Oregon Emergency Medical Services for Children Advisory Committee Meeting Summary
2026 Quarter 3 | August 2026

Slides and recording available upon request.

Appointed Committee Members		
Name	**Position**	**Attendance**
Tamara Bakewell	Family Representative	Present
Sabrina Ballew	Representative of a patient equity organization or an 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 - EMSAB Liaison (Interim)	Oregon EMSC Program Manager	Present
David Lehrfeld	EMS Program Medical Director	Present
Josh Marks	Emergency medical services provider	Present
Rebecca Marshall	Behavioral health representative	Joined at 0948
Tiffany Peterson	Emergency care educator	Present
Alicia Riddle	Family Representative	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	EMS Program Director	Present
Jacey Teeter	School-based health center representative or school nurse	Absent without notice
Davi Van Winkle	Emergency medical services provider	Joined at 1010
Omar Washington	Physician specializing in the treatment of pediatric emergency patients	Present
Vacancy	Nurse with pediatric experience	

1. **Call to order (Timestamp 0902)**
   a. Justin Sales called the meeting to order, conducted roll call, and reviewed group expectations and the public comment process.

2. **Approve May 2026 Meeting Summary (Timestamp 0908)**
   a. Draft summary was reviewed; no modifications were requested.
   b. Tamara Bakewell motioned to approve as written. Christa Schulz seconded. None opposed; motion carried.

3. **Getting to Know You** **(Timestamp 0909)**
    a. Committee members engaged in a summer-themed poll.

4. **Membership** **(Timestamp 0914)**
    a. Ana Robatcek resigned. A new nurse with pediatric experience will be appointed and attend the November committee meeting.

5. **Committee Member Roundtable** **(Timestamp 0915)**
    a. Members were asked to share updates related to their committee positions, providing holistic reports as representatives of the state.
        - Sabrina Ballew: Will report on a back-to-school bash and flu vaccine clinics at the November committee meeting.
        - Eric Blankenship: A busy trauma season with the smoke. St. Charles brought in a new communication system; now using a web application for EMS providers to quickly give information about patients they are transporting to hospital. St. Charles is planning fall outreach to local Level IV trauma hospitals, which will involve meeting trauma hospital representatives and facility walkthrough. Facility visits will also include hands-on skills training.
          Discussion:
            - Justin Sales: Is the web service still voice or is it text? Eric: It is either voice or text, depending on how busy they are. It is called Tiger Connect.
        - Carl Eriksson: Contributing author for American Academy of Pediatrics (AAP) resource about nationwide pediatric capacity for disaster preparedness. The AAP is advocating for a better awareness of regional pediatric resources.
        - David Lehrfeld: Focused on EMS modernization, building out stroke and cardiac systems, and Rural Health Transformation Program (RHTP) grants.
        - Jennifer Eskridge: Oregon Poison Center does lots of outreach for injury prevention during summer season. At the end of August there is a lull as students go back to school. September is Child Passenger Safety Month and Baby Safety Month. September 19 is Concussion Awareness Day. October is Teen Driver Safety Month. Send requests for resources and information to Jennifer.
        - Josh Marks: Scappoose Rural Fire Protection District has been working to achieve HERO Kids requirements.
        - Alicia Riddle: Oregon Family to Family Health Information Center is partnering with Rachel Ford to provide education sessions to Nurse and Physician Pediatric Champions and EMS Pediatric Emergency Care Coordinators, to ensure they know how to get information to families.
          Discussion:
            - Tamara Bakewell: This is the first time they have tried this approach.
        - Justin Sales: Randall Children's Hospital is focusing on measles and encouraging vaccine use. The hospital is seeing an uptick of measles cases.
          Discussion:
            - Rachel Ford: A measles education session is scheduled for October 8

