Oregon Emergency Medical Services for Children Advisory Committee Meeting Summary
2026 Quarter 2 | May 2026

Slides and recording available upon request.

Appointed Committee Members		
Name	**Position**	**Attendance**
Tamara Bakewell	Family representative	Present
Sabrina Ballew	Patient equity organization representative	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	Present
Tiffany Peterson	Emergency care educator	Present
Alicia Riddle	Family representative	Present
Ana Robatcek	Nurse with pediatric emergency experience	Present
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	Absent w/ notice
Davi Van Winkle	Emergency medical services provider	Present
Omar Washington	Physician specializing in the treatment of pediatric emergency patients	Present

1. **Call to Order (Timestamp: 0902)**
   a. Justin Sales gave a brief introduction, conducted roll call, and reviewed group expectations and the public comment process.

2. **Membership (Timestamp: 0908)**
   a. The committee welcomed two new members: Alicia Riddle (second Family representative) and Ana Robatcek (Nurse with pediatric emergency experience).

3. **Approve February 2026 Meeting Summary (Timestamp: 0910)**
   a. Draft summary was reviewed; no modifications were requested.
   b. Christa Schultz motioned to approve as written. Josh Marks seconded. None opposed; motion carried.

4. **Committee Member Roundtable (Timestamp: 0911)**
   a. Members were asked to share updates related to their committee positions, providing holistic reports as representatives of the state.
      - Tamara Bakewell: Received an invitation to share about HERO Kids at the Oregon Rural Health Forum. Thanks to those who responded to the request on doing a deeper dive with HERO Kids. Thanks to Jennifer Eskridge for the injury prevention materials specific to children and young adults with developmental disabilities. Tamara shared link to an upcoming program about Medicaid services for children.
      - Sabrina Ballew: Working to launch the CommCard Program, intended to aid communications during emergencies for people with disabilities or sensory issues. Gearing up for outreach season.
        Discussion:
        - Justin Sales: Asked whether the CommCard Program is intended just for those over age 26. Sabrina: It can be for any age; the patient hands the card to whomever is responding. It is a collaborative effort with The Arc Jackson County.
      - Eric Blankenship: Gearing up for summer trauma season. Have initiated planning discussions for pediatric cases with kids that have not had Vitamin K who may present with associated bleeding emergencies, as this seems to be a growing problem.
      - Carl Eriksson: Published the report on Oregon's statewide response to the 2022 RSV surge. Participated in the Oregon Medical Coordination Center (OMCC) Summit. OMCC provides a statewide service to identify inpatient beds for patients when the normal mechanisms are not working, and the bed availability is strained.
      - Jennifer Eskridge: May is Safe Kids Month and is the time of year to promote safety. Currently in preparation for May-August when there is a spike in injuries: water, vehicles, helmet safety, etc. There have been some efforts to pull together new coalitions. Those curious about events in their area are encouraged to reach out.
      - David Lehrfeld: Have been involved in ongoing preparedness work: participated in OMCC Summit; completed an exercise with National Disaster Medical System; and working with the Health Security, Preparedness and Response team on patient movement and preparedness plans. Will be working with OHA to review EMS-related grant applications for the Rural Health Transformation Program.
      - Josh Marks: Increasing training for pediatric trauma for the summer. One of the year's biggest outreach events is on July 4; planning to represent HERO Kids along with other information. The ambulances and community paramedics hand out HERO Kids materials and are working to get more people enrolled.
      - Becky Marshall: Reporting on the behavioral health workgroup; have met a few times to define how our group can be helpful in the interface of behavioral health and emergency medical care. Have decided to develop a graphic representation of how families can best use the emergency system (when to access the ED, when to call 988, when to call 911). Working with Brian Pitkin at OHA on the graphics and hoping that they will be family-friendly and in multiple languages. Looking to highlight ways to disseminate the products using Oregon Psychiatric Access Line about Kids (OPAL-K) and other provider routes to make it more accessible to the public.
      - Alicia Riddle: Oregon Family-to-Family Health Information Center worked with school nurses on a panel discussing collaboration, and emergency plans and nursing plans for kids. Attended the Oregon School Nurses Association Conference and shared

resources.

