

## Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2023 Quarter 2 | April 12, 2023

Chairperson Matthew Philbrick

Vice Chairperson Christa Schulz, MD



<b>Appointed Committee Member</b>		
<b>Committee Member Name</b>	<b>Committee Position</b>	<b>Present, Absent or Vacant</b>
Tamara Bakewell	Family Representative	Absent w/ Notice
Andrea Bell	Nurse with pediatric experience	In-Person Present
SunHee Chung, MD	Physician with pediatric training	In-Person Present
Jeffrey Dana	At-large member	In-Person Present
Carl Eriksson, MD	Pediatric Emergency Preparedness representative	In-Person Present
Jennifer Eskridge	Injury Prevention representative	In-Person Present
Matthew House	EMT/Paramedic currently practicing, ground level provider	In-Person Present
Kelly Kapri	Highway Traffic Safety representative	Online Present
Joann Lundberg	Behavioral Health representative	Online Present
Todd Luther	Emergency Department Manager	In-Person Present
Danielle Meyer	Hospital Association representative	In-Person Present
Matthew Philbrick	EMS Patient Transport representative	In-Person Present
Dana Pursley-Haner	EMS Educator	In-Person Present
Justin Sales, MD	Emergency Physician	Online Present
Christa Schulz, MD	Pediatric Hospitalist	Online Present
Jill Shipley	Hospital Trauma Coordinator	In-Person Present
Vacant	Tribal EMS Representative	Vacant

<b>HRSA EMSC Grant Required Committee Members</b>		
<b>Committee Member Name</b>	<b>Committee Position</b>	<b>Present, Absent or Vacant</b>
Amani Atallah	OHA EMS Representative - Secondary	In-Person Present
Rachel Ford, MPH	Oregon EMSC Program Manager	In-Person Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	In-Person Present
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	In-Person Present
<b>Oregon Health Authority EMS &amp; Trauma Systems Program Staff</b>		
Peter Geissert, Julie Miller		

**Guest Speakers and Members of the Public**

Michelle Davidhizar (Lake District Hospital), Jackie Fox (Adventist Health Tillamook), Kat Hendrix (Oregon Child Abuse Solutions), Susannah Nelson (Nursing Student, Oregon Health & Science University/Doernbecher Children’s Hospital), Susan Steen (Oregon Health & Science University/Doernbecher Children’s Hospital), Brittany Tagliaferro-Lucas (Oregon Center for Children and Youth with Special Health Needs)

**Call to Order | Matthew Philbrick, Chairperson**

Start Time: 9:08am  
Committee Roll Call

**Approve January 2023 Minutes | Chairperson**

January 2023 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Todd Luther. Second: Jeffrey Dana. None opposed. Motion carried.

**Committee Membership | Chairperson**

Tribal EMS representative outreach is ongoing. Rachel Ford has worked with the Northwest Portland Area Indian Health Board (NPAIHB) to complete outreach to the nine federally recognized Oregon tribes. NPAIHB staff made several attempts and stated that they had exhausted all resources and did not receive any responses from tribes. To apply for Committee position: [LINK](#)

**Committee Member Roundtable | Committee**

**Purpose:** To share pediatric emergency medical, trauma, injury prevention, and family-centered activities and news. Continue discussion on pediatric transport, surge, and standardized definitions (e.g., training, equipment, and personnel necessary for specific types of transport).

**Dr. SunHee Chung:** Since the last meeting, when we discussed the issue with Pediatric discharge and EMS not being able to bring a car seat, we have sent out a statewide memo to EMS crews. We were not able to change the protocols but felt the issue could be addressed by sending out the memo. We are now collecting data. The ED at OHSU feels the issue has improved, but we do not have data from before the memo was sent, so are unable prove.

**Dr. Carl Eriksson:** Rachel Ford and I have been in discussion with the National EMSC Innovation & Improvement Center about trying to do some disaster preparedness work with hospitals around the state. This is partly due to newly acquired disaster resources and partly due to the recent RSV surge. Putting together a tentative plan, that will launch late summer to early fall 2023, for tackling surge capacity for kids in hospitals and to get hospitals ready for next year’s RSV surge. Recently saw some CDC data that RSV season has moved to a little for years 2021-2022 and 2022-2023.

