

STANISLAUS COUNTY EMS EDITORIAL

Issue 1: News in Stanislaus County



On July 1st, 2023 Stanislaus County EMS Agency accomplished its first year as a Local Emergency Medical Services Agency (LEMSA). Stanislaus County staff are working diligently to move the dial to become the best EMS System of Care in the State of California. Our goal is to better serve the needs of residents in Stanislaus County by working collaboratively with hospitals and ambulance providers to improve and maintain the quality of prehospital care that is available locally. The Agency's specific roles and responsibilities are defined by statute, regulations, state guidelines, and Stanislaus County. Central to these activities is the concept and commitment to effective patient care. We ensure that all Advanced Life Support (ALS) responders and Basic Life Support (BLS) responders are properly licensed and certified to give the highest quality care to those in Stanislaus County. Working in prevention and quality assurance to review cases, develop appropriate policies and implement continuous quality improvements to the emergency response system. Our Agency is striving toward the implementation of an EMS system, which balances the unique skills and interests of participating organizations and providing a coordinated system of emergency medical care.

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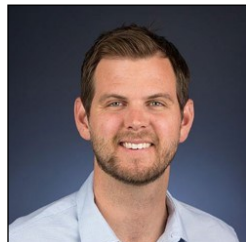
Who We Are

Richard Murdock **Stanislaus County Sheriff's Chief of Emergency Services**



Richard Murdock began his career with Stanislaus County on March 5, 2018, as the Chief of Emergency Services, which is a division of the Sheriff's Department. Stanislaus County Emergency Services Division provides oversight of the Fire Warden's office, Emergency Management, County Security, and the Emergency Medical Services Agency. Prior to Stanislaus County, Richard worked as the Executive Director for Mountain-Valley Emergency Medical Services Agency (MVEMSA), which was responsible for management, oversight, monitoring, and implementation of Emergency Medical Services (EMS) for a 5 County Joint Powers Authority (JPA) agency with authority over Alpine, Amador, Calaveras, Mariposa and Stanislaus Counties. Prior to MVEMSA, Richard was employed in the fire service with Florin Fire Department, which regionalized in 1998 to become Sacramento Metropolitan Fire District. Richard retired from Sacramento Metro Fire District. Richard also previously worked in EMS as a Paramedic and Paramedic/EMT Instructor. Richard has been activated and deployed to numerous emergency disasters/ incidents over his 35+ year career in Fire, Emergency Medical Services and Emergency Management. Richard has a Bachelor of Science Degree in Healthcare Administration and has several certifications/credentials/licenses from EMS, Fire and Emergency Management. Richard has been married to his wonderful wife Michelle for the past 35 years. Richard and Michelle have three adult children and six grandchildren.

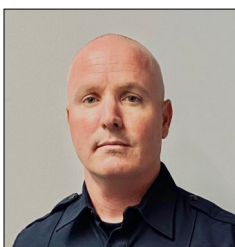
Dr. Alex Schmalz, MD **Medical Director- Stanislaus County EMS Agency**



I love EMS because I love working with and taking care of people. I constantly try to connect our work in EMS to the foundational purpose of helping take care of the people in our communities and the people in our EMS system. This connection to purpose has led me to a wide variety of EMS experiences. I started in EMS as an Emergency Medicine resident at UC Davis during the covid pandemic by working with Sacramento Metropolitan Fire to create and staff 7 Mobile Integrated

Health units designed to treat low acuity 911 calls and respond to Covid 19 surges. I then went to New York City during the initial surge and ran an ICU taking care of critically ill patients in an overwhelmed hospital in the epicenter of the pandemic. After returning I began working at Sutter Sacramento as an Emergency Medicine attending and I also served as an attending physician and Chief Medical Officer for several projects for the state of California Emergency Medicine Services Authority (EMSA) including a covid surge hospital in Sacramento, a covid infusion center in San Diego, a covid treatment center in Los Angeles, and a refugee health center in San Diego that provided medical screening and care to several hundred patients per day. I then became the Medical Director for Sacramento Metropolitan Fire District, the state's 5th largest Fire District. At Sacramento Metropolitan Fire I've been fortunate to be part of an innovative and compassionate team that strives to improve the care for the community and create a culture that celebrates the great work of the women and men on the front lines. As Medical Director I've focused on education and creating lasting relationships with staff on the front line and administrators in the fire service as well as the hospital system. I've focused on innovative solutions such as expanding pain control options for medics, creating an educational video series for EMTs and paramedics, initiating and growing a single role paramedic program, starting Sacramento's first BLS tiered response, and building our Mobile Integrated Health program (which is on pace to double its call volume for the 2nd consecutive year). In my free time I love to backcountry snowboard, surf, garden, road trip and spend time with my 2 dogs and my family. I'm elated to be the Medical Director for Stanislaus County EMS and can't wait to see what we can accomplish together.

