

Oregon Emergency Medical Services for Children Advisory Committee Meeting Summary

2025 Quarter 2 | May 2025



Slides and recording available upon request.

Appointed Committee Members		
Name	Position	Attendance
Tamara Bakewell	Family representative	Absent w/ notice
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 (virtual)
Carl Eriksson	Pediatric disaster/emergency preparedness representative	Present
Jennifer Eskridge	Injury prevention representative	Present
Rachel Ford	Oregon EMSC program manager	Present
Davi Hughes	Emergency medical services provider	Present
Nick Kaasa	Family representative	Absent w/ notice
David Lehrfeld	EMS Program representative	Present
Rebecca Marshall	Behavioral health representative	Present
Tiffany Peterson	Emergency care educator	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	Present
Misty Wadzeck (EMSAB Liaison)	Nurse with pediatric emergency experience	Present (virtual)
Omar Washington	Physician specializing in the treatment of pediatric emergency patients	Present
Vacant	Emergency medical services provider	Vacant

1. Call to Order (Chairperson) (Timestamp: 0906)

- Rachel Ford and Justin Sales gave an introduction. Justin shared slides on group expectations and the public comment process.

2. Roll Call & Introductions (Timestamp: 0914)

- Each member shared their name, position, favorite part of their job, and something personal or professional they are looking forward to in the next 6 months.
- Members of the OHA EMS Program present in the room introduced themselves.

3. Approve February 2025 Meeting Summary (Timestamp: 0935)

- a. Motion to approve: Christa Schulz
- b. Second: Sabrina Ballew
- c. None opposed, motion carried.

4. EMSC Program Update (Rachel Ford) (Timestamp: 0936)

- a. The Pediatric Readiness Program is a collaborative effort to enhance pediatric emergency care by providing quality improvement, education, and resources to Oregon and Southwest Washington emergency departments. The program shares monthly pediatric grand rounds and provides a quarterly education session.
- b. There are three simulation-based team training events scheduled for June 2025 that will be supported by the OHA EMS Program and the Oregon Office of Rural Health. Area EMS providers and hospital emergency department physicians and staff are encouraged to participate. A procedural skills lab will precede the simulation for critical skills practice.
 - Carl Eriksson asked about scheduling of the team trainings. Rachel answered that the process is systematic and uses a spreadsheet to track training topics, locations, and attendees to rotate throughout the state.
- c. The Oregon EMSC Program is majority funded by the federal government through the Health Resources and Services Administration (HRSA). In March, the Oregon EMSC Program received a partial notice of award (about 45%). Receiving a partial award is not unique to this grant year. Rachel will continue to tackle many priorities and activities outlined for 2025-26. State EMSC programs also received an updated Performance Measures Manual, which removed diversity, equity, and inclusion language to align with federal administration priorities.
 - Carl Eriksson asked if there was concern about the viability of Oregon's EMSC Program and if so, whether there was anything the committee could do to support. Rachel answered that one area of advocacy is with state representatives and encouraged members to reach out to legislators if they have the opportunity. Carl asked whether any talking points have been developed for advocacy. Matt Hansen stated that there was a letter endorsed by numerous national organizations. Matt will send the letter to Rachel to share.

5. Pediatric Research (Matt Hansen, Oregon Health & Science University) (Timestamp: 0949)

- a. The [Pediatric Emergency Care Applied Research Network](#) (PECARN) infrastructure is funded by HRSA through the EMSC program, though most studies also receive National Institutes of Health funding as well.
- b. A prehospital pilot study on life-threatening asthma recently finished, with 43 patients enrolled (not in Oregon, done at other sites). This will hopefully lead to a larger grant and trial.
- c. [PediDOSE](#) study is ongoing, about two-thirds of the way through, looking at dosing of midazolam in prehospital seizure treatment (age versus length-based).
- d. [Pedi-PART](#) is a prehospital airway treatment trial, currently enrolling patients and comparing bag-mask ventilation to supraglottic airway placement for respiratory failure. About 650 patients have been enrolled in the trial. It is not being conducted locally. Next year it will likely proceed to a second phase comparing supraglottic airways to intubation.

- e. Matt submitted a grant on rescue ventilation and the correct rate to use based on patient age.
 - Christa Schulz asked if there are concerns about funding being pulled for current studies. Matt stated that yes, it is a concern; a lot of federal research grants are being delayed, and most grants are 4-5 years with a yearly noncompeting renewal. Now there is more uncertainty and risk.

