

**Emergency Medical Care Committee
Meeting Minutes
Thursday November 30th, 2023
2995 McMillan Ave, Ste 178, San Luis Obispo**



Members

- CHAIR Jonathan Stornetta, Public Providers
- VICE CHAIR Dr. Brad Knox, Physicians

- Bob Neumann, Consumers
- Alexandra Kohler, Consumers
- Matt Bronson, City Government
- Chris Javine, Pre-Hospital Transport Providers
- Michael Talmadge, EMS Field Personnel
- Dr. Rachel May, Emergency Physicians
- Jay Wells, Sheriff's Department
- Julia Fogelson, Hospitals
- Diane Burkey, MICNs

Ex Officio

- Vince Pierucci, EMS Division Director
- Dr. Bill Mulkerin, LEMSA Medical Director

Staff

- Rachel Oakley, EMS Coordinator
- David Goss, EMS Coordinator
- Ryan Rosander, EMS Coordinator
- Denise Yi, PHEP Program Manager
- Alyssa Vardas, Administrative Assistant

Guests – Rob Jenkins, CALFire; Pete Gaviitz, CHP, Doug Weeda, CHP

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	The meeting called to order at 08:35 AM
Introductions	
Public Comment	No comments
Approval of Meeting Minutes –	No quorum
<p>Staff Report for revisions to policy #343, Field Training Officer (FTO) Program:</p> <ul style="list-style-type: none"> • The EMS Agency felt it was time to update the FTO policy due to an increase in call volume and the need to increase the available number of FTOs. • Policy #343 was brought to the Operations Subcommittee with the recommended revisions implemented to enhance the overall success of the Field Training Officer program within the county. The Operations Subcommittee recommended it be brought to the Emergency Medical Care Committee for review. • The proposed revisions are as follows: <ul style="list-style-type: none"> • Establishing an FTO I and an FTO II • FTO I and FTO II duties and requirements • FTO liaison duties • Process/requirements for application/reapplication for all FTOs. • Continuing requirements for FTO I & II. <p>Discussion:</p> <p>M. Talmadge – Those minimum qualifications apply to all FTOs correct?</p> <p>R. Rosander – FTO liaison is the main point of contact with the EMS Agency.</p> <p>B. Knox – Is there a reason the score is 80%? Shouldn't it be higher?</p> <p>R. Rosander – Current is higher, and we can put it higher.</p> <p>B. Knox – How about 90%?</p> <p>R. Rosander – not many get 90%.</p> <p>D. Burkey – How many questions?</p> <p>R. Oakley – 90, around 40 get randomly selected.</p> <p>C. Javine – What about Grandfathered FTOs?</p> <p>R. Rosander - The first two years are catching up to speed and having them take a test to move into the FTO II spot.</p> <p>M. Bronson – Is there a fiscal impact to this?</p>	R. Rosander

<p>V. Pierucci – The only fiscal impact is to pay the FTOs. B. Neumann – How many FTOs are we currently running? R. Rosander – Not many. B. Knox – Would training fall into the FTO category? C. Javine – No. V, Pierucci – No. C. Javine – Should we change it to the national standard course? J. Stornetta – Could we utilize track changes in the future?</p> <p>Motion to approve with changes.</p>	<p>Motion to approve: J. Stornetta, B. Knox Second. All in favor.</p>
<p>The staff report for the addition of Amiodarone:</p> <ul style="list-style-type: none"> • Amiodarone was found to be an improvement for out-of-hospital cardiac arrest patients and patients experiencing Ventricular Tachycardia Pulse. • Amiodarone was brought to the Clinical Advisory Subcommittee and the Operations Subcommittee to follow ACLS and Other LEMSAs. • Amiodarone is ready to be implemented following the recommendation of the EMCC. • <p>Discussion:</p> <p>M. Talmadge – Are we still going to be stocking Lidocaine if this is going to be implemented? B. Knox – Neither Amiodarone nor Lidocaine has been shown to have a clear impact on survival with good neurologic outcomes. Having said that, though, I am in support of this change to maintain consistency with ACLS. R. May – There is no proof that Amiodarone supports continuous life after discharge, I think it could help and that there are benefits but there are other things out there. D. Burkey – Are there other counties doing the dual sequential defibrillation and vector change defibrillation? V. Pierucci – Kern County. R. May – I want to request that we hold up the Amiodarone change so we can add language to the cardiac arrest protocol to address these. B. Knox – I think the consensus is that we don't want to hold up this change for an entirely different discussion that is best had through standard channels at the Clinical Advisory Committee and then brought to EMCC. V. Pierucci – We can move forward with Amiodarone before talking about others later.</p> <p>Motion for approval.</p>	<p>D. Goss</p> <p>Motion to Approve: B. Knox, second: C. Javine.</p>
<p>EMSA Director Report:</p> <p>EMS Medical Director Report: I am getting up and running in this new position and please feel free to reach out. We are still seeing medication shortages.</p> <p>PHEP Staff Report: Nothing to report.</p>	<p>V. Pierucci</p> <p>B. Mulkerin</p> <p>D. Yi</p>
<p>Announcements: None</p>	
<p>Future Agenda Items: None</p>	<p>Adjourn at 9:53 AM.</p>
<p>Next Regular Meeting The next meeting is tentatively set for Thursday, January 18th, 2024, at 08:30 AM at the EMS Agency.</p>	

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