

Texas EMS

Serving Texas Emergency Care Professionals



**CE: Alcohol
emergencies
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**National Registry
implementation
dates change
Page 32**

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_____	"Ready Teddy" coloring book. 16 pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61)
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_____	"When Minutes Count—A Citizen's Guide to Medical Emergencies" brochure. A foldout first aid guide. Can be personalized by the EMS service. (EMS-014)
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_____	* (Updated) "EMS—A System to Save a Life" brochure. A 1970s title with a 1990s text, it has public health region office info and "For more information, call" box. Explains BLS and ALS. (EMS-012)
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_____	(Updated) "I'm an EMS Friend" sticker. Ready Teddy in a 2-1/2 inch, 3-color sticker.
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13 Changes!

Budget cuts cause changes to Texas EMS Magazine.

14 Texas EMS Conference 2002

We've got the best speakers in Texas – and from around the county – lined up for the 2002 conference. Turn to page 22 for the first listing of workshops. The grid of workshops will appear in the September/October issue.

30 EMS loses a good friend, Gene Weatherall

Gene Weatherall, bureau chief of the Bureau of Emergency Management, passed away in May. Here's a look at his career, which mirrors the development of EMS.

By Kelly HARRELL

32 National Registry implementation dates get moved

The dates for the implementation of National Registry testing have been moved back and divided into two parts, basic and advanced.

By JIM ARNOLD

33 TRAC-IT Update

The Bureau of Emergency Management and the Bureau of Epidemiology set the record straight on the latest information on TRAC-IT project and EMS run reporting.

By KATHY PERKINS AND MARK CANFIELD

34 GETAC Recap

If you weren't at the May GETAC meeting in Austin, here's what you missed. The next meetings will take place August 22 and 23 in Austin. By KATHY PERKINS

35 Defensive Tactics

The first in a series of columns about staying safe on the streets. By RAY DUGRAY

38 Continuing education: Alcohol emergencies, Part I

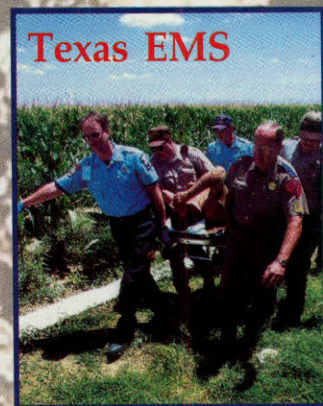
If you're on the street for any length of time, you'll see an alcohol emergency. Earn 1.5 hours of medical emergency continuing education. CE ARTICLE provided by EMCERT.COM.

THE PHOTO ON THIS PAGE WAS TAKEN JUST BEFORE THE COVER PHOTO, WHEN THE PATIENT WAS STILL ENTOMBED. PHOTO BY DON BURRESS.



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ABOUT THE COVER:
A team effort of EMS, Texas Department of Public Safety, the Sheriff's Office and fire department personnel rescued this worker from a cave-in while he was digging a trench. Photo by Don Burress with Plainview Fire/EMS

49 Texas EMS Award Nomination form

Do you know an outstanding EMS person or organization? Nominate them for the Texas EMS Awards, given out each year at Texas EMS Conference. Now is the time to start gathering the information you'll need to send in with this nomination form.



BUREAU OF EMERGENCY MANAGEMENT MISSION

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MANAGEMENT

Time is running out to comment on strategic plan

As we head into mid-summer, the news from the Bureau and GETAC continues to be dominated by the strategic plan due to go to the Legislature this fall. That attention to the plan is appropriate: scores of people have spent hundreds of hours contributing to this document, which may well determine the future of emergency health care in Texas. All the documents pertaining to the strategic plan are on our website (www.tdh.state.tx.us/hcqs/ems/governor.htm) and drafts will be posted to the website as they are available. We urge you to comment either by phone, mail or email. This plan could affect what you do for the next ten years, and how lawmakers see emergency health care in Texas.

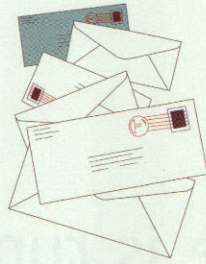
Texas EMS lost a good friend in May. Gene Weatherall, who served as bureau chief of the Bureau of Emergency Management for 14 years and spent many years before that working in EMS inside and outside state government, died of complications from cancer. He was 58. Gene had retired in early 2000 and moved back to his native Arkansas to be closer to his family. For more information on Gene and his impact on EMS and trauma in Texas, see page 30.

After a great deal of thought, we have changed the implementation dates for the National Registry exams (see article on page 32 for the complete story). The new dates take into account training program schedules and split the implementation dates by level of certification. All coordinators will need to learn this new information. We are currently researching the possibility of videotaping the sessions or having them available on the Internet for those with fast enough access. Call your local regional office for more information.