6. Committee Member Roundtable (Timestamp: 0958)

- a. With recent changes to the EMSC Advisory Committee structure, Dana Selover and David Lehrfeld will now be providing updates during the roundtable.
- b. Chairperson Justin Sales introduced the roundtable concept. Members shared updates from their professional work relevant to their committee position.
 - David Lehrfeld: The EMS Program has been working to implement EMS Modernization. David's focus has been the time-sensitive medical emergencies portion.
 - Omar Washington: Providence's big focus is the Comfort Care Promise, trying to limit trauma caused by injury and interfacing with the medical system. Initiatives include purchasing an interactive projector, using stuffed animals to show procedures, and using dexmedetomidine (Precedex) as a procedural sedative.
 - Christa Schulz asked about the protocol to use Precedex for procedural sedation. Omar will send Rachel the safety sheet to share.
 - Rebecca Marshall: Hospitals are not used to allocating a lot of resources to behavioral health. Working at OHSU to figure out pathways to improve care and to divert kids from ED, to call a triage line and then treat in an urgent care clinic. Also running a research team trying to track what is happening and what the needs are in pediatric behavioral health, particularly around residential treatment.
 - Dana Selover asked to clarify which OHA groups are involved in the research work. Rebecca answered that it is both the System of Care Advisory Council and the Child and Family Behavioral Health group. The research team recently published a [report](#).
 - Sabrina Ballew: Mobile integrated health team is also part of mobile crisis response in Jackson County and is expanding response to kids in behavioral health crisis within schools. Brought sample sensory bags to show the committee. Team is gearing up for vaccine outreach and back-to-school events.
 - Davi Hughes: In Southern Oregon, working with the EMS medical director to hold inter-agency training for obstetric delivery with neonatal resuscitation, in collaboration with midwives and clinicians.
 - Jennifer Eskridge: Summer is health fair season, with safety-themed community events. Many Safe Kids local coalitions have ended due to burdensome administrative changes. For Poison Center, medicine safety is the top priority for education. Poison Center has seen an increase in nitrous oxide cases in young adults and persistent problems with water beads.
 - Omar Washington asked about cases of tetrahydrocannabinol (THC) exposure. Jennifer responded that there have been an increase in THC exposure cases, mostly from ingestion after exposure at home. The largest spike in cases was shortly following legalization, which is a trend in other states as well. Omar subsequently asked about laxity in referrals to Child Protective Services in THC

exposure cases; Justin Sales responded that such referrals are still standard practice for very young children (under 2 years).

- David Lehrfeld commented on the uptick in nitrous oxide cases, noting that some have been trying to get off opioids by using commercial nitrous oxide. Jennifer noted that it is widely available commercially and that there are no age restrictions for purchase.
- Tiffany Peterson: Hood River County fortunately does a lot of county- and region-wide trainings. Agency and region have many volunteer responders in the prehospital setting, and responders are petrified of pediatric calls. Trying to find ways to educate so this is less scary.
- Carl Eriksson: Doernbecher is participating in a national disaster response quality improvement collaborative through the Pediatric Pandemic Network, working specifically on family reunification. Just finished a study looking at Oregon's response to the 2022 respiratory syncytial virus (RSV) surge. It was an amazing, dramatic state response: pediatric intensive care unit census increased by 50% and Oregon's statewide pediatric census increased by 20%.
- Eric Blankenship: Working to get pediatric specialists involved with trauma team activations. St. Charles absorbed the Center for Orthopedics and Neurosurgery in Bend, which has given access to athletic trainers to work on Train the Brain and other outreach activities.
- Misty Wadzeck: Doing work around pediatric readiness and action plans with Exhibit 4 for trauma. New legislation required emergency department and labor and delivery collaborative trainings and policies, which will be live July 1.
- Justin Sales: Volume increases in emergency department cases have not stopped. Treating behavioral health patients and appreciate the opportunity to work with behavioral health specialists in the ED. There is a huge need for expanding pediatric behavioral health placement.
- Christa Schulz: Continuing to work with the emergency department and supporting the hospital system's outlying locations that want to keep their pediatric patients in-house rather than transfer where possible.
- Dana Selover: Senate Bill 1 proposes change to the administration of epinephrine in public schools. House Bill 3572, EMS Modernization part 2, plans to fund the work of EMS Modernization part 1 as well as introduce new work.