**Jennifer Eskridge:** Gave an update on the injury prevention and HB 3006 which is related to water safety for children under 16 years of age. Dr. Benjamin Hoffman, advocate for injury prevention at OHSU, has supported this bill. The bill is referred to the House Judiciary Committee and had a hearing February 1, 2023. The bill is about increasing the age that children must wear a personal floatation

device (PFD) by raising the age to 16. The bill wants to prohibit youth from being on floatation devices outside of a swimming area without a PFD. A strong showing from the youth rowing group who gave some opposition. Jennifer can share information about HB 3006 and Dr. Hoffman's letter.

**ACTION:** Jennifer can share the HB3006 and Dr. Hoffman's letter.

**Todd Luther:** Mercy Medical is hosting a Kids' Safety Day July 22<sup>nd</sup> 10:00am - 2:00pm at the Roseburg Costco.

**Dr. Justin Sales:** Appreciation was shared for everyone's work. The surge continues and they are looking forward to the surge being over.

**Dr. Christa Schulz:** St. Charles - Bend has contracted with Adventure Medics who will start interfacility transfers with high-flow oxygen. The main hesitation with local agencies was education and comfort with the equipment.

#### **Comments/Questions:**

- **Dr. Carl Eriksson:** Is it an Advanced Life Support transport? Yes, Adventure Medics will be used specifically for pediatric and adult patients requiring high-flow oxygen during transport.
  - **Dr. Dana Selover:** David can they do a transport of that nature? **Dr. David Lehrfeld:** The scope of practice says non-invasive devices according to manufacturers. Transport with high-flow nasal cannula should be a topic for next year. **Matt Philbrick:** Does the device required specialized training or education for utilization? **Dr. Lehrfeld:** It is more complicated. **Dr. Selover:** This was a conversation that came up with this year's Tripledeemic. **Dr. Schulz:** Many transport agencies are uncomfortable with pediatric patients. Cannot speak to the education that would be required.
- ACTION:** Committee will continue discussion of transport with high-flow oxygen at future meeting.

#### **Pediatric Research | Dr. Matthew Hansen, OHSU**

Representing the Pediatric Emergency Care Applied Research Network (PECARN), and specifically pediatric prehospital research that is current and upcoming. Note: Some of the PECARN sites are going to change due to the new 4-year grant cycle.

#### **Current:**

- **Cervical Spine Injury Study:** This study is creating a new clinical decision rule for cervical spine clearance for injured children. There are both hospital and prehospital components to the study. In the next month we will see some initial results and manuscripts. Should see some new cervical spine clearance algorithms.
- **PediDOSE:** This is a prehospital seizure study. Washington County and Clackamas County are participating. Nationally the study is enrolling well. This study is ongoing, and it will be years before there are any results.

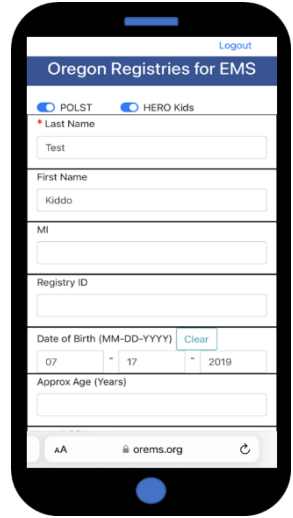
#### **Potential studies:**

- **T-REX:** Dr. Hansen is leading this prehospital asthma study using ipratropium and dexamethasone for children with wheezing. Some local agencies are already doing, but nationally it is not very common. Waiting for a notice of award from National Institutes of Health (NIH) and then will start enrolling patients in the fall. Portland was not able to be a participating site, but the study will be enrolling in Utah, North Carolina, and Buffalo New York.
- **PEDI Part:** Prehospital pediatric airway management study comparing bag-mask ventilation, supraglottic devices, and endotracheal intubation. This study has been submitted and scored by NIH. Waiting to see if it will get funded, and if not funded with initial request it will be resubmitted.