Chad Braner **Director - Stanislaus County EMS Agency**



Chad began working for Stanislaus County in June of 2022 as the Director of the Stanislaus County Emergency Medical Services Agency. Chad was born and raised in Modesto, and became acutely interested in EMS after witnessing his neighbor collapse from a massive heart attack, subsequently watching the ambulance and fire crews work to save his life. After this incident, Chad enrolled and obtained his EMT—only to put that on hold to attend college at Fresno State University. After returning from college with a Bachelor of Science degree, Chad had hopes to begin his career in EMS. After applying with AMR, for an EMT position, he was somehow offered a position as a 911 dispatcher. Two years later, Chad was able to transfer to the field as an EMT, for AMR in Turlock. In between this time, Chad obtained the necessary credentials to teach 3rd grade to assist his sister, after she had twins early. From there, Chad taught both 3rd grade and 5th grade levels—before leaving the teaching realm entirely to attend Paramedic School. As his career progressed, he became a Paramedic, and later FTO, with AMR before moving into management overseeing Clinical Education Services (CES). He then transitioned his career to air, as a Flight Paramedic for PHI Air Medical, a local Air Ambulance Operation. Chad currently resides in Oakdale, with his two children. In his spare time, Chad gets to go to all his kids youth sporting events, or play whatever they want to play.

Dr. Samantha Brown, MD **Assistant Medical Director - Stanislaus County EMS Agency**



Dr. Brown is a native of Sacramento, and has always had a strong passion for EMS. She started her educational journey at California State University, Sacramento where she graduated Summa Cum Laude with a Bachelor's of Science in Health Sciences, concentrated in Occupational Health and Safety in 2013. She then completed her

Doctor of Medicine at Eastern Virginia Medical School in Norfolk, VA and then her Emergency Medicine Residency at University of California, Davis. Most recently, Dr. Brown completed an Emergency Medical Services (EMS) Fellowship at UC Davis, where she spent a year learning about medical direction and oversight in the prehospital setting, including weekly ride-alongs with Sacramento Fire Department, AMR and REACH and county level oversight in Sacramento and Yolo County EMS authorities. She currently works in the Emergency Department at UC Davis Medical Center as an Assistant Clinical Professor of Emergency Medicine and the Associate Program Director for the EMS Fellowship. Dr. Brown is a former EMT. Most of her experience is based in event medicine volunteering for an organization called Rock Medicine, which provides free medical care at concerts and events in Sacramento and Bay Area. Starting at the age of 15, she has worked through all levels of the organization—supply/logistics, EMT, field team leader, Supervisor and now most recently as a Physician. When not working, Dr. Brown enjoys spending time with her husband and 2 sons, particularly working on their American Ninja Warrior skills!



Who We Are

Justin Murdock- EMS Coordinator I



Justin is a paramedic in Stanislaus County, where he has served within the EMS industry for 13 years. Justin has been working in his current role as the STEMI and Stroke Coordinator providing oversight of the programs in Stanislaus County since 2020 and was hired by Stanislaus County EMS Agency in June of 2022, when the new single county Local EMS Agency was established. Justin's roles encompass oversight of the Stroke and STEMI systems of care performance evaluation and quality improvement, and he also oversees the EMS disaster preparedness program. Justin often prefers to be at home, playing videogames, or watching his favorite TV shows and movies while he spends time with his three children, and beautiful wife of 10 years.

