

**Emergency Medical Care Committee
Meeting Minutes
Thursday May 16th, 2024
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

- Dr. Penny Borenstein, Acting EMS Division Director
- Dr. Bill Mulkerin, LEMSA Medical Director

Staff

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

Guests – Rob Jenkins, Natasha Lukasiewich

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	The meeting called to order at 08:34 AM
Introductions	
Public Comment	No comments
Approval of Meeting Minutes –	Minutes approved, J. Stornetta abstained.
<p>Staff Report for revisions for Protocol #602, 641, 661, and Procedure #717, 718 Revisions:</p> <ul style="list-style-type: none"> • SLOEMSA has decided to send SGA, ETI, airway management, and atraumatic/traumatic cardiac arrest management back through the committee process for clarification surrounding when to initiate them. • Removed language surrounding first visualizing a patient's airway/vocal cords before determining which ALS airway to utilize. • Revised ETI indications to include cardiac arrest regardless of ROSC. • Removed situations where the airway cannot be maintained by BLS techniques from the indications list. • Added after the second ETI attempt the provider shall proceed to SGA. • Added PCR documentation if ALS airway cannot be established. • Adding provider discretion to ETI or SGA utilization but shall utilize ALS airway. <p>Discussion:</p> <p>R. May – I propose that after the first attempt, we would move to SGA. M. Talmadge – As long as it is not multiple attempts per provider. R. May – Are we not going to consider a BLS airway at all? B. Mulkerin – The preference is not to stick with a BLS airway, the goal is an ALS airway. B. Knox – For cardiac arrest patients there wouldn't be a preference. J. Stornetta – We should give a little credit to our providers. B. Knox – I think the notes section does show that we want to encourage our medics to make their own judgment. R. May – I would just change the language and remove shall and use consider. I would say SGA during cardiac arrest is indicated at provider discretion in the notes section of 718.</p>	R. Rosander

<p>R. Jenkins – In most counties that have SGA, it is a BLS skill. That means that medics are arriving to an SGA already in place. R. May – My motion would be to change shall to consider and SGA during cardiac arrest is indicated at provider discretion. M. Talmadge – I am in support if it is a more emphasized consider. J. Stornetta – I support it if it is taught in the Airway Lab and by FTOs.</p> <p>Motion to approve with changes.</p>	<p>Motion to approve: R. May, C. Javine Second. All in favor.</p>
<p>EMS Medical Director Report: Airway Lab is coming up on June 20th</p> <p>PHEP Staff Report: Nothing to report.</p>	<p>B. Mulkerin</p> <p>M. Craig-Lauer</p>
<p>Announcements: The Adventist Health acquisition has been good so far.</p>	<p>B. Knox</p>
<p>Future Agenda Items: None</p>	<p>Adjourn at 9:14 AM.</p>
<p>Next Regular Meeting The next meeting is set for Thursday, July 18th, 2024, at 08:30 AM at the EMS Agency.</p>	

DRAFT