In September, EMS firms will receive a postcard asking them to subscribe to *Texas EMS Magazine*. For years, we have sent the magazine at no charge to providers and course coordinators. This amounted to about 1,700 complimentary magazines mailed out each issue, amounting to about 16 percent of the total printing budget. Given our budget cuts in the last year, we simply cannot afford this anymore. As of November 1, 2002, we will send free magazines only to volunteer firms who are listed as volunteer in the certification database. For more information on the changes coming to the magazine, go to page 13.

Hope to see you at the GETAC meetings on August 21-23 in Austin. Committees should have much to discuss as they did not meet during the GETAC meetings in May so that more time could be devoted to the strategic planning process. See page 34 for a recap of the May meeting and a schedule of the August GETAC committee and council meetings, or check our website.

Letters



To Texas EMS Magazine: I would like to publicly thank everyone who showed support for us in Shackelford County during our recent disaster. As you know, on April 25th of this year, the town of Albany received more than 11 inches of rain in approximately three hours. This caused a wall of water to move through the town, damaging or destroying at least 140 homes. One life was lost.

Anson EMS sent an ambulance to our town to help cover the area for several hours while the waters receded. Citizen's EMS from Clyde transported someone on the southwest side of town after floodwaters prevented our crews from getting to the patient. Other EMS agencies such as Fisher County EMS called to let us know they had crews on standby to help us if needed. Sweetwater Fire Department sent a diving team to assist in locating the body of a woman who was washed away from her home.

As it turned out, many lives were saved by area law enforcement and firefighters who were manning rescue boats and fire trucks, braving the raging waters to reach stranded homeowners and motorists. Even my 16-year-old son risked his own life to save a man stranded in a car in chest high water. Other citizens did the same for their neighbors. There were only three EMS calls during the event, two of which turned out not to be transports.

Thanks again to everyone who not only offered or supplied assistance to us in our time of need, but to everyone who even

thought about us and expressed concern for our safety and well-being.

Jane E. Hill-LP
EMS Operations Director
Shackelford County EMS

To Texas EMS Magazine: I wanted to drop a short note about the volunteer personnel who showed up at Happy, Texas, on May 12 after a tornado.

I know Jerry Sims, the Happy EMS/volunteer fire chief, from serving in PEMSS. I called him on his cell phone shortly after the tornado hit. He said, "We have been hit real bad... please come on down." Their closest mutual aid from Wayside could not respond at that time because they were boxed in by the same approaching storm.

By the time I loaded a few supplies and drove to Happy, numerous area volunteer, fire and rural EMS services had already arrived. Units from Amarillo (BSA and AMS) and Lifestar were on standby in Canyon. This was supplemented by personnel from DPS, area sheriff's departments and Red Cross units.

Fortunately, the death toll was low but could have been so much worse if Mr. Sims had not sounded the alarms early. I was very impressed with the mutual aid response, especially from the rural volunteer units. To me, it emphasized the importance of making the challenges of rural EMS known and providing continuing support and resources for rural EMS services in Texas.

I was proud of Texas EMS and

to be a small part of it. I know you would have been proud to see the teamwork in action, working so well to save lives.

Melody Malouf-JD, LP,
NREMT-P
GETAC Education Committee
Amarillo, Texas

EMS Obituaries

John Arning Jr., 76, died on May 31. He was a member of the Bleiblerville Fire Department and Austin County EMS. Memorial contributions can be made to the Bleiblerville Fire Department or Grace Lutheran Church School.

Shawn Rendon, 30, an EMT and firefighter with Austin Fire Department, died on May 17 at his home in Williamson County. He had been an EMT and firefighter for two years. A memorial fund has been established: Shawn Rendon Memorial Fund, c/o Austin Firefighters Relief and Outreach Fund, P.O. Box 684672, Austin, Texas 78768.

Terry Sprinkle, 39, a licensed paramedic, died on April 4 due to cardiac arrest. He had been working in EMS since the late 1980s. At the time of his death, he was working for HCA South Arlington Hospital and AMR Arlington EMS. For memorial information, call Deanna Harper, Public Information Officer, AMR Arlington EMS, at (817) 460-0986.

Marco Gonzalez, 28, an EMT, died on June 1 as a result of an auto-pedestrian crash in Alice. He worked for Goldstar EMS.

Governor of New York thanks Lubbock EMS Honor Guard for Texas flag

The following letter was sent to Curtis Wadkins, a member of the Lubbock EMS Honor Guard, from George Pataki, governor of New York. At Texas EMS Conference 2001, the Honor Guard performed a ceremonious folding of a Texas flag to be presented to New York City emergency responders. The flag was sent in a specially-made wooden flag box handcrafted by Lubbock firefighter Gary Vaughn.

Dear Mr. Wadkins:

Thank you for your very kind letter and for the Texas flag which you so kindly dedicated to our brave heroes. I remain deeply grateful of the tremendous compassion that you and the people of your state have demonstrated on behalf of New York. Please convey my thanks as well to firefighter Gary Vaughn for his efforts in creating the handcrafted box for the flag.