David Murphy- EMS Coordinator II



Dave Murphy is the Quality Improvement (QI) and Trauma Coordinator for Stanislaus County EMS Agency. Dave has 34 years of experience in EMS working primarily in Stanislaus County from 1989 thru 2018. Dave worked as a Paramedic for AMR and volunteered for Turlock Rural Fire until 2018. In August of 2017 Dave went to SEMSA/Riggs Ambulance as the Clinical Manager for Riggs and then was promoted to Clinical Director for SEMSA. Dave worked for SEMSA for 6 years learning about QI processes and implementing them at SEMSA. Dave started at Stanislaus EMS Agency in October 2022, and is actively working to implement the QI processes to improve the quality of care given to the citizens of Stanislaus County. Dave lives in Turlock and has been married to his wife Lori for over 30 years and they have 3 adult boys, Ryan, Josh and Zach. Dave recently earned his Associates degree in Business Administration and is working on completing his Bachelor's degree. Dave and his wife enjoy working on home improvement projects, volunteering at their church, riding their e-bikes and traveling with family and friends.

Ashley Baker- EMS Data Analyst



Ashley Baker has served the county of Stanislaus since August 2017. She began her career as an Administrative Clerk within the Health Services Agency before moving into an Assessment Technician role at the Assessor's office. In October 2022 she joined the team at the Stanislaus County EMS Agency as an EMS Technician and recently promoted into the EMS Data Analyst position. Within this role, she is acquiring a more in-depth understanding of the sets of data which drive the LEMSA and the EMS personnel community towards achieving its patient care and CQI/QA goals. Ashley aids in oversight of EMS Continuing Education Provider applications and the approval and monitoring of EMS Personnel Training programs. Additionally, she assists with Non-Emergency Interfacility Transfer provider applications. Ashley has begun familiarizing herself with Hospital Preparedness to better understand disaster response on a local, regional, and state level, with an emphasis of the LEMSA's vast participation during a variety of incident circumstances. Originally from Tracy, California, she and her two children, Trevor and McKenzie currently reside in Patterson. She enjoys spending time outdoors, practicing yoga, and reading. Ashley is consistently appreciative of the opportunity to contribute to the overall wellness within the community through the guidance, expertise, and dedication of the team at the Stanislaus County EMS Agency.

Amanda Breaux- EMS Clerk III



Amanda has been working for the Stanislaus County EMS Agency for nine months. Amanda assists with the day to day administrative needs of our fully energized office, aids in processing various accreditation and licensing applications, manages social media, and is assisting with the development of our upcoming website. Raised in Sonora, she has previously worked for Tuolumne County in the County Administrator's Office, Office of Emergency Services, and the General Services Agency as an Administrative Assistant and General Services Clerk. Amanda enjoys videogames and exploring the Stanislaus National Forest. She spends her free time playing disc golf and camping with her husband and two dogs.

What Do We Do?



Personnel and Training

We are responsible for developing policies for local licensed, certified, authorized or designated prehospital personnel

Communications

Our goal is to foster a culture among members of the prehospital community that encourages open discussion, appropriate self-criticism, and provides opportunity for all system participants to express their position on specific issues

Transportation

We license/designate agencies under specific statutes, ordinance codes, or policies. We monitor and enforce compliance with transportation provider performance standards

Assessment of Hospitals & Critical Care Centers

We review capabilities of local emergency departments and determine appropriate patient destinations for prehospital calls

System Organization & Management

We develop, implement, and update the emergency medical services plan for the local EMS area. This process allows the involvement of EMS system organizations and the community in the planning and decision making process

Data Collection & System Evaluation

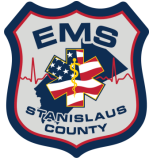
We integrate all levels of available operational and medical information for system monitoring and reporting, quality improvement, research, and strategic planning

Public Information & Education

We participate in providing public information and education programs to promote wellness, injury prevention, and EMS system awareness

Disaster Medical Response

We develop medical disaster and multi-casualty procedures which are based on the incident command system principles and are compliant with the National Incident Management System (NIMS) and the CA Standardized Emergency Management System (SIMS). NIMS and SIMS facilitate integration of all components of the emergency medical services system



FAQs: Authorization, Certification, Accreditation

How do I submit my application?

- ⇒ **Applications are submitted through our online portal. To submit an application, you will need to create an account or log in. All application information is listed on our website. If you need assistance, please contact us or come by our office! We are glad to answer any questions you have!**

How long before my expiration date do I need to submit my application?

- ⇒ **Applications must be submitted 30 days prior to expiration to guarantee processing by your renewal date.**

What file format can be submitted with my online application?

- ⇒ **All documents must be legible to be accepted. You can upload documents in the following common formats:
(PDF, JPEG, JPG, DOC, DOCX, see application for complete list)**

When will I receive my license card(s)?