## Health Emergency Ready Oregon HERO | Brittany Tagliaferro-Lucas, OCCYSHN

**Data and Registration Trends:** 115 registrants, across 19 counties (includes coast, frontier, rural and urban). 15 registrations include an Emergency Protocol Letter. From October through February, there were 14 Emergency Department Information Exchange (EDIE) notifications.

**Oregon Registries for EMS (OREMS) App:** Launched October 2022. Providers have direct access to the Oregon POLST Registry and HERO Kids Registry. Providers do not need to call the hotline when using the OREMS App. Providers can quickly and easily search both registries simultaneously. As of 3/24/23, 41 agencies have signed up for an account.



### Social Media Campaign:

Timeframe: October 2022-February 2022

Platforms used: Facebook and Instagram

Strategies:

- ✓ Geographic targeting: People who live in Oregon
- ✓ Genders: All
- ✓ Age: 18-65+
- ✓ Interest group 1: Families
- ✓ Interest group 2: Professionals

Impressions (views): 200,999

Link clicks: 1,351

### Education Plan 2023:

**Continue:** social media campaign; family organization presentations, and ED/EMS/stakeholder presentations.

**Increase:** conference displays/presentations, distribution through professional organizations (e.g., newsletters), outreach to school health, schools, county public health agencies, primary and specialty care providers, and attendance at professional organization events and distribution through listservs.

### Presentations and Conferences:

Number provided 8/1/2022 - 3/31/2023:

Emergency Medical Services (EMS) and Emergency Department (ED) Providers, 16

Family and Youth, 16

Primary Care and Other Stakeholders, 28

**EMS & ED Provider Education Assessment:** Providers that participated in a virtual or in-person presentation about HERO Kids Registry were asked to fill out the survey via Qualtrics.

### EMS & ED Provider Education Assessment

September 2022– December 2022  
N=51

Table 1. Most survey respondents were Emergency Department and Emergency Medical Services (ED/EMS) providers.

Role	% (n)
Emergency Department and Emergency Medical Services (ED/EMS) Provider	82% (42)
Non-Emergency Department and non-Emergency Medical Services Provider (i.e. hospital administrator, local public health official, and other)	18% (9)
<b>Total</b>	<b>100% (51)</b>

Table 2. Survey respondents most often reported that they very well or well understand the purpose of the HERO Kids Registry.

How well	% (n)
Very well	39% (20)
Well	41% (21)
Somewhat Well	16% (8)
Not at all	4% (2)

### EMS & ED Provider Education Assessment

Table 3. Survey respondents most often reported that they very well or well understand the use of the HERO Kids Registry.

How well	% (n)
Very well	16% (8)
Well	47% (24)
Somewhat Well	35% (18)
Not at all	2% (1)

Table 4. Both ED/EMS providers and non- ED/EMS providers reported that the HERO Kids Registry will be very useful or useful for CYSHCN.

How useful	Percentage of ED/EMS Providers (n=42)	Number of Non-ED/EMS Providers (n=9)
Very useful	29% (12)	3
Useful	50% (21)	5
Somewhat Useful	14% (6)	0
Not useful	2% (1)	0
I don't know	5% (2)	1



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### **Future Development & Collaboration:**

**Development FY23-24:** Electronic Emergency Protocol Letter (form), integration with EDIE insights, and system improvements based on user feedback.

**Interest from other states:** HERO Kids team is providing consultation as requested, expecting an increase after national presentations, Association of Maternal Child Health Programs Conference (May 2023) and EMSC All Grantee Meeting (September 2023).

**Collaboration with the Pediatric Pandemic Network (PPN):** HERO Kids education videos and primary and specialty care provider outreach.

### **Asks for EMSC Advisory Committee:**

- Share HERO Kids materials with families and young adults.
- Encourage families to complete as part of their emergency preparedness plan.
- Include a link in newsletters, websites, or other communications.

### **Provide input:**

- ✓ Do you have specific recommendations about how to improve awareness among EMS and ED? Families?
- ✓ What are you hearing about HERO Kids?
- ✓ What ideas/recommendations do you have for the short-term? Long-term?