September 11 will always be remembered as a day when a dark cloud descended across America. The unspeakable terror that struck New York City — and America — will stand as one of the darkest moments in human history. In the wake of the terrible destruction and the loss of life at the World Trade Center, the spirit of New York shined through with the extraordinarily courageous and selfless efforts of the firefighters, police officers and the other rescue workers who put themselves at great risk to save others. From this worst of moments, we saw the best of New York. Many of them gave their lives that day, but their memory and their example has been an inspiration not just to all of us in New York, but to people

around the world. Those still on the scene continued to work under the most difficult of circumstances without wavering. They will always have our heartfelt gratitude and appreciation for the difficult and dangerous jobs they did with such dedication and bravery.

And, the thousands of people from throughout our state, our nation and the world who have offered their assistance and shown their concern, compassion and support in the days since this tragedy have our heartfelt thanks as well. The outpouring of support from one end of the globe to the other has been simply overwhelming, and the people of New York have been deeply touched by your generosity and kindness. We will never forget it.

The forces of evil that committed this atrocity have caused pain

that will last for generations, pain that has claimed the lives of innocent men, women and children. But evil never prevails. Freedom, despite its vulnerabilities, will always prevail. Our spirit is strong and our resolve unshakeable. Make no mistake about it — we will not just survive this disaster. Nor will we simply overcome it. We, the people of New York, will join together, united in strength, and lift New York to its greatest day.

On behalf of all New Yorkers, thank you for your support, prayers and encouragement. May God bless you, may God bless the people of New York, and may God bless America.

*Sincerely,
George Pataki,
Governor
New York*

The Lubbock EMS Honor Guard poses in front of the Texas EMS Hall of Honor with the Texas flag that was sent to Governor George Pataki.



AROUND THE STATE AND NATION EMS NEWS AND RESOURCES

By Kelly Harrell

Certification database keels over during office move

If you're wondering what happened to the certification query in May—the server died during the Bureau's office move on May 3, causing the database to lose some data and causing major problems for staff. Experts from TDH and computer companies worked for nearly two weeks to fix the problems. The server and database came back online on May 20 and staff



worked quickly to eliminate the backlog. Applications were handled on a date-received basis (first in, first out).

Number of child deaths down



The number of children killed in auto crashes last year was the lowest since the government began keeping record 36 years ago. The National Highway Traffic Administration reported that the number of fatalities for children under 16 dropped from 2,811 in 2000 to 2,658 in 2001, a decrease of 5.4 percent. The total number of people killed in highway crashes in 2001 was estimated to be 41,730, down only slightly from the 41,821 in 2000. Sixty percent of those who died were not using safety restraints such as seat belts. Other findings:

- The percentage of alcohol-related deaths in 2001 remained unchanged at 40 percent.
- Young drivers (16-20) were involved in 7,547 fatal crashes in 2001 compared to 7,607 in 2000.
- Motorcycle fatalities increased for the fourth year with 3,067 killed in 2001, the highest number since 1990.
- The number of pedestrians killed—4,698—remained virtually unchanged.

For the full report and other NHTSA press releases, go to www.nhtsa.dot.gov/nhtsa/announce/press/index.cfm.

West Texas gets new air service

The Midland-Odessa area got something new to help with emergency transports this year: a new air medical service. Southwest Air Ambulance, based out of Las Cruces, New Mexico, now serves the 150-mile radius around the two West Texas towns. Previously, the closest air ambulance services were in Lubbock, San Angelo and Abilene. Aircraft will include a Cessna 414 for inter-hospital transfers and a Eurocopter A-Star for transporting patients from emergency scenes.

CE ANSWERS FOR MAY/JUNE 2002

- | | | |
|------|-------|-------|
| 1. C | 6. C | 11. C |
| 2. B | 7. D | 12. B |
| 3. D | 8. B | 13. A |
| 4. B | 9. D | 14. C |
| 5. A | 10. C | 15. B |

EMS loses two regional directors



Lee Sweeten teaches moulage, one of the most popular classes at Texas EMS Conference.

Lee Sweeten, EMS regional director for Region 8 in Uvalde, has retired after 24 years with TDH. Sweeten joined a volunteer EMS organization after becoming an ECA in 1974, and eventually completed his EMT and paramedic certifications. He went to work for TDH's regional office in 1978, where he helped develop many of the EMS

forms and processes still in use today.

Tom Cantwell, EMS regional director for Region 9/10 in El Paso, has retired after 23 years with TDH. Cantwell joined TDH in 1978 when that region had only six counties. It now has 36 and encompasses about 1/4 of the state. He became a paramedic in 1985.



Tom Cantwell presented one of the EMS awards at Texas EMS Conference.

ESD created in West Columbia

Voters overwhelmingly approved the creation of the Brazoria County's first emergency services district in May. The district has the power to levy a tax on residents currently served by Central EMS, which provides service to West Columbia, Damon, Columbia Lakes, Bar X and Wild Peach. Officials from Central EMS, citing escalating debt and shrinking volunteer corps, said the ESD was necessary to keep the service afloat. The district may charge up to 10 cents per \$100 of property value. The rate will be determined by a board appointed by the commissioners court. Central EMS provided care to 1,826 patients in 2001.