    - Tamara Bakewell: What are the prevailing ages and where is it spreading? Justin: Mostly unvaccinated kids under 5, and exposure through household contact.
    - David Lehrfeld: Are patients mostly referred to facility or are you making the diagnosis personally? Justin: Both are happening, as Randall Children's Hospital is a major referral center. David: How much of the hospital's resources must go toward contact tracing, versus the counties? Justin: The hospital does trace exposures when there is measles in the ED. The amount of time this takes varies.
    - Christa Schulz: Given the recent executive order, will OHA come out with a recommendation on childhood vaccines, and should the EMSCAC come up with a response? Dana Selover: Oregon is part of a West Coast Health Alliance. Rachel will follow-up to understand what statements might be forthcoming.
- Christa Schulz: Working on a grief resources project with Rachel Ford and Tamara Bakewell. Collaborating with the NICU and prehospital EMS to come up with a protocol. St. Charles Bend has moved from AirLink to LifeFlight, so there is no longer an AirLink base at the hospital, and they will be losing the NICU transport team.
- Dana Selover: Workforce, Mobile Integrated Health and equipment are being funded by RHTP grants. Ambulance Service Plan rules will go to public hearing on August 25, and written comments will be due on the same day. There will be a new rule for epinephrine in schools. The 2027 legislative session will be focused on cuts to Medicaid, and support for EMS modernization is not expected. The Oregon Department of Transportation will provide grant funding to support EMS data improvements.
- Omar Washington: Providence St. Vincent Medical Center is seeing an uptick in measles. They are expecting to see more pediatric ED visits.

6. **Stories from the Field (Tiffany Peterson, Josh Marks, Carl Eriksson)** **(Timestamp 0944)**
    a. Tiffany Peterson: Tiffany is an EMT-I from Hood River County. 5 years ago, they were dispatched to a child having difficulty breathing at a local school. The patient's chest hurt and they were having a hard time breathing. The patient ate a green bean at lunch and thought that it had caused the issue. EMS asked questions to figure out why this happened. No past medical history, no medications. The patient swore it was the green bean. EMS decided to do a 12-lead, and it showed that the patient was in Supraventricular Tachycardia (SVT). The medics converted the patient with adenosine on-scene. The local emergency department could not monitor pediatrics, so EMS took the patient to Randall Children's Hospital where they did an ECG. They did not solve the mystery of what caused it, and the best they know is that it was a green bean.
    Discussion:
        - Justin Sales: SVT can often happen randomly due to electrical activity in the heart. Tamara Bakewell: What is SVT? Tiffany Peterson: Supraventricular tachycardia. David Lehrfeld: The cost of an EKG is so low you might as well do one, as they can catch all sorts of issues.

b. Josh Marks: Scappoose Rural Fire Protection District hosts an annual pancake feed to raise money for a scholarship fund for students who plan on going into public safety. This year, they put out HERO Kids information and had a community paramedic talking to people. A lot of people showed interest, so Josh took the information booth to the county fair as well. Josh also told someone going to Seattle Children's Hospital about HERO kids and how to register.
c. Carl Eriksson: Shared a case about a teenage patient who had a first-time seizure. The EMS team treated and intubated the patient. The patient was brought to PeaceHealth Peace Harbor Medical Center, but they could not fly the patient to Portland due to the weather. Peace Harbor decided to transport the patient with Western Lane Fire and EMS, who has a critical care transport vehicle. Normally you would have the receiving hospital extubate the patient, but because they had transported the patient earlier that day, they did it themselves enroute. It was a great decision by the EMS providers.
Discussion:
    - Justin Sales: This takes a huge amount of clinical confidence, as it is way easier to just give the patient an additional dose of medication and handoff to the hospital to extubate.

7. **Break (Timestamp 1000)**

8. **Workgroup Updates (Rebecca Marshall and Rachel Ford) (Timestamp 1010 & 1026)**
    a. The ED may not be the best place for children to go when they have behavioral health issues. Oregon has 988 for behavioral health crises, which should be available for these cases. The behavioral health workgroup created a graphic that spreads awareness of when to access 988 and 911 and shows where they overlap.

