

Oregon Emergency Medical Services for Children Advisory Committee
Meeting Summary
 2026 Quarter 1 | February 2026



Slides and recording available upon request.

Appointed Committee Members		
Name	Position	Attendance
Tamara Bakewell	Family representative	Present
Sabrina Ballew	Patient equity organization representative or academic professional specializing in health equity	Present
Eric Blankenship	Trauma nurse coordinator or trauma program manager	Present
Carl Eriksson	Pediatric disaster/emergency preparedness representative	Present
Jennifer Eskridge	Injury prevention representative	Present
Rachel Ford (Interim Liaison)	Oregon EMSC program manager	Present
Josh Marks	Emergency medical services provider	Present
David Lehrfeld	EMS Program representative	Present
Rebecca Marshall	Behavioral health representative	Absent w/ notice
Tiffany Peterson	Emergency care educator	Absent w/ notice
Justin Sales (Chairperson)	Physician specializing in the treatment of pediatric emergency patients	Present
Christa Schulz (Chairperson Elect)	Physician with pediatric experience	Present
Dana Selover	Oregon EMSC statewide project director	Present
Jacey Teeter	School-based health center representative or school nurse	Present
Davi Van Winkle	Emergency medical services provider	Present
Omar Washington	Physician specializing in the treatment of pediatric emergency patients	Present
	Family representative	Vacant
	Nurse with pediatric emergency experience	Vacant

1. Call to Order (Timestamp: 0902)

- a. Justin Sales gave a brief introduction, and reviewed group expectations and the public comment process.
- b. Committee members shared their names and committee positions.

2. Membership (Timestamp: 0907)

- a. Vacancies: Family Representative and Nurse with Pediatric Emergency Experience positions. Rachel Ford will serve as the interim EMS Advisory Board Liaison.

3. Icebreaker (Timestamp: 0909)

- a. Members used Chat to share responses to three icebreaker prompts.

4. Approve November 2025 Meeting Summary (Timestamp: 0921)

- a. Draft summary was reviewed; no modifications were requested.
- b. Motion to approve: Tamara Bakewell
- c. Second: Eric Blankenship
- d. None opposed; motion carried.

5. Committee Member Roundtable (Timestamp: 0923)

- a. Members shared updates relevant to their committee positions.
 - Tamara Bakewell: New resource produced by Family-to-Family Health Information and Oregon EMSC and adapted from Alaska EMSC resource, *Caring for Your Medically Complex Child at Home* in two versions (printed trifold and electronic version): [English](#) | [Spanish](#). Available for distribution to hospitals, schools, and anywhere that families connect with children of medically complex needs. Family-to-Family Health Information Newsletter gave a shout out to the Peds Ready EMS agencies that have been recognized.
 - Sabrina Ballew: Continued vaccine clinics in Latino Unidos communities. Offered flu vaccine on Christmas Eve before kids saw Santa Claus. Continue to share HERO Kids Registry information with patients and family members.
 - Eric Blankenship: Onboarding a trauma process/performance improvement nurse for St. Charles Bend trauma program, which will increase capacity and bandwidth for process improvement. Moving into a pediatric readiness cycle next month. Will connect with ED nurses about vacant EMSC Advisory Committee position.
 - Carl Eriksson: Education and outreach in different areas around the state. The 2022 RSV surge experience will be published soon. The [report](#) highlights a collaborative response from many hospitals in the state.
 - Jennifer Eskridge: Injury Prevention partners reporting significant need for services, car seats, car seat installation, and safe sleep kits. Children's hospitals are reporting big surge in requests for consultation and education from the inpatient Injury Prevention team. Most Oregon Safe Kids local coalitions have disbanded, which may be due to bureaucracy and reporting requirements. The Portland Metro area coalition is working through whether they can continue. Public events will start picking up in February and March. National Poison Prevention Week is March 15-21 and there will be a healthcare provider lecture about nitrous oxide misuse. Continuing to see an increase in nitrous misuse, with numbers for 2025 very similar to 2024 and most cases were young adults (20s-30s). A law was passed requiring age verification when purchasing at gas stations and culinary stores. [SB 1548](#) addresses cannabis edibles packaging and limits edible serving size to 10 mg THC. Oregon Poison Center consults with ER and ICU doctors on over 120 cases of cannabis toxicity in young children each year in Oregon. The Oregon Poison Center is supportive of these changes to reduce the risk of child poisonings and severe outcomes.