- ⇒ **Your card(s) will be mailed to the address you enter on your application within 3-5 business days after the issue date. Please double check your mailing address before submission.**

Visit stanems.com

Handtevy Mobile App

Implementation begins 2024

In researching mobile EMS capable or compatible applications for providers, most vendors offer basic applications. Having one's policies and protocols uploaded via pdf format to be viewed is common amongst most EMS mobile applications, except for the mobile app Handtevy. Handtevy provides direct interactive integration of our specific protocols, medications, and equipment for use on any emergency call types. Handtevy utilizes proprietary medication management software to allow ambulance providers the ability to create custom medication and equipment guides for their specific agency. This customization provides accurate dosing and equipment usage on emergency calls that are dependent on age or weight. The interactive changes to medication routes decreases medication errors in stressful situations, resulting in better quality of prehospital care.

Customizes dosing of medications and equipment based on age and/or weight

Refined menu for medications, electrical dose and equipment with specified protocol nature

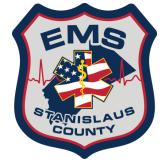
Customizes to our specific protocols and policies

Rapidly records and timestamps treatments for documentation integration post call

Compliant with AHA guidelines, including ACLS and PALS integration

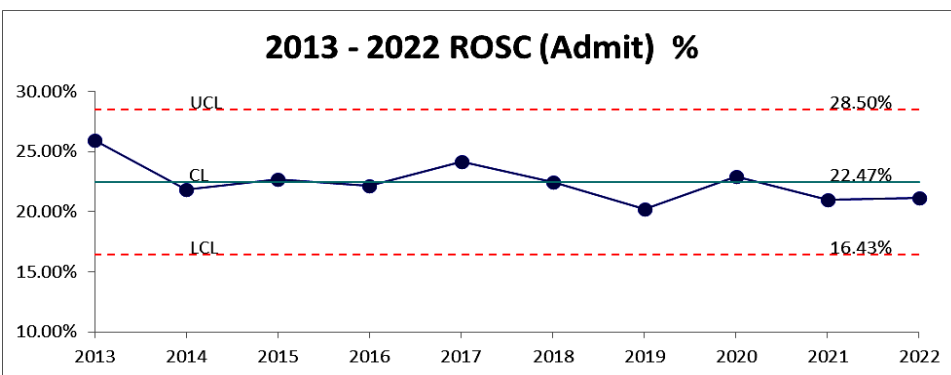
Quality Improvement

Epinephrine and Cardiac Arrests



Cardiac arrests have had many changes in what Quality Improvement focused on for evaluation of EMS treatment. In the earlier years of cardiac arrest treatment, heavy focus was placed on establishing an airway, in which CPR would intentionally be halted for an intubation attempt! Through years of qualitative data analysis, we now know that continuous CPR is truly the star of the show in these medical emergencies. In February of 2022 there was a serious shortage of Epinephrine (Epi) availability in the U.S., therefore Stanislaus County's Medical Director, Dr. Kann made the decision to reduce both the single dose and total dosage for Epi in cardiac arrest. Dr Kann changed the single dose of Epi from 1.0 mg to 0.5 mg and set the total dose of Epi in a cardiac arrest to a max of 3.0 mg when previously there was no total maximum dose. This major change in the use of Epi in cardiac arrests was predicated on the thought that high-quality CPR saves lives. Many EMS personnel have shown interest and curiosity towards the outcomes, post a reduced Epi policy change. Did this impact our community and is the change of the use of Epi in cardiac arrest something that will remain in Stanislaus County protocols? The change is still under review, but evaluation of our data is showing that there may not be as much of a mortality change as previously thought. Starting in 2013, Stanislaus County EMS has participated in the Cardiac Arrest Registry to Enhance Survival (CARES) national database. This database was established to collect

standardized data on cardiac arrest patients to help communities collect, analyze, and identify interventions to improve survival from cardiac arrests. The CARES data is extracted directly from the ePCR for each non-traumatic cardiac arrest patient. Each provider is responsible to accurately document the care and events for each non-traumatic cardiac arrest, i.e., initial rhythm, time of first CPR, who initiated CPR, etc. If the patient is transported to a hospital, then the hospital enters data on the procedures and outcome of each patient, i.e., Targeted Temperature Management (TTM), cardiac stent placed, neurologic status at discharge (CPC score), etc. Each hospital in Stanislaus County participates in the CARES data collection process too. Let us look at the CARES data both prior to and after the change in the use of Epi in cardiac arrests. Historically, from 2013 Stanislaus County has had an average ROSC rate of 22.47% with a high of 25.97% in 2013 and a low of 20.25% in 2019. In 2022 Stanislaus