### **Comments/Questions:**

- **Dr. Christa Schulz:** Still hearing quite a bit of talk about HERO Kids from the ED meetings and from the Area Trauma Advisory Board meetings.  
**ACTION:** Dr. Christa Schulz will reach out to see if anyone has used the HERO Kids system or the OREMS app.
- **Dr. Carl Eriksson:** Is there a way to match the kids who are registered with the EMS agencies and EDs that will serve them? It might be useful for EMS agency to know how many kids in their area have Emergency Protocol Letters for example. This might help spur interest in and use of HERO Kids. **Brittany:** In the confirmation letters sent to families and young adults, HERO Kids recommends sharing their information with local EMS agency. We could let agencies know about numbers of registrants in the area. **Matt Philbrick:** Is there an opportunity to have a geo map to show where the registrants are across the state? **Brittany:** It is possible, and we are creating high-level maps by county. **Dr. David Lehrfeld:** Most Public Safety Answering Points will put special information for a specific address into the system.  
**ACTION:** Brittany will look into creating high-level maps by zip code and/or agency operating areas.
- **Jennifer Eskridge:** Congratulations on getting the word out through social media and presentations. It takes an enormous amount of time. Do you have a sense of how many kids that you want to get registered? Is there a target, percentage of the population, or long-term goal? **Brittany:** The HERO Kids registry is open to all children and young adults up through age 26. The goal is to have most children and young adults registered, so it becomes part of routine emergency medical care to check HERO Kids for all patients through age 26. **Rachel Ford:** When we are talking to families, we are encouraging them to put all children into the Registry. We are also emphasizing the emergency preparedness benefits of being able to enter unlimited number emergency contacts, which could aid in reunification with a trusted family member or care partner.
- **Rachel Ford:** A lot of interest from providers in the Oregon Registries for EMS App because they can access both the POLST Registry and the HERO Kids Registry at the same time, and they can visualize the registry documents. Brittany and I have been focused on provider education, but we are turning our attention to families.
- **Dr. SunHee Chung:** Noticed there was not a formalized structure to get information to families during discharge. Have added pamphlets to nurses' station, but what has worked best is adding Dot Phrase and discharge instructions that providers are adding at discharge. Is there a process that clinics or other levels of hospital care are doing? **Rachel:** The Doernbecher Children's Hospital Dot Phrase will

be posted on the HERO Kids website so that other EDs can use it. The clinics have asked for printed materials and those are shared and mailed as requested. **Brittany:** Can share materials via PDF or mail. Also have set of rack cards that can be printed out. HERO Kids can also create materials as needed.

- **Joann Lundberg:** Not familiar with the functionality of the HERO Kids App. Is there ability to upload psychiatric emergency plans or psychiatric safety plans? This could help eliminate some of the surge in the EDs. **Brittany:** Yes, anything that is considered an Emergency Protocol Letter that is signed by a provider can be uploaded. The OREMS App would be how EMS can access the documents. **Joann:** Is there an ability to note a preference for a service team that works well with this type of care? **Brittany:** There is a space to add this information for preferred hospital and why that hospital is preferred. There is no guarantee that those wishes will be honored.
- **Jennifer Eskridge:** Most of the hospitals have prevention centers and provide materials to families. If the goal is to register all children in Oregon, materials can be handed out through those programs, as well through labor and delivery, birthing centers, etc. Jennifer will provide contacts. **Brittany:** Have connected with OHSU Tom Sargent Safety Center, but not thought to share with labor and delivery. **Matt Philbrick:** HERO Kids will continue to be a standing agenda item. **ACTION:** Jennifer Eskridge will provide contacts for the prevention centers and labor and delivery.