Discussion:

- o Rachel: Echo need for safe sleep systems and preventive materials. As a member of the State Child Death Review and Prevention Team, we often review sleep related and access to guns that are not safely secured fatality cases.

- David: Is the nitrous oxide misused from the industrial whippets or are they getting their hands on medical grade nitrous oxide? Jennifer: It is from the culinary nitrous oxide, so from the little whippet cartridges or the giant canisters for mass production of whipped cream. There have been hospitalizations and major effects. David: This is a trend with those trying to wean off opioids. Jennifer: *Carbon Monoxide fact sheet*: [English](#) | [Spanish](#) | [Vietnamese](#) | [Chinese](#) | [Russian](#)
- Tamara: Requested injury prevention teaching materials that are aimed at individuals or youth with developmental disabilities.
ACTION: Jennifer will research and send to Tamara.
- David Lehrfeld: Continue to work on state standards and definitions for Trauma, Stroke, and Cardiac. Awaiting Rural Health Transformation Program (RHTP) grant results and funding. All 50 states were awarded. Expect grant application to be available in the spring, awards to be made by the summer, and funds spent by the end of the year. Oregon Rural Health Transformation Program [webpage](#).
- Josh Marks: Scappoose Fire is doing a Junior Fire Marshal program to get fire prevention safety back into the schools. Also have a Juvenile Fire Center program for kids under 18 years old that are found setting fires. Accept referrals to the program and then go through a process to score the risk for future fire setting behaviors.
- Justin Sales: Exceptionally busy but are seeing much less RSV and decreased severity, which seems to be a positive result of childhood vaccines.
- Christa Schulz: Not seeing a ton of RSV, but a lot of flu. Just had a child pass from the flu recently. Started a Pediatric Intermediate ICU (PIMCU), as we are trying to keep some of the sicker kids on the pediatric floor with the collaboration of resuscitation, ICU, and pediatric nurses. Providing content for ED nursing education day. Hope is to get some pediatric ICU beds and care.
- Dana Selover: There have been questions regarding kids during Stroke and Cardiac state standards and definitions discussions. Oregon was awarded \$197 million in RHTP grant funds. If Oregon performs well, they may apply for continued funding for up to 4 years. Unknown impact to EMS. Rachel Ford is supporting rural hospital and EMS simulation RHTP grant applicant. Interested in long-term regional partnerships as they will look at the conversion from Area Trauma Advisory Boards to Regional EMS Advisory Boards. Legislative updates: [HB 4053](#): EMS Program Fund and changes the name of a committee. [SB 1531](#): OHA to conduct a study about EMS funding. [SB 1570](#): Immigration enforcement in hospitals. [SB 4160](#): Requires schools to have a plan for a cardiac emergency, which must include AEDs.

Discussion:

- Rachel: Two RHTP grant applicants focused on simulation: 1) mobile simulation unit focused on maternal health and birthing scenarios; 2) amplifying existing EMS and hospital provider education and simulation model.
- Carl: Announced closure of OB units around the state. Difficulty keeping the smaller OB units open. Has there been any discussion about this and what can be done on a statewide level to try to help this network? Oregon has the fewest number of beds per capita. Dana: There have been conversations with rural hospitals, Oregon Office of Rural Health, and other organizations. Finding solutions for maternity services across the state is a priority of the OHA Director.

It is also a RHTP grant priority. Carl: Could the committee write something to advocate for this? Carl brings it up because maternity care and neonatal care are linked, so this impacts kids. As a group this is closely linked to neonatal care.

Dana: Staying connected and engaging with the RHTP grant will be helpful.

- Christa: Notable difference when Redmond closed their OB Unit. It brought more people to Bend hospital which is always at or over capacity for births. There is a backstream impact.
- Jacey Teeter: LaGrande School System is working on vaccine clinics and working on exclusion letters, so kids are not excluded from schools. Justin: Are there more exclusion letters showing up? Jacey: No. Vaccine clinics at the schools is helping families.
- Davi Van Winkle: Mercy Flights is promoting HERO Kids Registry as part of their regular system. Received a grant to host Basic Disaster Life Support and Advanced Disaster Life Support dual certification course at the end of March. Will open it up to outside participants. Looking at rolling out buprenorphine protocol in southern Oregon, treating patients with a non-fatal overdose with buprenorphine and then getting them bridged to care. Asked to teach about substance use disorders at a local junior high school and high school. Flight crew is working on getting a Hamilton ventilator.