    Discussion:
    - Alicia Riddle: What is the connection to local care and treatment resources? What do they have access to, and can that be clearer? Rebecca: In 2021, Oregon rolled out 988, a new behavioral crisis system. 988 is connected to mobile crisis services. Depending on location, there are differences in how long they can take to arrive. Responders are trained on deescalating situations, connecting people with local resources, and figuring out when to refer people to the emergency department. Most counties have longer term stabilization services.
    - Josh Marks: Who can we send complaints to if the timelines are not met? Rebecca: OHA administers the program and should receive complaints.
    - Tamara Bakewell: Should family members look at the graphic? It would be good if the graphic declared what it is about. Rebecca: It would be great to show this to families for feedback. Alicia Riddle: Also happy to talk with families about the graphic and ask what people's experiences are with contacting 988.
    - Justin Sales: 988 and 911 are not mutually exclusive, but a graphic could help people know where to start.
    - Dana Selover: People who have experience contacting 911 will probably get more out of this graphic, compared with people who have not contacted either, who may not understand this graphic very well.

- Rachel Ford: This graphic is poster sized. The workgroup has asked about having business card sized versions as well. There is still room for feedback.
- Christa Schulz: Where does the QR code take people? Rachel Ford: It goes to the 988 Oregon webpage.

b. At the May committee meeting, the committee provided feedback and next steps for the heated high-flow workgroup documents. Rachel incorporated that feedback and shared the documents with the EMS Advisory Committee, who also provided feedback and ideas about implementation barriers.
EMS Program team member, Laxmi Pallathadka, pulled data on pediatric interfacility transfer patients with respiratory complaints and conditions, and both conditions are trending upward.
Committee members reviewed the outreach letter and info sheet. Committee provided feedback on the info sheet which will be applied. Distribution strategy will be determined, all agencies or only agencies with high volumes of the relevant patient types.
Discussion:
   - Justin Sales: Were there any salient concerns raised by the EMS Advisory Committee? Rachel: They mostly wanted to dig into the data more.
   - Carl Eriksson: Is there guidance about albuterol in high-flow nasal cannula? Davi Van Winkle: The workgroup talked about including because you cannot administer as much albuterol if you are using high-flow nasal cannula. The focus of the document is on the heated high-flow device, but this could be added to the *Other Considerations* section. Omar Washington: The primary goal of the info sheet is interfacility transfer, but this could still be a good addition. Carl: Even among emergency departments, the issue with albuterol is not well known.

9. HERO Kids Informational Interviews: Next Steps (Tamara Bakewell) (Timestamp 1036)

a. HERO Kids program informational interviews are in-progress. Tamara has been and may continue reaching out to committee members who are EMS and ED providers to ask a few questions. About 7 interviews have been done. The next informational interview is with Doernbecher Children's Hospital emergency department.

b. Learnings/planned actions: New focus on using paper form and modifying training materials. Updating web page with specific instructions for EMS and ED. Creating and distributing visual reminders (stickers, magnets) for emergency vehicles and worksites. Exploring options for creating a demonstration video. Hosting in-person info sessions in rural counties that have registrants, with one planned for Klamath County. Discussing additional 9-1-1 dispatcher training.

c. The HERO Kids Program has a Portland State University Public Health Intern that will start in September and will focus on community outreach.

10. EMSC Program Update (Rachel Ford) (Timestamp 1046)

a. Oregon achieved a 93% response rate for the 2026 National Pediatric Readiness Project assessment – 54 of Oregon's 58 emergency departments completed the assessment!! This exceeded the national response rate of 82.6% and the Oregon EMSC Program's goal of 90%.