- Ana Robatcek: Conducted Stop the Bleed classes with middle and high schools. Recently completed a disaster preparedness exercise involving decontamination. Have a health fair coming up that is more pediatric-orientated.
  Discussion:
  - Rachel Ford: HERO Kids materials can be requested through an online form or by reaching out to the team.
- Justin Sales: Have been following Senate Bill 951 (2025) on the corporate practice of medicine. The bill passed and is important to the Oregon American College of Emergency Physicians group. It was the nation's first bill to block corporate takeovers of medical practices.
- Christa Schulz: Continuing to work on pediatric readiness, focusing education on the increased refusal of Vitamin K at birth. Preparing for trauma season.
- Dana Selover: OHA is tracking Vitamin K refusals and Senate Bill 951. Working on EMS Modernization implementation and talking to committee members about the Regional EMS Advisory Boards. Because EMS Modernization is broad, the committees can have input on elements anchored in statute but not yet funded, and this may interact with the Rural Health Transformation regional partnerships. Also continuing to participate with the Oregon Perinatal Collaborative. House Bill 4160 (2026) passed, requiring cardiac emergency response plans in schools.
- Davi Van Winkle: Recently completed refresher training on pediatric and infant airways. The biggest upcoming project is rollout of the Handtevy app to aid in management of pediatric patients in prehospital settings.
  Discussion:
  - Rachel Ford: Heard from colleagues that state-level prices for Handtevy have increased and discussions with the company are ongoing. Davi: It is an agency-level rollout, but they may be able to approach the county to expand and increase leverage for price negotiation.
  - David Lehrfeld: Inquired about funding for the rollout. Davi: It is part of the agency's budget.
- Omar Washington: Seeing more integration with artificial intelligence, including patient care summaries and note-taking. Providers are grappling with how to apply it effectively.
- Rachel Ford: With help from teammates, created an inventory of EMS training equipment and a request form, which resulted in equipment distribution to fourteen rural and remote EMS transport agencies and one rural community college. This was a very rewarding project and one step toward meeting the training and education needs of Oregon's rural and remote providers.

5. **EMSC Advisory Committee Bylaws (Chairperson)** **(Timestamp: 1000)**
   a. The committee reviewed the proposed changes to the bylaws.
   b. Tamara Bakewell motioned to approve as proposed. Sabrina Ballew seconded. None opposed; motion passed.

6. **Shared Reports Questions & Discussion** **(Timestamp: 1005)**
   a. Committee members were asked to review written reports shared in advance of the meeting and come prepared to ask questions and discuss.

b. No report-specific comments were offered by members.
ACTION: Committee members were asked to share thoughts on this section of the meeting and whether to revert to short presentations rather than pre-shared written materials.
Discussion:
- Justin Sales: Reminded the committee that they are still looking for pediatric and HERO Kids "stories from the field" to share in future meetings.
- Tamara Bakewell: Shared HERO Kids information at community fair and met a family that has used the platform. She was encouraged to see its impact.

7. **Workgroup Updates (Becky Marshall and Omar Washington)** **(Timestamp: 1011)**
   a. Becky gave the behavioral health workgroup update. They have been working with Brain Pitkin at OHA to develop some visual aids for families. Added that OHA has been developing a resource guide specifically for parents whose children struggle with behavioral health issues.
   ACTION: Becky will share the published OHA resource guide with the committee.
   Discussion:
   - Rachel Ford: They are waiting to hear back from Brian with a meeting date.
   - Christa Schulz: Asked workgroup to bring visual aids back to the committee and send them out to the state.
   b. Omar gave the heated high-flow workgroup update. They have identified that heated high-flow needs to be more available to pediatric patients in Oregon. The workgroup drafted a letter to EMS agencies to encourage them to adopt heated high-flow. Workgroup members learned that there are different protocols for kids across the state, so it may be worth exploring the creation of some statewide protocols to support agencies.
   Discussion:
   - Tamara Bakewell: Requested summary of why heated high-flow is important for kids. Omar: During respiratory infections, it gives pediatric patients additional support so they use less energy. It helps avoid escalation to more invasive treatment. The problem arises once kids on heated high-flow need to be transported to a different hospital. Some kids may be intubated when they do not need to be or moved to regular nasal cannula and then they decompensate.
   - Carl Eriksson: Commented on draft language in the letter regarding initial transport. Omar: Did not think initial transport on heated high-flow was unfounded since it is used for adults. It may provide an intermediary step to reduce intubations in the field. Davi Van Winkle: Part of the need is the lack of trained personnel to provide interfacility transfer for high-flow patients, so they end up requiring critical care transport. This is a device that can be used for adults and pediatric patients. Carl: Expressed that he liked the current phrasing. Justin Sales: Agreed with Carl and stated that purchasing equipment for all agencies would be a big lift without financial backing, so it may be worth focusing on the agencies already providing interfacility transfers.
   - David Lehrfeld: Higher level of care transfer issue first arose during the "tripledemic." Asked workgroup about the availability of heated high-flow in critical care hospitals. Asking every EMS agency to carry, train on, and administer heated high-flow on an initial call is a step too far, but it could be worth focusing on agencies that transport