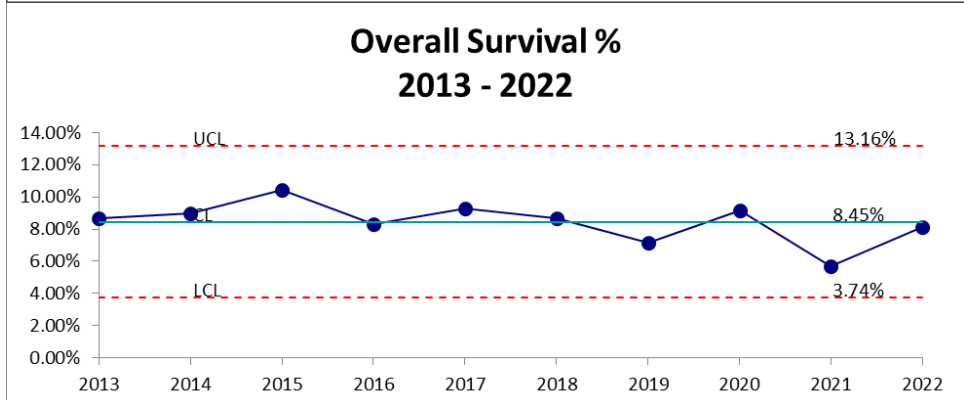
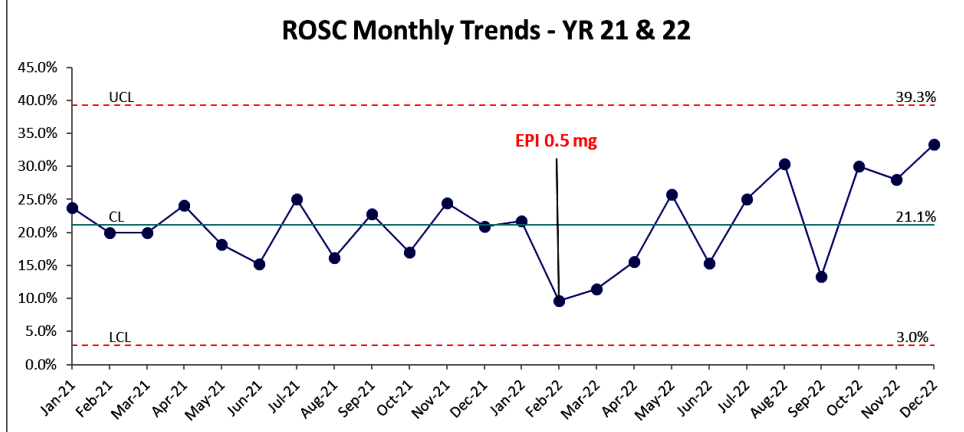
County had an average ROSC rate of 21.19%. The following control charts from CARES for monthly and yearly ROSC rates confirm this. More importantly, there was no major change in the overall survival rate of patients who suffer from sudden cardiac arrests. From 2013 Stanislaus County has an average survival rate of 8.45% with a high of 10.43% in 2015 and a low of 5.71% in 2021. For 2022 Stanislaus County had a survival rate of 8.14%. The data speaks for itself and reinforces that the change in Epi administration did not have a negative impact on the patients who have suffered from sudden cardiac arrest. After analysis of the data, Dr. Kann, and our new Medical Director Dr. Alex Schmalz, have decided to keep the reduced dosage of Epi in cardiac

	Stanislaus	California	National
ROSC %	21.19%	21.6%	24.9%
Survival %	8.14%	7.8%	9.3%

arrest in place and continue to monitor our trends, and cardiac arrest outcomes. Statewide, and even national data compares equally to Stanislaus County CARES data and confirms that we are right in line with state and national outcome statistics. This data also confirms that the change to reduce and limit Epi use in cardiac arrests is not a detriment to our patients, instead we

need to and focus on the pillars of good resuscitative efforts i.e., early detection, early defibrillation, early high-quality CPR, minimizing pauses in compressions, and a proper compression rate of 100-120. Practicing and perfecting these pillars are what will make the difference in patient outcomes! If you have any questions or would like to discuss the use of Epi in cardiac arrests, please contact me!

