. Hutchison says we could gather more data on this. There is some data to support. It would be helpful to hear from Bill on this one. What is the benefit of having this with EMS and not just in the hospital. We need a larger discussion with hospitals.

- R. Rosander says that this is something EMCC and the Board of Supervisors have wanted.
- H. Hutchison says All of our people deserve to be brought up to date and also know what kinds of resources our patients will have.
- R. Rosander says Nick Drews has been working on Triage to alternate destinations with Behavioral Health.
- T. Nurge asks if we got a grant for IXA?
- R. Rosander says there is a grant on Suboxone. Some of that grant could go to ALS agencies to help with buying it.
- K. Blanton says there are gaps in education and that causes polarization.
- T. Nurge asks how the policy affects the patient and the system?
- S. Teitge says that from a clinical standpoint it looks good and there is no issues with medicine.
- T. Nurge asks if in other systems is this a base order?
- R. Jenkins asks if we can have dosage say two strips?
- S. Teitge says to change to reassess at 20 minutes.

Policy 125 Determination of Death:

The Policy #125 (last rev. 4/15/2017) revisions were deemed necessary to address issues related to the interpretation of the current obvious death criteria. Proposed changes are intended to clarify procedures on how death is determined in the field, not overhaul current practices.

Discussion

- H. Hutchison asks, can we change one or more joints to an extremity. I don't know if this is capturing the concern.
- T. Nurge mentions that I think a lot of people just go to the jaw and don't check anything else.
- S. Teitge says at that point if they have gone through the other assessments, it should be obvious.
- N. Otter says it should be clearer for our medics. This chart is to be applied to an obvious death? could we add that wording? Make sure that this doesn't apply for every cardiac arrest? I don't want this to make medics not start CPR.
- T. Nurge asks if this table applies to decapitation?
- H. Hutchison asks if the table could be included within C? To put it under signs of life? "Are not expected to" language would allow them to check if circumstances arise.
- N. Otter says page 4 under a, 20min resuscitation allows room to call base before starting 20 minutes. Make it clear that's the goal, but if circumstances come up, they can call.
-R. Rosander says 20 minutes should be a suggestive number.
- R. Oakley mentions that 20 minutes is in other policies which would need to be changed.
- N. Otter asks MCI defined by what? Do they have the number of patients or if do they not have the personnel to handle?
- R. Jenkins says for it to be an MCI, you have to declare an MCI.

158 Ambulance Offload Time: Ambulance Patient Offload Time (APOT) is the interval from when an ambulance arrives at an emergency department (ED) to when the patient is transferred to hospital staff and the ambulance is available for the next call. Excessive APOT negatively impacts EMS system efficiency, delays emergency responses, and

contributes to ambulance shortages. In the County of San Luis Obispo, all prolonged APOT times negatively impact the system due to the number of ambulances available; for this reason, SLOEMSA is seeking stakeholder feedback for a 20-minute standard.

Discussion

- N. Otter says a component of the crew being responsible in the ER.
- R. Rosander says it is then the hospital's responsibility.
- N. Otter says Its not clear in 3 a. We are doing ER treatment on our gurneys. At what point do they take the patient off gurney? I do have concerns about what we are responsible for and what the ER is responsible.
- H. Hutchison says we can't take a patient if we don't have a bed and nurse but the doctor will go and see the patient. Even if a physician is seeing a patient, its not actually the ER taking the patient.
- S. Teitge asks how much has this been presented to the hospitals?
- H. Hutchison says she just wants to make sure that people are empowered to do the right thing for the patient. Its not usually the charge nurse that can solve the issue in the moment.
- S. Teitge says it's a case-by-case thing that a policy won't work for everyone.
- H. Hutchison says language that this is a goal that we are tracking. Directing this at correct level is key.
- S. Teitge says EMSA needs to talk to the correct hospital directors about it.

3. ITEMS FOR NEXT AGENDA

Review of 203 Patient Refusal, 341, 342 Paramedic Accreditation and Reaccreditation.

4. PUBLIC COMMENT

None

5. ADJOURNMENT

Action: Rob Jenkins moved to move the protocols and policies as amended forward to EMCC. Stefan Teitge seconded. Motion carried unanimously.

Stefan Teitge adjourned the meeting at 11:42 am.