

***State of Oregon
Nominations for Appointment to the
Emergency Medical Services for Children Advisory Committee***

Trauma Coordinator

The Oregon Emergency Medical Services and Trauma Systems Section is soliciting nominations for Trauma Coordinator interested in serving on the State Emergency Medical Services for Children Advisory Committee (EMSC). The term of the appointment is for (3) or (4) years.

The EMSC Advisory Committee meets four (4) times a year. The role of the committee is to both advise and serve as a resource to the Oregon EMSC Program, and EMS and Trauma Systems Section and establishing statewide adoption of standards, policies and procedures in the following areas:

- Pediatric emergency care guidelines for the injured and ill.
- Conduct and analyze data related to prevention of injury and illness, monitoring the EMSC Program and recommending improvements where indicated.
- Provide advice concerning pediatric care to healthcare facilities and other providers of healthcare.
- Conduct other activities need to ensure optimal delivery of pediatric care services within the state.
- Advise on how to establish and promote pediatric education and injury prevention programs.

Advise the EMS & Trauma Systems Section on the best way to meet the objectives of the Federal Partnership Grant, and any applicable legislation.

Final appointment to the EMSC Advisory Committee is made by the Department of Human Services.

To be considered for this appointment please provide a cover letter and CV/Resume to the Oregon Emergency Medical Services and Trauma Systems Section:

Philip Engle, Program Manager
EMS and Trauma Systems
800 NE Oregon Street, Suite 465
Portland, OR 97232
or email to philip.p.Engle@state.or.us

Oregon Administrative Rule Excerpted: Emergency Medical Services for Children

Senate Bill 243
ORS 431.671.

State Emergency Medical Services for Children Advisory Committee Functions.

EMSC shall:

- (a) Employ or contract with professional, technical, research and clerical staff as required to implement this section.
- (b) Provide technical assistance to the State Trauma Advisory Board on the integration of an emergency medical services for children program into the statewide emergency medical services and trauma system.
- (c) Provide advice and technical assistance to area trauma advisory boards on the integration of an emergency medical services for children program into area trauma system plans.
- (d) Establish an Emergency Medical Services for Children Advisory Committee.
- (e) Establish guidelines for:
 - (A) The approval of emergency and critical care medical service facilities for pediatric care, and for the designation of specialized regional pediatric critical care centers and pediatric trauma care centers.
 - (B) Referring children to appropriate emergency or critical care medical facilities.
 - (C) Necessary prehospital and other pediatric emergency and critical care medical service equipment.
 - (D) Developing a coordinated system that will allow children to receive appropriate initial stabilization and treatment with timely provision of, or referral to, the appropriate level of care, including critical care, trauma care or pediatric subspecialty care.
 - (E) Protocols for prehospital and hospital facilities encompassing all levels of pediatric emergency services, pediatric critical care and pediatric trauma care.
 - (F) Rehabilitation services for critically ill or injured children.
 - (G) An interfacility transfer system for critically ill or injured children.
 - (H) Initial and continuing professional education programs for emergency medical services personnel, including training in the emergency care of infants and children.
 - (I) A public education program concerning the Emergency Medical Services for Children Program including information on emergency access telephone numbers.
 - (J) The collection and analysis of statewide pediatric emergency and critical care medical services data from emergency and critical care medical service facilities for the purpose of quality improvement by such facilities, subject to relevant confidentiality requirements.
 - (K) The establishment of cooperative interstate relationships to facilitate the provision of appropriate care for pediatric patients who must cross state borders to receive emergency and critical care services.
 - (L) Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency and critical care for children. + }