ACTION: Davi will share class info with Rachel once the details are set.

Discussion:

- Justin S: For the substance use disorder, do you have locations that will handle pediatric patient follow-up? Davi: Do not know specific age limit for area treatment centers. Protocol will be for adults; we would administer buprenorphine and then get the patient treatment. Protocol will be for ground providers and integrated health.
- Omar Washington: Navigating first respiratory season since Pediatric Intensive Care Unit closed last October. Discovered other gaps in subspecialty coverage. Losing urology coverage and are transitioning to a national consult group (CHOP = Children's Hospital of Philadelphia) for our pediatric infectious disease. Do not have the same resources as academic centers.

Discussion:

- Nicole Perkins (OHA EMS Program): Have you noticed any issues with the lack of pediatric urology coverage, especially for torsion? Omar: We had spotty coverage with urology over the last two years as we were limited to one provider. We try to engage with adult urology providers to see if they would work with older teenagers. So far Randall and Doernbecher Children's have been good partners.
- Carl: Happy to connect you with pediatric ED leadership. Omar: The ED has been fine, but they want us to talk to the urologist.

ACTION: Carl will reach out to Beech Burns with this information.

6. Workgroups: Update & Discussion (Davi Van Winkle, Justin Sales) (Timestamp: 1020)

- a. Heated High Flow Work Group: Davi Van Winkle: Last May, the committee recognized a gap in EMS agency ability to provide heated high flow oxygen to pediatric patients during transport and specifically during interfacility transfers. The workgroup is gathering information to assess the need and understand agency practices and protocols. There are very few agencies that are using this treatment. Talking to different regions,

hospitals, and transporting agencies to get pediatric transport data. Reviewing common devices and cost, provider training, barriers to using the devices, number of patients that have been transported on the devices, how many could have been placed on devices, and diagnoses. We would like to create a survey to gather more information from EMS medical directors and hospitals but pausing while researching funding options. In general, there is a need for heated high flow devices in prehospital transport. Current practice is that most patients that need heated high flow are transported by critical care ambulance. The workgroup would like this to be treatment to be more widely available.

Discussion:

- Tamara: Do you have a need for family stories? Sometimes a family story can help. Happy to explore this with families. Davi: If you have a story of the delay and the relationship, going from one facility to another, we could explore.

ACTION: Tamara will inquire with families about transfer delays due to needing EMS provider with heated high flow.

- b. Behavioral Health: Justin Sales: Increased number of patients with either aggression or complex neuropsychiatric conditions being seen in emergency departments, with requests for more neuropsychiatric evaluations. Unfortunately, this is not the right location for these kinds of evaluations, and Becky Marshall was helpful to share what could be provided. The proposed action from the workgroup is to try to pull together some information that we could be shared with families and outpatient providers, both primary care and outpatient psychiatrists or psychologists. Information about what kind of crisis care plan resources there are in the communities, including the current established bridge programs and the [Oregon Psychiatric Access Line \(OPAL\) K Program](#). The hope is to draft an introductory letter and resources to share with the committee for review and then distribute as a part of an advocacy and awareness campaign.

7. EMSC Program Update (Rachel Ford) (Timestamp: 1031)

- a. The 2024 Prehospital Pediatric Readiness Project (PPRP) assessment report provides baseline data. The assessment had over 200 questions, so there is a myriad of ways to slice the data. Rachel shared a few snapshots from the report and talked about potential next steps. Highlights include Oregon's 51% response rate was above national response rate. Dataset includes 62 EMS transport agencies, and about half of BLS, ILS, and ALS agencies completed the PPRP. Most are either all volunteers, or a combination of paid and volunteer providers. Nine counties had 100% response, six counties had 66% or better response, and remaining 21 counties have opportunities for improvement. Pediatric call volume per month by licensure emphasizes the need for high-quality pediatric continuing education that includes hands-on practice to keep skills sharp and improve provider confidence and patient care experience: 18 agencies have one or fewer, 25 agencies have 2-8, 17 agencies have 9-50, and two agencies have more than 50. Potential next steps include using the data to inform education and pediatric patient care competency opportunities, coordination of pediatric emergency medical care, family-centered care, medication safety, quality improvement, and data equity and transparency efforts.