### **PEDS-03 Project Update and NEMSQA Measure Priorities | Rachel Ford & Matt Philbrick**

#### **PEDS-03 Project Update - Rachel Ford:**

There continues to be an upward trend in weight documentation for all patients. In February and March 2023, Rachel conducted outreach to agencies that had opportunities for improvement, with the hopes of supporting agency-level efforts. In March, outreach letters were sent to the Operations Officer(s) or Medical Director for each agency, in addition to the Pediatric Emergency Care Coordinator. This facilitated an increased response from agencies, with several email and phone conversations that followed sending the outreach letter.

On February 15 and 16, letters were sent with the 2022 Q4 (October-December 2022) data to all but two EMS transport agencies. Peter Geissert is working through a few database issues so Rachel will be able to send letters to all EMS transport agencies. We are gearing up for 2023 Q1 (January-March 2023) letters and are scheduled to be sent on May 1st.

The EMSC Program and EMSC Advisory Committee will continue to monitor and determine next steps. The agencies have appreciated receiving the data. The EMS & Trauma Systems Program Data Team is working towards having agency-level data more readily available.

#### **Comments/Questions:**

- **Matt Philbrick:** The Committee wanted to ensure that the pediatric patient in the prehospital setting was receiving the appropriate dose of weight-based medication. The Committee looked at how to impact the metric and what was being measure by NEMSQA. The Committee addressed provider documentation of patient weight, ideally in kilograms, which would lead to appropriate dosing of medication. Some ways to address this would be through electronic patient care report (ePCR) completion rules that include having a numeric character in that field. The letter writing campaign had a sharp and measurable impact on providers actually documenting that information in the field and submitting it through ePCR. **Rachel:** When the Committee first started this effort, they partnered with the State EMS Committee because we were not only focused on the pediatric weight documentation, but also for adult patients. Roughly 80% of agencies have over a 90% documentation rate for all patients.
- **Todd Luther:** Is there evidence that there is a decrease in medication errors at the agency-level? **Matt:** This data is not visible to the state and would be addressed at the agency-level.

**Matt Philbrick - NEMSQA Measures Priorities:**

Two additional NEMSQA measures that the Committee wanted to address, Respiratory-01 and Asthma-01.

**Respiratory-01:** If a patient has a primary or secondary impression of respiratory distress documented in the ePCR and uploaded in the state database, there also needs to be documentation of Pulse Oximetry and Respiratory Rate. We found that there is an opportunity for improvement for documentation of Pulse Oximetry and Respiratory Rate, with 20% of pediatric patients missing that information in the ePCR.

**Peter Geissert:** Both Pulse Oximetry and Respiratory Rate are required for the NEMSQA measure.

On March 8, Peter Geissert, Rachel Ford, and Dr. David Lehrfeld met to discuss NEMSQA measures, Respiratory-01 and Asthma-01. On March 15, Rachel drafted a letter and requested feedback, which was received from Dr. Schulz, Peter Geissert, and Dr. Lehrfeld. The NEMSQA measures workgroup decided to ask for a full set of vitals (respiratory rate, pulse, skin, pupils, blood pressure, pulse oximetry) in the letter.

Requesting Committee to review the letter, provide feedback, and if agreed send letter to all EMS agencies. To eliminate delay, we will not be asking the State EMS Committee to co-endorse this letter. This is the next opportunity for improvement. The letter has a call to action and specific asks moving forward.

