

DRAFT

Operations Subcommittee of the Emergency Medical Care Committee



Meeting Minutes

Thursday, December 5th, 2024

SLO EMSA Conference Room – 2995 McMillan Ave, Suite 178, San Luis Obispo

Members		Staff	
<input checked="" type="checkbox"/>	CHAIR Jay Wells, Sheriff's Department	<input checked="" type="checkbox"/>	STAFF LIASON Ryan Rosander, EMS Director
<input checked="" type="checkbox"/>	Tim Nurge, Ambulance Providers	<input checked="" type="checkbox"/>	Bill Mulkerin, MD, Medical Director
<input type="checkbox"/>	Scotty Jalbert, OES	<input checked="" type="checkbox"/>	Rachel Oakley, EMS Coordinator
<input type="checkbox"/>	Jennifer Mebane, Med-Com	<input checked="" type="checkbox"/>	Eric Boyd, EMS Coordinator
<input type="checkbox"/>	Adam Forrest, MD, Hospitals	<input checked="" type="checkbox"/>	Kaitlyn Blanton, EMS Coordinator
<input type="checkbox"/>	Kris Strommen, Ambulance Providers	<input checked="" type="checkbox"/>	Alyssa Vardas, EMS Administrative Assistant
<input checked="" type="checkbox"/>	Rob Jenkins, Fire Service		
<input type="checkbox"/>	Lisa Epps, Air Ambulance Providers		
<input type="checkbox"/>	Dennis Rowley, Air Ambulance Providers		
<input type="checkbox"/>	Jon Ontiveros, CHP	Public	
<input type="checkbox"/>	Deputy Chief Sammy Fox, Fire Service	<input type="checkbox"/>	
<input type="checkbox"/>	Roger Colombo, Field Provider, Paramedics		
<input checked="" type="checkbox"/>	Chief Dan McCrain, Fire Service	<input checked="" type="checkbox"/>	Shannon Wilkinson, SLOSO
<input type="checkbox"/>	Chief Casey Bryson, Fire Service	<input checked="" type="checkbox"/>	John MacDonald, SLOFD
<input type="checkbox"/>	Vacant, Law Enforcement		
<input type="checkbox"/>	Heidi Hutchison, M.D., Hospitals		
<input type="checkbox"/>			

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
CALL TO ORDER—9:00 am	
Introductions	
Public Comment – None	
APPROVAL OF MINUTES – R. Jenkins motioned, D. McCrain 2nd. Approved.	
DISCUSSION ITEMS	
<p>Review of Policy, Protocol, and Procedure Revisions:</p> <p>SLOEMSA proposes a policy that addresses the need for paramedics to assist patients with their emergency medications. Several stakeholders have approached SLOEMSA with a request to incorporate catchment areas into the STEMI and Trauma destination policies. SLOEMSA proposes adding a 500mL fluid bolus (with repeat) within the Universal Protocol. This would eliminate the need for paramedics to call a base hospital for orders to administer fluids. SLOEMSA is revising the anaphylaxis protocol as there has been an increase in patients being brought to the ED without EPI administered. San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) developed several PSFA policies and procedures, primarily for law enforcement agencies that request to utilize the optional skill of naloxone administration. The purpose of the new PSFA program approval policies is to align the applicable programs with California State regulations that apply to all Public Safety personnel in SLO County (peace officers, firefighters, and lifeguards). It was determined that stakeholders need to be discussed before drafting revisions to EMS personnel policies. The EMS Agency intends to clarify the intent of the suggested revisions listed below and allow for more items to be suggested and captured in new draft policies.</p> <p>Discussion</p> <p>PSFA and CPR Training Program and PSFA and CPR Optional Skills:</p> <p>D. McCrain says changes are good.</p> <p>R. Jenkins says that the policy makes reference to app. fee. We would be the only LEMSA to charge a fee. I think we shouldn't be charging a fee for that.</p> <p>R. Jenkins says he thinks there is another way to look at this.</p> <p>I want to be cautious about creating another admin. burden. This policy and the EMT policy went down the road of elective skills. We should look at these things being authorized in the system and these should be the standard of care here. We authorize in the system and then these become part of the refresher/ renewal every year.</p> <p>R. Oakley asks are you suggesting eliminating records?</p>	R. Rosander