Fire chiefs retire after long careers

Two long-time fire chiefs are hanging up the fire helmets. After 28 years with



the Yoakum Fire Department, including the last 15 years as chief, David Ferry retired on May 31. Ferry joined the fire department in 1973 and a few years later became one of Yoakum's first EMTs. Ferry says that the care EMS provides has greatly improved from those early days. He should know: in March 2001, Ferry suffered a heart attack while at the fire station and paramedics worked and transported him. The former fire chief is working for a private company in Yoakum.

Bryan Fire Chief Jim Bland is retiring after 34 years on the job, 14 as chief, on July 31. Bland has also watched the fire department grow to include emergency medical services. Bland says he's most proud of helping the department transition from using basic emergency response to ALS, a "change that saved countless lives." Bland plans to work as a consultant for the Texas Fire Chief's Association.

On Duty



WTC looter gets 10 years in prison

While the buildings still burned at the World Trade Center, one man saw opportunity—in looting the businesses. Rescue workers spotted Roland Abarategui, two shoulder bags stuffed with looted watches, cameras and credit cards, taking souvenir snapshots of body parts. Although Abarategui claimed that he found the bags and was going to turn them in, the photos of him posing at the crime scenes did not help his case. A Manhattan judge sentenced the man to ten years—the maximum sentence his burglary allowed.

LifeTech shuts doors

LifeTech EMS in Grayson County shut its doors in April after it lost insurance coverage, according to published reports. The closure left part of the county without ambulance service briefly, although neighboring services from Sherman and Bells-Savoy have bridged the gap in the interim. About 50 people in Grayson County and north Collin County were left without jobs.

NHTSA recalls some Freightliner vehicles

The National Highway Traffic Safety Administration (NHTSA) issued the recall below and urges consumers to have the problem fixed promptly. NHTSA is publicizing the recall to alert consumers about safety problems and encourages them to take action. Under federal law, safety problems must be remedied without cost to consumers. Manufacturers are required to mail a recall notice to all purchasers, owners and dealers when a safety defect or noncompliance with federal safety standards is found. The agency urges owners to wait until they receive notification from the manufacturer before contacting their dealers to schedule the repair work. Not all vehicles of a particular make and model may be subject to the recall.

Models: Freightliner XCS, XB, XC, VCL; Freightliner Business Class; American LaFrance Eagle; American LaFrance Metropolitan; Orion V; Thomas MVP ER; Thomas ER Transit; *All Models - Year 2001; Number Involved: 2,700; Dates of Manufacture: 2001 NHTSA Recall No.: 01V322002; Freightliner Recall No.: FL-389A*

Vehicle Description: Certain medium duty trucks, fire trucks, transit and school buses equipped with electronic throttle control/accelerator pedals supplied by Williams Controls Industries.

Description of Noncompliance: The weld attaching the clevis to the plate has insufficient penetration and could allow the clevis to separate from the plate.

Consequence of Noncompliance: If the clevis separated from the plate while the vehicle was in use, the vehicle would return to idle, increasing risk of crash.

Corrective Action: Dealers will replace these pedals.

Owner Notification: Owner notification began in January 2002.

Note: Owners who do not receive the free remedy within a reasonable time should contact Freightliner at 1-800-547-0712.

New publication details lessons from terrorist attacks on U.S.

RAND, a so-called "think tank" devoted to improving U.S. policy through research and analysis, has just published a new report entitled "Protecting First Responders: Lessons Learned from Terrorist Attacks." The report looked at the September 11 attacks, the subsequent anthrax attacks and the 1995 Oklahoma City bombing to document the first-hand experiences of emergency responders regarding the performance, availability and appropriateness of their personal protective gear in these incidents. The report found that the "scale, duration and range of hazards" at terrorism sites rendered some PPE inadequate, as it was not designed for long-term use and could be restrictive and uncomfortable. The report, which runs about 100 pages, is available in Adobe PDF format at www.rand.org/publications, or you can order the book from RAND for \$20. And here's a little trivia: RAND (a contraction of the term research and development) was the first organization to be called a "think tank." The organization was created in 1946 by the U.S. Air Force but now the non-profit institution addresses not only military problems but those social and international issues as well.



CMS offers answers to questions about fee schedule

Looking for the answers to all those fee schedule questions? The Centers for Medicare and Medicaid (CMS) now maintains a web site with frequently asked questions—and answers—about the Medicare Fee Schedule and the Final Ambulance Regulations. The website also includes the fee schedule, the final rule, and links to the zip code file, mandatory training and information on implementation. Find the site at www.hcfa.gov/medlearn/refamb.htm.