**Comments/Questions:**

- **Dr. Eriksson:** In the fourth paragraph, can we remove and/or and encourage them to document both Pulse Oximetry and Respiratory Rate? Is it worthwhile to **bold** the few words that emphasize the specific ask? **Matt:** Any objections to eliminating the “and/or” and have them enter both vitals, and also to **bold** the specific ask.
- **Dana Pursley-Haner:** If we are only focusing on Respiratory-01, should we reword to only mention respiratory rate and SP02? **Matt:** In the third paragraph it calls out a full set of vital signs, but only trying to impact the respiratory metric. Asking for full set because of impact on patient care. **Dana:** At my agency this is a requirement for every patient, every time. Are there agencies that aren't actually documenting this? **Matt:** Some agencies it is required, and for some agencies there is a significant opportunity for improvement. This letter is the first step in addressing this issue. The next step could be that documentation of full vitals must occur with every patient. **Dr. Lehrfeld:** This documentation issue also occurs at hospital-level. We are at the infancy of statewide EMS quality improvement. If you think back eight years ago, we did not even have a statewide EMS data system and could not ask this question [PEDS-03]. Some agencies are small enough that they do not have quality person. Want to applaud EMSC for leading the charge in some of the first quality efforts outside of the trauma system that the state EMS & Trauma Systems Program has done.
- **Danielle Meyer:** Is there an incentive in terms of payment or billing? **Matt:** No. Minimum documentation required. The reimbursement rates and claims vary for different carriers. It is a challenge. There are incentives to document appropriately the first time for reliable reimbursement. **Dr. Christa Schulz:** The incentive is that it is part of the job of providing basic emergency medical care. Asking for a full set of vitals is not an over-ask if looking to improve overall care of the patient. **Matt:** Yes, the asking for the full set of vitals is supported. The next letter will likely be more direct with agency-level data.
- **Dr. Christa Schulz:** Do you think we should ask once or multiple times? **Rachel Ford:** Experience is that if you receive communication regularly, you get better results. We did see any improvement on the PEDS-03 campaign until the 2<sup>nd</sup> or 3<sup>rd</sup> letter. **Dr. Eriksson:** Trying to get people to do something that the Committee feels is important. This is on the heels of a successful campaign to get weight documented. We often focus on what we are doing but thinking about how we are doing it is also important. We can try this letter strategy and tackle it in bite size chunks. Each time we do this there

are lessons learned. **Matt:** Committee has sparked a sense of urgency and by definition have a coalition, and now we are asking providers to change their habits and behavior. Small and sustainable change is more impactful.

- **Jeffrey Dana:** Can we send the letter to physician advisors in addition to the agency contacts? **Dr. Dana Selover:** Note that we only regulate the transport agencies. Better to send to all the EMS supervising physicians so all agencies will be reached.

Motion to adopt letter as written with the change of removing the word “or” in the fourth paragraph and instead asking for documentation of both Pulse Oximetry and Respiratory Rate, distributing the letter to all supervising physicians, agency representatives, Pediatric Emergency Care Coordinators (or equivalent) to deliver to the frontline providers, and bolding the specific asks within the letter. Motion to approve: Dana Pursley-Haner. Second: Matt House. None opposed. Motion carried.

**Asthma-01:** This is on the horizon. This measure is for any patient that has a primary or secondary impression of asthma, that they receive a beta agonist as a medication intervention. We will discuss further and continue to review the data.

### **EMSC Advisory Committee Bylaws | Matthew Philbrick**

During the January EMSC Advisory Committee meeting bylaws presentation, it was decided that further review by the Department of Justice was required. In February 2023, Rachel Ford inquired with OHA Directors Office regarding recommended language related to 1) equity in committee member recruitment and balanced membership; 2) voting using a virtual meeting platform; and 3) subcommittees and workgroups. In March 2023, Rachel requested a Department of Justice review of the bylaws by Erin Williams. Suggested changes have been included in 03.15.23 version.

The three main things that were addressed are member recruitment, changes in Oregon Revised Statutes (ORS), and the differing workgroup and subcommittee functions.

Motion to approve the bylaws as written. Motion to approve: Jeffrey Dana. Second: Jennifer Eskridge. None opposed. Motion carried.

### **EMSC Program | Rachel Ford**

#### **Annual EMS Survey**

The annual EMS Survey kicked off January 4, 2023. The survey was open through March 31, 2023. Thank you to all the EMS and fire agencies that participated. The 2023 Oregon response rate was 41.6% (133/320 agencies).

#### **HRSA: Health Resources and Services Administration**

The Oregon EMSC Program received a Notice of Award for 2023-24 grant year. Oregon was awarded \$190,650. The federal HRSA EMSC State Partnership program was allocated less money than requested, so the grant awards to states and U.S. territories, were \$14,350 less than the anticipated \$205,000. This is still a marked increase from the \$130,000 received in previous grant years. The 2023-24 grant will cover 78% of the EMSC Program’s personnel and activities costs, and then EMSC General Funds will cover the remaining 22%. The internal project budget has been updated to reflect the change.

