

# Operations Subcommittee

Meeting October 2, 2025  
2995 McMillan Way, Suite 178  
San Luis Obispo, CA 93401



## MINUTES

### MEMBERS PRESENT:

Tim Nurge, Ambulance Providers  
Rob Jenkins, Fire Service  
Kris Strommen, Ambulance Providers  
Anthony Gutierrez, Fire Service  
Scott Hallett, Fire Service

### MEMBERS ABSENT:

Chair Jay Wells, Sheriff's Department  
Scotty Jalbert, OES  
Jon Ontiveros, CHP  
Dan McCrain, Fire Service  
Jennifer Mebane, Med-Com  
Adam Forrest, Hospitals  
Dennis Rowley, Air Ambulance providers  
Lisa Epps, Air Ambulance Providers  
Heidi Hutchison, Hospitals

### EMS AGENCY STAFF PRESENT:

Alyssa Vardas, EMS Administrative Assistant  
Rachel Oakley, EMSA  
Ryan Rosander, EMSA  
Bill Mulkerin, EMS Medical Director

### EMS AGENCY STAFF NOT PRESENT:

Kaitlyn Blanton, EMSA  
Eric Boyd, EMSA

### PUBLIC COMMENTORS:

Dusty Renner, SLOCITY  
Clayton Cullen, SLO Sheriff's  
Becky Watson, SLO Sheriff's  
Armando Gutierrez, Fire Service

## 1. CALL TO ORDER

Chair Jay Wells called the meeting to order at 8:56 a.m. He led the review of the meeting protocols and the meeting agenda.

## 2. REVIEW AND APPROVAL OF April 3rd, 2025, MINUTES

**Action: Rob Jenkins moved approval of April 3rd, 2025, Operations Subcommittee Meeting Minutes. Dusty Renner seconded. The motion carried unanimously with no abstentions.**

### **3. Protocols/Policies**

The meeting covered several key EMS policies and protocols. The leave-behind Narcan policy was approved, offering free pre-made kits from the county opioid safety council. The mechanical CPR devices, such as LUCAS and Auto Pulse, were discussed for their benefits in CPR efficiency and safety. The optional skills policy for EMTs to use SGAs was introduced, including pediatric SGAs. The AFib protocol was updated with stable, unstable, and extremis categories, emphasizing paramedic discretion. The drowning protocol was also reviewed, highlighting the importance of ventilation and avoiding unnecessary C-spine immobilization. Future agenda items include dive protocols, trauma steps, and MCI policy updates.

#### **Leave Behind Naloxone:**

- Discussed the leave behind Narcan policy, which allows EMS agencies to leave Narcan on any call, not just those related to opiate withdrawal.
- The county opioid Safety Council offers pre-made bags containing fentanyl testing strips, Narcan, and literature matching the California Bridge Program, which are available for free
- Questions are raised about the documentation requirements for leaving Narcan and the flexibility of the policy.

#### **Mechanical CPR:**

- introduces mechanical CPR devices, such as LUCAS and Auto Pulse, which are optional but recommended for safety and efficiency.
- The devices are beneficial for CPR, which typically requires three people, reducing the need for multiple personnel.
- Training for these devices is available from the manufacturers, and the county is willing to support agencies in procuring and using these devices.
- The policy includes considerations for cardiac arrest and traumatic arrest, with some contraindications for the latter.

#### **Supraglottic Airway:**

- discusses the optional skills policy, which allows EMTs to utilize SGAs, as approved by the SLO EMS agency.
- The policy includes the use of SGAs for both adults and pediatrics, with specific sizes and training requirements.
- The policy aims to provide EMTs with the ability to utilize SGAs, which are considered essential for cardiac arrest management.
- The discussion includes the need for clear expectations and training for EMTs and paramedics in using SGAs.

#### **Universal:**

- introduces the universal protocol, which includes the ability to give up to a liter of

fluid for patients with hypotension or no intensive care.

- The policy allows for the administration of 500 cc boluses for patients with hypotension or no intensive care, similar to other lenses in the state.
- The policy includes considerations for leave behind Narcan and the use of SGAs in various protocols.
- The discussion includes the need for clear documentation and training for the use of these protocols.

#### Drowning Protocol:

- The protocol includes specific care priorities for drowning, such as ventilation and reoxygenation, and avoids unnecessary C-spine immobilization.
- The protocol emphasizes the importance of prolonged resuscitation and transport and includes specific guidelines for reporting and consulting appropriate base stations.
- The discussion includes the need for clear and specific guidelines for drowning care, including the use of SGAs and the importance of ventilation.

#### A-Fib:

- The protocol allows for the consideration of Versed and cardioversion for unstable and extremis patients, with specific guidelines for each category.
- The discussion includes the need for clear documentation and training for the use of the AFib protocol, and the importance of paramedic discretion.
- The protocol aims to provide clear guidelines for the management of AFib, including the use of fluids and the consideration of Versed.

#### Helicopter Policy:

- The policy aims to increase the utilization of helicopters and provide clear guidelines for their use in various scenarios.
- The discussion includes the importance of preparing for the potential departure of Mercy Air and the need for a backup plan for helicopter services.
- The policy includes the ability for paramedics to request helicopters for patients with severe burns or other critical conditions, even if they are not within the expedited launch zone.

#### 4. **ADJOURNMENT**

#### 5. **Action: Rob Jenkins moved to approve. Anthony Gutierrez seconded. The motion carried unanimously.**

Adjourned the meeting at 10:04 a.m.