Medics may see new identification device

If you make a call and come across a wallet card, identification tag or windshield sticker that says Vital ID, you can count on getting more information about the patient. Vital ID is a new emergency medical information and storage retrieval system that stores important emergency information at one site. If you find a Vital ID card, call the toll-free number printed on the card (800/698-4825). You will be asked for the member number on the card, the identity of your unit and the destination ED. Vital ID will call the ED to verify that you have a legitimate need for the information, and then release medical information to you. Vital ID staff will also fax the member's complete information to the ER and notify the member's designated emergency contacts. For information, go to www.vitalid.com.



Rathe appointed to EMS Director at Cy-Fair

Cy-Fair College recently named Daniel L. Rathe as the institution's EMS Program Director. Rathe will be responsible for developing the EMS program, including obtaining national accreditation. The program will begin in January 2003 when Cy-Fair College opens its doors. Rathe, who comes to Cy-Fair with more than 12 years experience in emergency response, began his career with the Klein Volunteer Fire Department in Harris County. Rathe most recently worked as a field paramedic for Cypress Creek Emergency Medical Services.

Rathe earned a Bachelor of Science degree in health from Sam Houston State University in Huntsville. As an instructor, he has worked for the Houston Area Contractor's Safety Council and most recently at the Emergency Services Training Institute, Texas Engineering Extension Service, which is part of the Texas A&M University System.

And now, a little diversion scenario...

Here's a topic we haven't seen addressed too often: psychiatric patients and the diversion issue. This real-life scenario happened somewhere in Texas.

A psych patient on an Emergency Detention Warrant was taken to the hospital named in the warrant but was refused because that hospital was on divert status. The patient was transported to a second hospital that accepted him. The administrator of the accepting hospital called and wanted to know if it was legal for them to accept the patient if another hospital was specified in the EDW. The answer: It is not legal. The EDW is a specific court order to a specific hospital to place a subject on a 24-hour mandatory hold for psychiatric evaluation. The accepting hospital had no obligation, nor legal authority, to place the subject in detention against his will and the named hospital violated the court ordered warrant by refusing the patient.

Solution options for EMS:

- (1) Ignore the divert request; or,
- (2) Obtain a second warrant naming the second hospital; or
- (3) Call the SO to transport.

For information, contact Jim Arnold at jim.arnold@tdh.state.tx.us.

On Duty

Local projects RFP applications due July 12



Looking for money for next fiscal year? The applications for the Local Projects Grants program are now on the website.

Go to the website at www.tdh.state.tx.us/hcqs/ems, click on Funding Sources and follow the links to Local Projects. Postcards with this information were sent to all registered first respond-

er organizations, licensed providers and anyone has requested information in the past. Local projects grants are available to licensed providers, registered first responders and other EMS support agencies. Questions may be directed to either Ed Loomis or Terri Vernon at (512) 834-6700 or email ed.loomis@tdh.state.tx.us or terri.Vernon@tdh.state.tx.us.

Strategic Plan due to be distributed by October

In 2001, Texas legislators passed HB 2446, which directed GETAC to develop a strategic plan for the future of EMS regulation and EMS/Trauma Systems to be presented to the next session of the Legislature. Work on the plan began last August and is due to be printed and distributed by October 1. All the strategic planning documents, including the background documents GETAC used during an April retreat devoted to the strategic plan, can be found at www.tdh.state.tx.us/hcqs/ems/governor.htm#StrategicPlanning. Below is the timeline for the completion of the strategic plan.

Task	Responsible Party	Projected Completion Date	Status
Development and finalization of survey instruments and process	Rural Task Force	8/31/01	Completed 10/1/01
Survey Mailout to EMS Medical Directors, FROs, EMS Providers, & Hospitals	BEM	9/14/01	Completed 10/23/01
GETAC letter to Stakeholder organizations	BEM	9/14/01	Emailed on 10/23/01
Survey reminder card mailout	BEM	12/01/01	Completed
Other "promotional" activities (e-list postings, magazine, etc.)	BEM	11/30/01	Completed
GETAC/Standing Committee Hearings	GETAC/Standing Committees	11/17-19/01	Completed
		1/30 - 2/1/02	Completed
		5/29 - 31/02	Scheduled
Surveys entered	Contractor	2/15/02	Completed
Other On-Site Public Hearings	GETAC	3/31/02	Six hearings completed
Survey data collated/ analyzed	TDH	3/31/02	Completed
Initial analysis for retreat	TDH		Completed
Retreat Packets, including draft of background materials to GETAC	BEM	4/5/02	Completed
GETAC retreat	GETAC/BEM	4/19 - 21/02	Completed
Goals/Recommendations developed	GETAC	4/21/02	Working
Strategic Plan Document Drafted	BEM	4/30/02	Working
Report to Senate Intergovernmental Relations Committee	GETAC	5/28/02	Completed
Strategic Plan Document Finalized	BEM	7/31/02	Working
Strategic Plan Document Printed and Ready for Dissemination	BEM	10/1/02	Working

Budget cuts cause changes for *Texas EMS Magazine*

Did you know that Texas EMS Magazine has more than 5,000 subscribers?