7. State Chapter Updates (Gina Craven, Oregon Emergency Nurses Association; Cheryl Matushak, Oregon Pediatrics Society; Justin Sales, Oregon College of Emergency Physicians) (Timestamp: 1058)

- a. Gina Craven: Since 2021, the Oregon Emergency Nurses Association (OENA) has allocated funding to pediatric readiness in Oregon and education in rural areas. OENA just completed five classes in LaGrande, Enterprise, Madras, and Bend. Classes taught local EMS groups and emergency room nurses, and some smaller hospitals had medical-surgical nurses attend. At the LaGrande training, the [Northeast Oregon Area Health Education Center](#) provided high-fidelity pediatric equipment to do hands-on skills training.
- Misty Wadzeck asked whether the Northeast Area Health Education Center operates outside of the northeast region or serves other Oregon hospitals. Gina answered that

- they are trying to raise awareness of their services and are open to talking with any interested organization.
- b. Cheryl Matushak: The Oregon Pediatric Society (local branch of American Academy of Pediatrics) received a grant to promote disaster preparedness among its membership. Program components were a one-hour live webinar (April 2024), six-month quality improvement project, and breakout session at the annual conference (May 2025). For quality improvement, seven preparedness domains were identified, and key lessons included the importance of practice (such as clinic-based fire and active shooter drills), accountability (monthly check-ins), and emphasizing “better done than perfect.”
 - c. Justin Sales: No specific updates at this time.

8. EMSC Advisory Committee Priorities (Rachel Ford) (Timestamp: 1107)

- a. Brief overview of committee priorities in Oregon statute and established by the Health Resources and Services Administration.
 - All EMS Program advisory committees have liaisons that feed pertinent information up to the EMS Advisory Board. The EMSC Advisory Committee liaison is Misty Wadzeck. The Time-Sensitive Medical Emergencies Advisory Committee and Trauma Subcommittee also have pediatric physician positions, filled by Jessica Bailey and Steve McGaughey respectively.
 - The statute lists EMSC Program directives, and Rachel will seek advice from the committee on how to prioritize.
 - HRSA's performance measures fit into four categories: hospital emergency departments, EMS agencies, family representation, and permanence of the EMSC program at the state or territory level.
- b. The committee has previously provided feedback on development of an EMS agency pediatric readiness recognition program called Peds Ready EMS. Peds Ready EMS is based on an in-depth review of existing state EMSC prehospital recognition programs and HRSA requirements.
 - HRSA provided feedback; Rachel responded and let them know the program would launch in May 2025.
 - Rachel will finalize and post program documents, then send an invitation to all transport agency Pediatric Emergency Care Coordinators.
 - Goal is to have 25% (33) of transport agencies recognized by December 31. Recognized agencies will receive a certificate and a decal for each licensed ambulance. The first 20 agencies recognized will receive a plaque.

9. Health Emergency Ready Oregon (HERO) Kids Registry (Brittany Tagliaferro-Lucas, Oregon Center for Children and Youth with Special Health Needs) (Timestamp: 1128)

- a. The [Oregon Registries for EMS](#) (OREMS) app provides direct access to Oregon POLST and HERO Kids Registries. As of March 31, 78 EMS agencies have enrolled and 47 have set up individual user accounts.
 - Rachel Ford added that the app is available to all prehospital agencies, both transporting and non-transport.
- b. An OREMS survey will be conducted in May. Goal is to gather data on usage, ease of use, issues, and usefulness of information, and to offer technical assistance. The survey will be distributed to all agencies and hospitals with accounts. Data and findings will be reported next quarter.

- c. A survey on Emergency Department Information Exchange alerts was conducted in March. 62 responses were collected; data and findings will be reported next quarter.
- d. The new [Emergency Protocol Form](#) is finalized and available as fillable PDF and paper form. There is an [educational guide](#) for providers.
- e. A new HERO Kids [marketing guide](#) is available.

10. Key Takeaways (Chairperson) (Timestamp: 1138)

- a. Justin Sales asked the Committee to help determine pertinent updates for Misty Wadzeck to share with EMS Advisory Board. Members suggested sharing information about the Peds Ready EMS program and the new emergency protocol form.
- b. Rachel Ford opened discussion for members to suggest ideas for future committee work.
 - Rebecca Marshall requested that the group advocate for additional pediatric behavioral health resources, particularly beds for inpatient placement. Committee discussed the possibility of drafting a letter. Justin Sales volunteered to work on the letter with Rebecca.
 - Omar Washington mentioned the limited availability of EMS to transport patients on heated high flow oxygen. This was particularly problematic during the RSV crisis. It is unclear to what extent the problem is due to availability of equipment versus provider discomfort with transporting high-acuity pediatric patients.

11. Public Comment (Timestamp: 1156)

- a. No public comments were offered. Justin Sales expressed appreciation for members of the public attending the meeting.

Meeting adjourned at 1158.

Next meeting:

August 7, 2025, 0900-1200, in person
Portland State Office Building, Room 177
800 NE Oregon Street, Portland, OR, 97232