-David Murphy - QI/Trauma Coordinator



Stroke

Vision, Aphasia and Neglect (VAN)



Stroke care in an Emergency Medical Services (EMS) setting is a relatively new field, that is rapidly improving and evolving. EMS has young roots in comparison to fire or law enforcement and some of the treatments or assessments we have become accustomed to, are still relatively new in the medicine world. For example, it was only seven years ago in 2015, that the American Heart and American Stroke associations recommended endovascular thrombectomy as the standard method of treating patients diagnosed with an acute ischemic stroke, large vessel occlusion (LVO). While many hospitals recognize and treat large vessel occlusions, there are not many EMS systems that utilize a stroke severity scale, which allows prehospital personnel to recognize LVO's in the field. In October of 2020, the Local EMS Agency in Stanislaus County designated Doctor's Medical Center as a comprehensive stroke center and adopted a stroke severity assessment targeted at assessing cortical functions such as vision, aphasia, and neglect (VAN). While there are many stroke scales, VAN was chosen for its simplicity, efficacy, as well as its relation to the Cincinnati Prehospital Stroke Scale (CPSS). The significant value in using the VAN scale includes assessment of many different areas of brain function (figure 1), while retaining interoperability with the existing EMS system stroke scale, the CPSS. The VAN assessment works by starting with a CPSS, and patients are

scored with either a VAN positive, or VAN negative. To be identified as VAN positive, patients must have unilateral arm weakness, which is assessed and discovered during the initial CPSS assessment. If there is no unilateral weakness, then the patient is immediately VAN negative, and a large vessel occlusion is unlikely. However, if after discovering unilateral weakness the patient then shows deficit in either vision, aphasia, or sensory motor neglect**, we can assume that there is a high likelihood that this patient is suffering from a large vessel occlusion. Since implementation of the stroke severity scale, we have been tracking the efficiency, and

What do the different stroke scales assess?

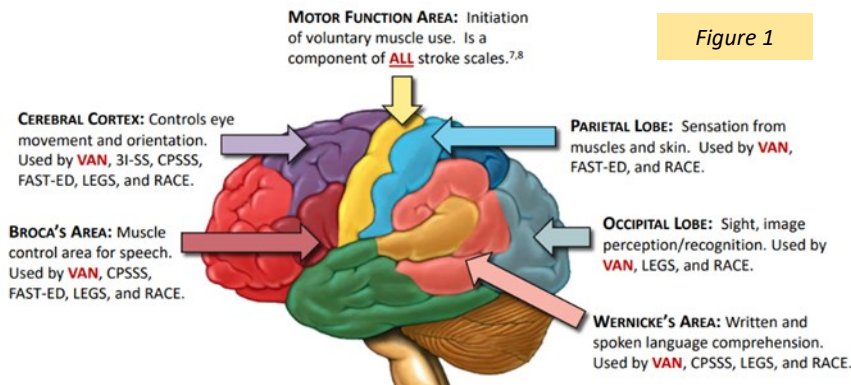


Figure 1

sensitivity of the VAN assessment. The first year of data collection has shown success, despite challenges that come with implementing a new process, training in new protocols, and learning a new assessment. Data was collected and tracked by Doctor's Medical Center Stroke team and monitored by the Local EMS Agency. The results have shown a 78.9% sensitivity for the calendar year of 2022, for a total of 71 LVO positive stroke patients. This means that for 2022, there were a total of 71 LVO positive patients transported by EMS to Doctors Medical Center, and out of those 71 patients, 56 were correctly identified as VAN positive and documented by Stanislaus County EMS crews. After assessment of the first few quarters worth of data, EMS educators placed additional emphasis on training and documentation of the VAN scale. The fruits of their labor have improved our identification of LVOs in the field. Our most recent set of data from quarter one of 2023, shows that out of 19 large vessel occlusion patients transported to DMC, 18 were correctly identified by EMS producing a 94.7% VAN assessment sensitivity! Utilization of the VAN assessment is under continuous evaluation and while the data shows early signs of promise, it still requires review to determine if it best suits our EMS system, and community. Proper documentation of stroke scale findings is a key component that we can do as EMS professionals, to allow for proper stroke assessment data collection and evaluation. Thank you all for the hard work and dedication you provide to improve the EMS system in Stanislaus County!

