

# Clinical Advisory Subcommittee of the Emergency Medical Care Committee

Meeting Minutes

10:15 AM October 16, 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*  
Katie Wong, *MICNs*  
Nate Otter, *Ambulance Paramedics*  
Lisa Epps, *Air Ambulance*  
Tim Nurge, *Medical Director Appointee*

### MEMBERS ABSENT:

Rob Jenkins, *Fire Service Paramedics*  
Dr. Kyle Kelson, *ED Physician, Tenet*  
Tim Nurge, *Medical Director Appointee*  
Dr. Lucas Karaelias, *ED Physician Dignity*  
Paul Quinlan, *Fire Service EMTs*  
Jeffrey Hagins, *Air Ambulance*  
Arneil Rodriguez, *Ambulance EMTs*

### EMS AGENCY STAFF PRESENT:

Eric Boyd, EMSA  
Rachel Oakley, EMSA  
Bill Mulkerin, EMS Medical Director

### EMS AGENCY STAFF ABSENT:

Kaitlyn Blanton, EMSA  
Alyssa Vardas, EMS Administrative Assistant  
Ryan Rosander, EMSA

## 1. CALL TO ORDER

Ryan Rosander called the meeting to order at 10:21 a.m. He led the review of the meeting protocols and meeting agenda.

## 2. REVIEW AND APPROVAL OF June 19, 2025, Summary Notes

**Action: Heidi Hutchison moved approval of June 2025, Clinical Advisory Committee Meeting Summary Notes. Casey Hidle seconded. Motion carried unanimously with no abstentions.**

The meeting discussed implementing a separate protocol for leaving behind Naloxone kits, supported by the opioid overdose coalition, to minimize financial impact on partner agencies. Fentanyl test strips were explained as a tool to detect fentanyl in unexpected substances. Concerns were raised about the deployment time of mechanical CPR devices, suggesting robust training and CQI programs. The group also considered allowing EMTs to place supraglottic airway devices on pediatric patients and discussed the need for compatible suction devices. Finally, the group reviewed protocols for cardioversion in AFib and SVT, emphasizing the importance of clear language and appropriate escalation of doses. The meeting discussed the need to align BLS training with ACLS standards, addressing concerns about legal implications and training consistency. Synchronized cardiac sequences and C notes were debated, with a consensus to remove them. The group agreed to use ACLS doses and liberalize fluid use up to 1000 ml with a repeat dose. Mechanical CPR devices were identified for rework. A motion to approve the changes, either as written or amended, was made and seconded, with no opposition.

## Action Items

- Rework the mechanical CPR device protocol to address concerns around training and quality improvement.
- Revise the AFib and SVT protocols to align with ACLS recommendations on cardioversion dosing.
- Pare down the language in the drowning protocol to be more concise and bullet-point style.

## Outline

### Leave Behind Naloxone Protocol

- Discusses the implementation of a separate protocol for leaving behind Naloxone as part of the opioid withdrawal treatment protocol.
- The goal is to allow crews to leave behind Naloxone if they deem it necessary, with support from the opioid overdose coalition.
- Kits from the coalition will be provided for free, aiming to minimize financial impact on partner agencies.
- Clarifies that crews are not required to use the entire kit but can just get Naloxone if needed.

### Fentanyl Test Strips and Documentation

- Discusses the typical kit from the opioid coalition, which includes fentanyl test strips.
- The purpose of fentanyl test strips is to detect fentanyl in substances that are not expected to contain it, such as ecstasy or meth.
- Raised concerns about documentation for recipients of kits, suggesting it should not be linked to patient care documentation.

### Opioid Withdrawal and Mechanical CPR Devices

- Updates on the opioid withdrawal protocol, emphasizing the need to consider lead time for Naloxone.
- Discussion shifts to mechanical CPR devices, with Speaker 7 expressing concerns about time off the chest during deployment.

- Suggests robust training programs to ensure deployment times are below 10 seconds.
- Discuss the challenges of deploying mechanical CPR devices in two-person BLS crews and the need for standardized deployment across agencies.

## Challenges with Mechanical CPR Devices

- Emphasizes the importance of CQI programs to monitor and improve deployment times.
- Suggestion for pulling the mechanical CPR device policy for rework and re-presentation to the group.
- Discusses having two Lucas devices and two AEDs for evaluation and training purposes.

## I-Gel Placement for Pediatric Patients

- Proposes allowing EMTs to place I-gels on pediatric patients and medics to place them on adults.
- Discussion on the need for additional training for EMTs to place I-gels on pediatric patients.
- Emphasizes the importance of having suction devices compatible with I-gels.
- Suggestion for adding a note about the need for suction devices in the protocol.

## Drowning Protocol and Cardioversion

- Introduces a new drowning protocol, highlighting the importance of addressing oxygenation and ventilation issues.
- Discussion on the need to differentiate between unstable and extremis patients for cardioversion.
- Suggestion for simplifying the language in the drowning protocol to make it easier to follow.
- Proposes using manufacturer recommendations for cardioversion doses, with a focus on starting at higher doses for unstable patients.

## Final Adjustments and Voting

- Suggestion for voting on the drowning protocol and other changes after making adjustments.
- Discussion on the need for clear language in the protocol to avoid confusion and ensure proper implementation.
- Emphasis of the importance of provider judgment and flexibility in using protocols.
- The group agrees to rework the protocols and bring them back for final approval.

## Discussion on BLS Training and Legal Concerns

- Discussed the department's request about Red Cross or AHA training, noting the difference in training methods and the legal concerns some staff have about using different methods.
- Suggestion of removing synchronized cardiac sequences and C notes, questioning their necessity.
- Explains the rationale behind including synchronized mode and the potential confusion it might cause for some staff who might not refer to the notes.
- The conversation touches on the need to rework the training materials to align more closely with ACLS standards.

## Adjustments to Training Materials and Dose Guidelines

- Group proposes reworking the training materials to make them more ACLS-like and seeks input on whether to bring them back as is or rework them.
- The group suggests using ACLS doses, which is agreed upon by the group.
- Group discusses the need to liberalize fluid use in training, allowing for up to 1000 milliliters, with a repeat dose if necessary.

- The group discusses the need to pull mechanical CPR devices for reworking and decides to approve the other changes either as written or amended.

### **3. ITEMS FOR NEXT AGENDA**

SGAs for EMTs, Pediatric SGAs for Paramedics, Mechanical CPR devices, and OB protocols.

### **4. PUBLIC COMMENT**

None

### **5. ADJOURNMENT**

**Action: Heidi Hutchison moved to move the protocols and policies forward to EMCC. Stefan Teitge seconded. Motion carried unanimously.**

Stefan Teitge adjourned the meeting at 11:12 am