b. The Peds Ready EMS program is pleased to recognize Milton-Freewater Rural Fire and EMS! They join six other recognized agencies.
   Peds Ready EMS sets the standard for EMS transport agency pediatric readiness. Completing the steps necessary to participate in Peds Ready EMS will improve agency readiness to treat pediatric emergency medical and trauma patients. This is a voluntary recognition program, and there is no fee to participate.
   Are you ready to be recognized? Apply today! For more information, check out the Application Guide, the Frequently Asked Questions document, or contact Rachel Ford at rachel.l.ford@oha.oregon.gov.
c. This is the last year of the 2023-2027 grant cycle, and the first year that EMSC programs have received full funding from the HRSA EMSC State Partnership Grant. Programs received $205,000 for the 2026-27 grant year. The Oregon EMSC program's operating budget for 2026-27 is about $280,000, so the grant covers 73% of costs and EMSC State General Funds cover the remaining 27%.
   Unfortunately, there were some errors in the Oregon EMSC Program's Notice of Award. HRSA placed all funds into one category, and it required submission of a budget revision.
   Oregon EMSC Program has a new HRSA Project Officer, Elida Vaught. Elida has been responsive to requests for regular communication and meetings, an improvement from previous Project Officers.
   Rachel Ford submitted the Performance Report before the June 30 deadline. The Project Officer is still learning about the process, so there was some back and forth about the information included in the report, but the level of inquiry will likely improve over time.
d. Rachel Ford is serving in two National Association of State EMS Officials leadership positions:
   1) From 2020-2022, Rachel Ford served as the Pediatric Emergency Care Council Secretary and stepped back into the role in 2023. Rachel will continue to serve as Council Secretary with the hope that there will be new members that are interested in serving and will step up during a future election.
   2) Rachel has been served as the West Region Representative since 2017. Renee Escamilla from Alaska serves as Alternate Representative. Rachel and Renee are working to determine a project for the West Region and hoping to tap into Pediatric Pandemic Network funds and expertise.

11. Grief Resources (Christa Schulz) (Timestamp 1057)

a. Grief Resources project members include Tamara Bakewell, Rachel Ford and Christa Schulz. The idea was sparked by a breakout group at a conference that discussed resources for supporting grieving family members. This project was started to help Oregon EMS and hospital providers do something similar, especially those in communities with fewer resources. Workgroup members met with people running grief kit groups and were advised to compile a list of things that various institutions are doing to support grieving families.
b. The committee reviewed the two grief resource sheets:

1) **When a Child Dies-Resources for Families and EMS & ED Providers**: This resource sheet is broken into two categories, page 1 has resources for families and page 2 has resources for providers. The Resources for Families page includes bereavement and grief support, financial support, and books for grieving children. The Resources for Providers page includes provider trauma and mental health resources, memento items appreciated by families, and workforce training.
2) **When a Child Dies-Resources for Families with QR Codes**: This resource sheet includes the same resources for families as the first sheet, but QR codes were added so that it can be printed and distributed directly to families.

Discussion:

- Justin Sales: Are the resources Oregon-specific or national? Tamara Bakewell: There are local resources. Rachel Ford: There are a lot of national resources that have a branch or chapter in Oregon.
- Carl Eriksson: Child Life team would be happy to review.
- Justin Sales: Only question he was unable to answer was about the findings of the medical examiner. Tamara Bakewell: It may be important to flag where families can get that type of information.

c. Next steps for this project include hosting two Community of Practice sessions on October 29, one for EMS providers and one for hospital providers. The project members are developing the session format and discussion questions. The grief resource sheets, as well as shared protocols, processes, practices, and pathways, will be distributed after the sessions. There is potential for future education sessions focused on grief support, resources available, and other related topics.

12. Key Takeaways (Timestamp 1107)

a. For 2027, the in-person meeting is back! Committee members will receive a revised invite for the May 6 meeting. Committee members who travel from outside of the Portland-metro area will receive travel booking and reimbursement information. Contact Rachel Ford for technical assistance. 2027 meeting dates: February 11 virtual, May 6 in-person, August 12 virtual, and November 4 virtual.
b. Please continue to share your stories from the field in future meetings. Rebecca Marshall volunteered to share in November.
c. Next meeting will be virtual on Zoom on November 5, 2026, 0900-1200.

13. Public Comment (Timestamp 1109)

a. The committee received no requests for public comment.

Meeting Adjourned at 1109.

Next meeting:
November 5, 2026, 0900-1200
Virtual only on Zoom