The well-publicized budget crunch at state agencies has hit *Texas EMS Magazine*. For many years, as costs continued to rise, the amount that we brought in from subscriptions did not cover the costs of printing the magazine. TDH has been supporting the magazine through use of a federal grant and other operating funds. Recently, TDH also took dramatic cuts in federal health block grant funding, and those funds are no longer available to the Bureau of Emergency Management.

This means several important changes are on the way for readers of *Texas EMS Magazine*.

Subscription price rising

The new subscription price, as of September 1, 2002, will be \$25 for two years and \$45 for four years. We have not raised the price of the subscription since December 1994 when it went from \$15 to \$20. It has remained at \$20 for a two-year subscription since then. Anyone can access at no charge most of the content of the magazine—without photos—on the website. Go to www.tdh.state.tx.us/hcqs/ems/mag.htm for the latest issue.

No more free mags to providers and coordinators

For years, we have sent the magazine at no charge to providers and course coordinators. These 1,700 complimentary magazines mailed out each issue amounted to about 16 percent of the total printing budget.

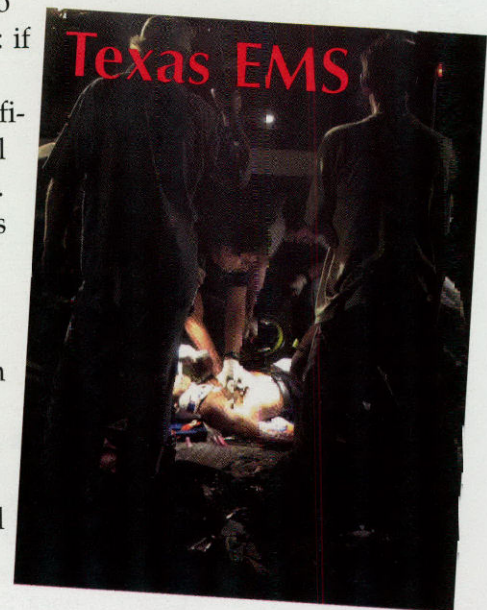
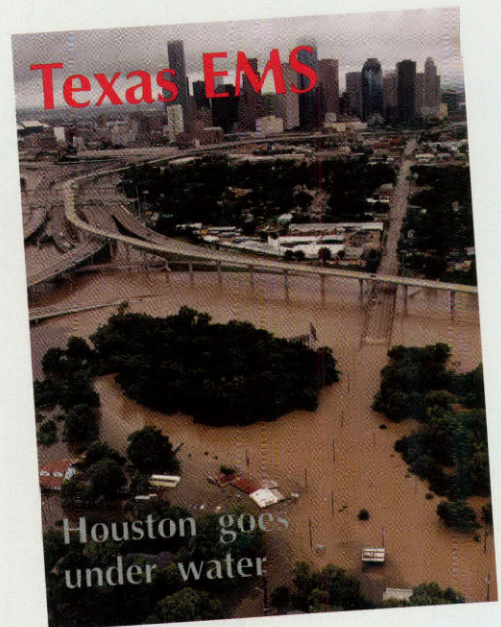
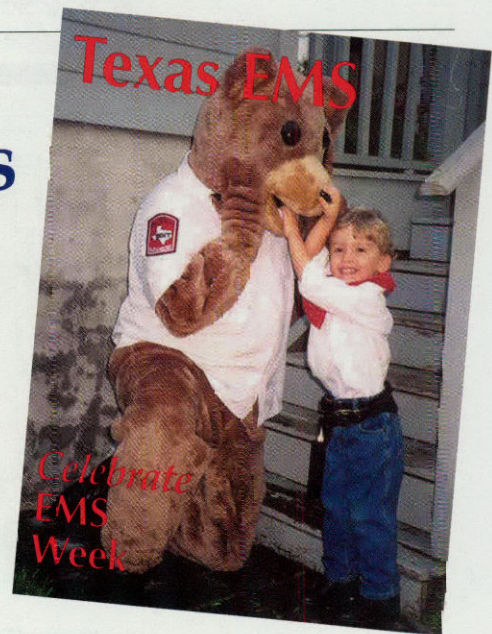
As of November/December issue,

we will send free magazines only to volunteer firms who are listed as volunteer in the certification database. All other firms and course coordinators will be sent a postcard in September with an invitation to subscribe. If we have not received payment by October 1, then the provider or course coordinator will not receive a November/December magazine.