for the hospitals that already have heated high-flow. Heated high-flow is within the scope of practice for a regular EMS advanced life support unit. Omar: The workgroup collected information from hospitals and EMS agencies. Davi: The workgroup identified that many hospitals have high-flow, but EMS agencies do not. The workgroup is applying for funding and wants to put out a recommendation to the agencies. Depending on how it goes, the workgroup may deploy a drafted survey.

- Christa Schulz: In Bend, getting patients on heated high-flow transferred from outside hospitals is challenging and can take hours. Christa asked whether the workgroup had found data that supports use of high-flow in the field for pediatrics and expressed worry that kids may be put on high-flow when not needed. Omar: The workgroup has not looked extensively at the data, but as a pediatric emergency medicine doctor, he can certainly de-escalate these kids, which often happens upon patient arrival. Emergency department providers get a true baseline and determine the patient's needs.
- Dana Selover: Asked whether it makes sense to target outreach to certain agencies and key areas, invite specific people to conversations. Omar: The letter was intended as an initial step to see if agencies self-select before doing a deeper dive. Dana: Suggested including next steps in the letter to get better traction.
- David Lehrfeld: Recommended differentiating initial 911 response and interfacility transfers, particularly to ensure adequate provider training. Recommended focusing on interfacility transfers and leaving initial response for future work.

8. **Getting to Know You** **(Timestamp: 1045)**
   a. Committee members engaged in an activity using the virtual chat function.

9. **EMSC Program Update (Rachel Ford)** **(Timestamp: 1051)**
   a. The 2026 National Pediatric Readiness Project (NPRP) Assessment launched March 3 and closes May 31. All Oregon emergency department pediatric champions have been asked to complete and submit the assessment.
   The best tool to prepare is the interactive checklist. Upon submission of the assessment, the submitter receives a gap report to improve pediatric readiness. For trauma programs, the gap report and plan are the measures of compliance for Exhibit 4: Chapter 5, Tag 5.10. Pediatric Champions and their team can use the resources in the toolkit to address identified gaps.
   As of May 5, 71% of Oregon emergency departments (41/58) had completed the 2026 NPRP. The national response rate is 51% (2,800/5,505 EDs). Rachel will be circling back to those who started the assessment and did not complete it.
   Discussion:
   - Tamara Bakewell: How long does it take to complete? Do hospitals need a team to complete? Rachel: One person can complete the assessment, does not need to be a team. The assessment is roughly 200 questions but cannot say how long it takes to complete. Rachel & Justin Sales: Suggest printing assessment PDF and working with Nurse and Physician Pediatric Champions to prefill the answers.
   - Carl Eriksson: If we think format is a barrier, that may be feedback to the EMSC Data Center. The easier it is to complete, the more successful it will be.
   - Christa: When is the emergency department pediatric recognition program coming out? This would be nice to schedule at the same time. Rachel: Need more support

and FTE to launch and maintain an ED recognition program. It is on the to-do list.
- Dana: Do you send out a list of tips and tricks for filling out the assessment? If this is 200 questions, am duly impressed with 71% completion rate. Rachel: Doing extra individual hospital outreach and including more team members. There have been a few hospitals that did not finish the assessment in the past but have this time.

b. Last year, committee members requested "stories from the field" to help ground the committee's work. The EMSC Program is requesting that members share stories for future meetings. This quarter's video, "A True Story from Bend, OR," was produced by CPR LifeLinks.
ACTION: The EMSC Program is requesting that committee members share stories that can be included in future meetings. Depending on available resources, this may be a video, print media article, or other form of storytelling.

10. Key Takeaways (Timestamp: 1112)

a. Members discussed the prospect of sharing the work of the heated high-flow and behavioral health workgroups with the EMS Advisory Board.
b. The EMSC Program is asking committee members to complete the action items outlined in the EMSC Program Priorities shared report.
c. Next meeting will be virtual on Zoom on August 13, 2026, 0900-1200.

11. Public Comment (Timestamp: 1116)

a. The committee received no requests for public comment.

Meeting adjourned at 1117.

Next Meeting:
August 13, 2026, 0900-1200
Virtual only on Zoom