HRSA requested a revised project narrative with a plan for sustainability beyond federal funding and Rachel Ford submitted it in late March. Next steps include mapping out grant deliverables and developing a strategic plan with Family Representative, Tami Bakewell.



Rachel is a new State Partnership Advisory Committee member and has been attending monthly meetings and participating in document review. Rachel has been asked to share requests for feedback with the region (Alaska, California, Washington).

### **EMS Patient Care Equipment**

EMS pediatric patient care equipment was purchased and distributed to Eagle Valley Ambulance, Halfway-Oxbow Ambulance, City of Union, and Agness Volunteer Fire Department. The equipment included tourniquets, pediatric restraint systems, pelvic slings, hemostatic dressings, airways, and more. Rachel will continue to partner with Veronica Seymour, who through agency on-site surveys, determines equipment needs.

### **Pediatric Readiness Program**

The February education session, Diagnosing and Treating Common Illnesses, was presented by Dr. Jessica Bailey and is available at [www.pedsreadyprogram.org](http://www.pedsreadyprogram.org). The session was well attended. The slides and recording have been requested by hospitals for staff training.

You can [register](#) for April 20<sup>th</sup> 1200-1300 *Laryngotracheitis: When is croup not “just” croup?* session. CME for physicians and CE for nurses and other medical professionals is available for live and recorded sessions.

There have been significant updates and streamlining to the Pediatric Readiness Program’s Education, Quality Improvement, and Shared Resources webpages. The team is also developing a pain and sedation toolkit which will be posted soon.

### **EMSC Innovation & Improvement Center**

In January, Dr. Carl Eriksson met with several EIIC Disaster Toolkit representatives. On March 22, Carl and Rachel met to review the EIIC disaster presentations and information on the website. Following that meeting, a request was sent to toolkit representatives for the editable slide decks and video links. More to come on this project.

## **State EMS and Trauma Systems Program | Amani Atallah, Dr. David Lehrfeld, Dr. Dana Selover**

### **Amani Atallah:**

2023 EMS Provider, Transport Service, and Vehicle renewal season is underway. Received renewal applications to date: AEMT 61, EMT 1252, EMT-I 141, Paramedic 1088, Transport Services 43, and Vehicles 29. Expect an uptick next week.

### **Dr. Selover:**

Shared a list of legislative bills that pertinent to the Committee.

[HB 3126A](#): Emergency Behavioral Services for Children

[SB 763](#): Juvenile Records

[SB 517A](#): License Predetermination

[HB 2395A](#): Naloxone Omnibus Bill: **Dr. Lehrfeld**: The three things that will come out of the HB 2395A are: 1) There will be a big chunk of money to purchase Naloxone and giving it to health care systems; 2) law enforcement, EMS, and fire will be able to distribute Naloxone; and 3) If you are treating someone for an acute opioid overdose, you will be required to distribute Naloxone at discharge.

[SB 183A](#): Military Spouse Temporary Licensing within 30 days of Application

[SB 60](#): AAS Requirement for Paramedic

[SB 857](#): EMS Compact (REPLICA)

[HB 2745](#): Oregon Medical Coordination Center: **Dr. Eriksson**: This is currently being used for pediatric and adult patient surges.

For 2023, the EMS Rules Advisory Committee is committed to review Military Spouse and AAS Degree. Will discuss the workforce issues and meet the other needs of EMS in Oregon. Will look at ambulance vehicle licensing, and specifically ambulance construction. Will look at EMS provider licensing.

In 2024, the focus will be on education rules and dividing up the education and provider sections of the rules, trauma rules, and Ambulance Service Areas (ASA) and Ambulance Service Plans.

**Comments/Questions:**

- **Jeffrey Dana**: What ASA rules are being broken? **Dr. Selover**: The rules need clarifying language, expectations, and boundaries, and also address process issues and county roles. Each county does this differently.

**Public Comment**

No public comments.

Next meeting is July 13, 2023

Location: Virtual - Zoom

Meeting Adjourned: 11:47am