EMS Stroke Assessment	2023 Q1	2022
VAN Sensitivity	94.7 %	78.9%
	18/19	56/71

** For more information on VAN assessment, visit www.strokeVAN.com

Mobile Crisis Response Team



Behavioral Health and Recovery Services

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Program Goal

The Mobile Crisis Response program will provide joint mobile crisis response and intervention services for children and adults experiencing behavioral health crises within the Stanislaus County. The goal is to provide rapid, crisis intervention response to calls for service to people experiencing crisis in public spaces to reduce the use of law enforcement encounters, unnecessary overuse of emergency departments, and psychiatric hospital in-patient use.

Program Structure	Response
<p>Two operational teams for Stanislaus County and two teams for the City of Modesto:</p> <ul style="list-style-type: none"> * Behavioral Health Clinician, Behavioral Health Specialist and EMT (County) * Behavioral Health Clinician and PD Officer (Modesto) <p>County Hours of Operation:</p> <ul style="list-style-type: none"> * 0800-2030 Monday through Friday * The teams will be supported by Behavioral Health Support staff to coordinate follow-up care. 	<p>The request for response may come through multiple avenues to include, on-scene law enforcement officer, on-scene fire agency, on-scene EMS provider, 911 dispatch, and Valley Regional Emergency Communication Center (VRECC). The MCRT team is required to respond Code 2 (without lights and sirens) to the incident to provide the best standard of care to the mental health patient. The Behavioral Health clinician is responsible for the overall mental health assessment. The EMT can provide patient assessment, vital signs and treatment that follows the scope of practice for an EMT as dictated by Stanislaus County EMS Agency Policy and California Code of Regulations EMT scope of practice. The behavioral health support staff provide resources and coordinate services to individuals and their family. They support as needed or requested.</p>
Program Outcomes	Transports and Transfer of Care
<ul style="list-style-type: none"> → Individuals experiencing a behavioral health crisis will receive crisis care services in the field, which will reduce the number of individuals transported to area emergency departments as a 5150 hold. → Individuals experiencing a behavioral health crisis will receive crisis follow-up care within 48 hours of the initial crisis call. → Most crisis encounters will be successfully resolved within two hours of the initial crisis call. → The number of unduplicated individuals experiencing a recurrence of a behavioral health crisis and subsequent calls to the MCRT will be reduced from year one to year two of the grant period. 	<p>MCRT will not transport a patient and will request an ambulance from the local provider to assist in the transport of any patient needed to be placed on a hold. Once the need for the hold is determined, the patient will remain in the care of the Behavioral Health Clinician until transfer to the transport provider.</p>

National EMS Week



During this year's National EMS Week, our agency recognized all EMS personnel that have served in Stanislaus County for 20 years or more. We appreciate their true dedication and admire the work these individuals have contributed to community wellness.

Over 20 Years		Over 25 Years	
Dean Berghorst	20	Sharon Baugus	25
Darrell Wilson	20	Brian Rowe	25
Adam Martin	20	Robert Souza	25
Larry Mara	20	Keith Clark	26
Nicole Snyder	20	Steve Hartwig	26
Paul Stout	21	Darek Nicasio	26
Kevin Rapoza	22	Karie Roberts	26
Jeanah Nomelli	22	Matt Trent	26
Robert Erskine	23	George Maroudas	26
David Koski	23	Danny Suarez	26
Tim Mandel	23	Karen Cordova	27
Aaron King	23	Andrew McGiure	27
David Cox	23	Kelly Kjelstrom	27
Jason Vegas	23	Lee Almeida	27
Kristi Dickens	24	Stephen Wright	28
Peter Hastings	24	Dennis Flannery	28
Eusebia Aragon	24		
Nathan Camacho	24		

Over 30 Years		Over 35 Years	
Joseph Hemingway	30	Mike Skinner	36
Joseph Mila	30		
Jeffrey Smallwood	30		
Arnie Blagg	30		
Kenneth Gonzales	31	Barry Hurd	40
Phil Balli	31		
Jamie Field	31		
Darrell Albino	32		
Robert Ryland	33	Roland Poole	40



Chad Braner and Richard Murdock honoring long time Paramedic Roland Poole during National EMS Week. Thank you for an amazing 40 years of dedicated service! (above)



Chad Braner and David Hunter honoring Paramedic Barry Hurd for an outstanding 40 years of service! (above)