New accounting practices

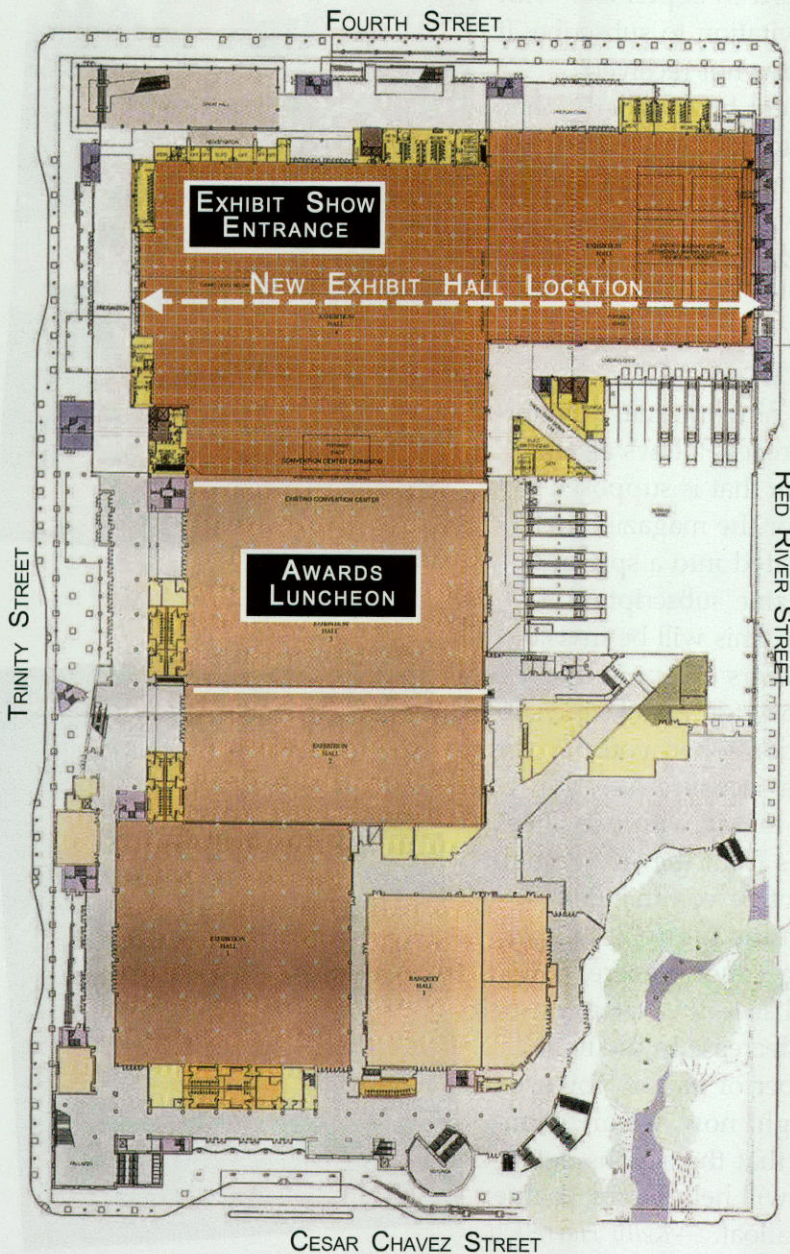
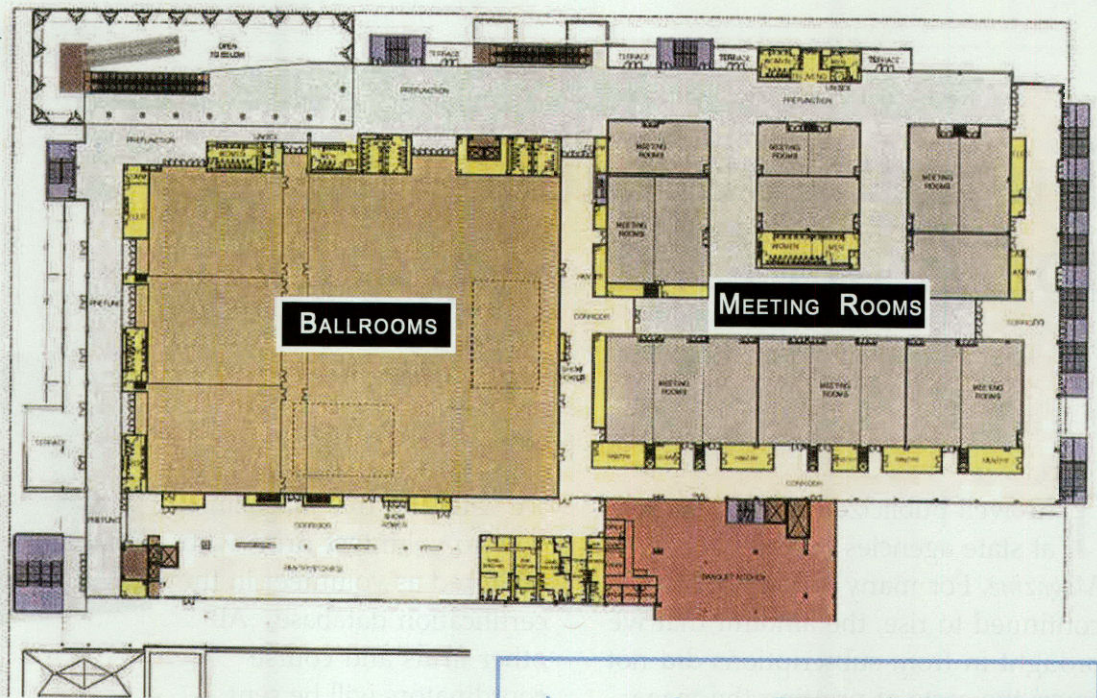
A new internal accounting process allows all the money that is supposed to pay for the magazine to be deposited into a special magazine subscription account. This will be invisible to customers except in one area: if you pay for a magazine subscription when you pay certification/licensure fees, you will need to pay with two checks. Funds from the two accounts cannot be commingled.