Discussion:

- David: Counties with 100% response rate have a single agency.
- Carl: Would develop a strategy that reaches out to all agencies to get good

- representation. Rachel: Would like rural and remote agency participation to understand day-to-day needs.
- Rachel: Given assessment length did not even anticipate half of the agencies would respond. Assessments occur every five years, so the next one will be in 2029.
 - Tamara: How long is the survey open for the agencies to respond? Rachel: 2-3 months. We send a series of emails over the course of 6-8 weeks.
 - Carl: Potential opportunity, [Louisiana Pediatric Emergency Care Coordinator Consortium](#).
 - Tamara: Interest in the family-centered care data. Rachel: Could create or gather some policy templates to share with agencies. Need EMS medical director buy-in.
 - Nicole Perkins (OHA EMS Program): EMS Advisory Committee created a Quality Assurance Performance Improvement workgroup and EMSC Advisory Committee members may join.
 - Justin: Would like to focus on education and the coordination of pediatric emergency care as it is how most of the committee members spend their time and provide advocacy and subject matter expertise in their locations.
- b. The 2026 National Pediatric Readiness Project assessment is based on the Pediatric Readiness in the ED [Policy Statement](#) & [Technical Report](#). High Pediatric Readiness, 88 points or more associated with 76% lower mortality rate in ill children, 60% lower mortality rate in injured children, and 2,143 children's lives saved across the United States each year. Pediatric Champions and continuous quality improvement are the key drivers. Infrequent exposure to seriously ill or injured children is a barrier. The following are new to the 2026 assessment:
- Physicians: Availability of physicians 24/7
 - Triage: Use of validated triage tool
 - Suicide: Suicide screening and assessment
 - Agitation: Acute agitation protocol
 - Treatment: Clinical pediatric protocols for common conditions
 - Equipment: New equipment recommendations
 - General: Improved questions and examples
- The [assessment](#) launches March 3 and closes May 31. Preparation [checklist](#). [Toolkit](#) to address opportunities for improvement in the gap report. The gap report summary includes: the overall pediatric readiness score; the answers to the scored questions; and a summary of all the answers. For trauma programs, the gap report and plan are the measures of compliance for Exhibit 4: Chapter 5, Tag 5.10.
- c. Story from the Field: Why we do this work: Video - [Treating Kids vs. Adults. Washington State Department of Health – EMS for Children Program](#)

8. Shared Reports - Questions & Discussion: (Committee) (Timestamp: 1110)

Committee members were asked to review the following shared reports and be prepared to ask questions and discuss: Pediatric Research, EMSC Program Priorities, Oregon Emergency Nurses Association, HERO Kids Registry, Caring for Your Medically Complex Child, and EMS Program Quarter Report.

Discussion:

- a. EMSC Program Priorities:
- Tamara: Outreach to American College of Emergency Physicians. Rachel: The committee discussed member facilitation of virtual introduction to the Oregon chapter

- with the possibility of being invited to one of their meetings. Justin: Will be the one to contact and facilitate the connection as he sits on the board.
- Tamara: Received first HERO Kids story from a mom at a Shriner's Hospital event.
- b. HERO Kids Registry:
- Rachel: Will share the 2025 Q4 report with the committee.
- c. EMS Program Quarter Report:
- Adam Wagner (OHA EMS Program): Shared EMS Data Team, EMS Professional Standards, and other highlights from the report.

9. Key Takeaways (Timestamp: 1118)

- a. Christa: Suggest sharing the workgroup updates and the NPRP assessment information.
- b. Next meeting: Virtual - Zoom | May 7 | 0900-1200
- c. 2026 Meeting Dates: August 13, November 5
- d. Rachel: Members were asked to share ways to continue to improve meeting format and content. Nicole Perkins (OHA EMS Program): Trying to improve interactivity in digital spaces. If you know of tools that have worked well, or if you have a strong sense of what works best, please reach out.

10. Public Comment (Timestamp: 1121)

- a. Sue Steen: Doernbecher Children Hospital is now offering Pediatric Trauma Across the Care Continuum (PTACC) for RN's that care for trauma patients after the ED. This is a course developed by the Society of Trauma Nurses and the Pediatric Trauma Society. The next course offering is Friday March 13, 2026. For more information, please contact: steens@ohsu.edu
ACTION ITEM: Sue will send Rachel the flyer for this course.

Meeting adjourned at 1126.

Next Meeting:

May 7, 2026, 0900-1200
Virtual only on Zoom