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<p>R. Jenkins says they should have training on it. B. Mulkerin asks if PSFA agencies would have training they want to do. D. McCrain says Morro Bay Harbor Patrol, the only ones they don't do is auto-injector/Narcan. B. Mulkerin says we should double-check that this won't create hardships. R. Oakley asks what if this application is to notify us of what they are Using/ doing. Maybe change it to a notification? J. Wells says I think having a standard to follow. I think creating too many tiers is difficult. Having to track what we or everyone else is doing is too much. D. McCrain says he agrees with Rob and that just having a standard is the way to go. T. Nurge asks when you talk about choosing who participates. Would it be training versus participating? R. Jenkins says everyone would be trained whether they use it or not. R. Oakley asks if we want to move the first one forward and bring this back?</p> <p>STEMI and TRAUMA Triage Policies 152 and 153:</p> <p>T. Nurge says you are just putting the STEMI and TRAUMA cutoffs into writing. R. Jenkins mentions that people look into things black or white, maybe put something in there as road conditions may change this. T. Nurge says El Campo is cutoff but use your best judgement. R. Rosander mentions he will put in wording for discretion. B. Mulkerin asks if Monterey has writing like that? Says its fine to put out there but there is risk because some people may misinterpret that.</p> <p>Policy 219, Assisting Patients with Emergency Medications:</p> <p>R. Jenkins mentions that policy 219 is mainly pertaining to school. B. Mulkerin says this is where most LEMSAs land. J. Wells says he has a concern about the influence factor about a specific med when that is not the only Emergency they could have. R. Jenkins mentions how there should be something about contacting base. R. Jenkins asks if it is worth putting in about BLS assisting with medications and what BLS can do?</p> <p>Protocol 611, Allergic Reaction/Anaphylaxis:</p> <p>R. Jenkins says the anaphylaxis protocol is the perfect example of why we need a standard. B. Mulkerin mentions that if it is anaphylaxis, you should give EPI J. Wells says how unfamiliarity in giving EPI is maybe driving the fear of giving it but that people should know to give it more. T. Nurge says that there are a lot of people who are scared about what EPI can do. B. Mulkerin says to change increase to raise suspicion. R. Rosander says it is more of a training thing. T. Nurge mentions how on the EMT skills sheet is has EPI and Narcan.</p> <p>EMS Personnel Policy Revisions:</p> <p>R. Jenkins says he wants elective skills to go away. B. Mulkerin says he is fine with that as he does not see a benefit to having local extra skills. R. Jenkins says electives was glucometer, CPAP epi, and maybe Narcan. Its not in regulation and makes it confusing. Says to get rid of fees for PSFA. D. McCrain mentions adding something about dates for skills. R. Jenkins says we used to do all skills at APR. I would propose the backup sheet go away. I like the skills coming back to the Update class. Says maybe having FTOs at the class. Having FTO sat the class and having them help with skills at the update class. R. Oakley says If they do them in the field that could be a sign-off. J. Wells says pressure is a huge component Of it. R. Rosander mentions about if failed first time, have to do something else. D. McCrain mentions how base station meeting are a waste of time since what is put on is the same as Target Solutions. R. Oakley says we should look at the base station contracts. R. Jenkins mentions putting something in of if they can't review calls we should look at the relevance of them. It should be a call review.</p>	

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<p>J. Wells says there is good benefit of reviewing the calls with those that were actually on the calls.</p> <p>D. McCrain says they could review agency or system issues.</p> <p>R. Oakley says it is a Base Station requirement.</p> <p>R. Jenkins says if they aren't doing actual call review then there is no value to them.</p> <p>R. Rosander says if they have to do this then they need to go over bulletins and calls.</p> <p>R. Jenkins mentions how the paramedic lapsing plan used to come from EMSA but now it comes from them and that when dealing with labor unions it is helpful to have something to fall back on.</p> <p>D. McCrain says that it could be as simple as leave of absence employees will follow a return to work plan.</p> <p>Motion to Approve Items moving forward</p> <p>Future Agenda Items: MCI Policy, QI, Base station Meetings, AED policy, and Narcotics policy.</p>	<p>R. Jenkins motions / J. MacDonald seconds / Approved.</p>
ADJOURN – 10:55 am	
<p>Next Meeting: February 6, 2025, 09:00 A.M.</p> <p>Location: SLO EMSA - 2995 McMillan Ave, Suite 178, San Luis Obispo</p>	