In the future, if budget cuts get more severe, you could see other changes such as a decrease in the total number of pages. However, for right now, we are confident that the actions detailed here will help the magazine stay afloat. —*Kelly Harrell*



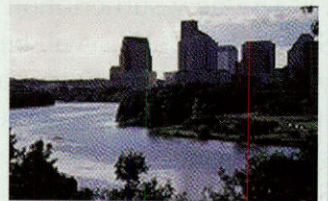
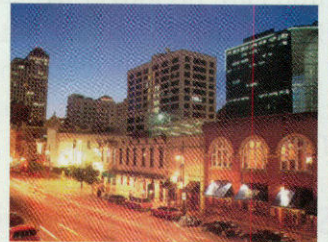
Austin
Convention
Center
Austin, Texas

The new meeting
space and new
exhibit hall will
be ready for
Texas EMS
Conference 2002.



Austin

As the Capital City of Texas it's only natural that the State Capitol Building is the cornerstone of Austin's sights (*top photo*). Some of Austin's additional attractions include Sixth Street (*middle photo*), which houses a wide variety of restaurants and shops; and beautiful Town Lake (*bottom photo*).



Hotels

Conference Hotels: Texas EMS Conference has contracted for special rates with eight downtown Austin hotels.

Hyatt (<i>Host Hotel</i>)	\$80/105	(512) 477-1234
Radisson	\$80/100	(512) 478-9611
Four Seasons	\$120/160	(512) 478-4500
Omni Hotel	\$80/105	(512) 476-3700
Sheraton	\$70/90	(512) 480-8181
Embassy Suites	\$149/159	(512) 469-9000
Marriott Capitol	\$72/72	(512) 404-6946
Holiday Inn-Town Lake ..	\$62/62	(512) 472-8211

Schedule

Conference At-A-Glance

Tuesday, November 26

Sunday, November 24

1:00 pm - 7:00 pm Registration in Convention Center
Inside Exhibit Hall
3:00 pm - 7:00 pm Exhibit Hall Opens
with Welcome Reception

Monday, November 25

7:00 am - 6:00 pm Registration in the Convention Center
Inside Exhibit Hall
8:15 am - 9:30 am Opening Session in Ballroom D
9:45 am - 10:45 am Workshop Breakouts
10:00 am - 6:00 pm Exhibit Hall Open
11:00 am - 12 noon Workshop Breakouts
12 noon - 1:00 pm Lunch in Exhibit Hall
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

7:00 am - 3:00 pm Registration in the Convention Center
Inside Exhibit Hall
7:30 am - 8:30 am Early Bird Workshop Breakouts
8:45 am - 9:45 am Workshop Breakouts
9:00 am - 11:45 am Exhibit Hall Open
(closed during Awards Luncheon)
10:00 am - 11:00 am Workshop Breakouts
11:45 am - 1:15 pm Awards Luncheon Exhibit Hall (Exhibit
Hall open immediately after Awards
Luncheon)
1:15 pm - 3:00 pm Exhibit Hall Open
2:00 pm - 3:00 pm Workshop Breakouts
3:00 pm Exhibit Hall Closes
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts
*Workshop Breakouts in Ballrooms D-G,
Rooms 12,14 and 16-19*

Wednesday, November 27

8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 12 noon Workshop Breakouts
*Workshop Breakouts
in Ballrooms D-G, Room 19*

Conference Adjourns

WIN! GRAND PRIZE - \$250; SECOND PLACE - \$100; THIRD PLACE - \$75 AND HONORABLE MENTION - \$50

2002 Texas EMS Photography Contest entry form

Photographer's Name _____

Employed by _____

Address _____

City _____ State _____ Zip _____

Phone (HM) _____ / _____ - _____ (WK) _____ / _____ - _____

E-mail Address _____

Mail to: Jan Brizendine, Texas Department of Health
1100 W. 49th Street, Austin, TX 78756-3199.

Deadline for entering: November 15, 2002

Tape this form to the back of the photo.
For more information call Jan Brizendine at (512) 834-6748.

Brief explanation of scene: _____

Photo Contest Rules

- **Winning categories and prizes:**
One Grand Prize winner (either color or black and white)—wins \$250 and a plaque.
One Second place—\$100 and a ribbon.
One Third place—\$75 and a ribbon
One Honorable mention—\$50 and a ribbon
- **Deadline:** Entries must be received no later than **November 15, 2002**. All photos will be displayed at Texas EMS Conference and winners will be printed in the January/February issue of *Texas EMS Magazine*.
- **Photos:** Send unmounted prints, in color or black and white (5 X 7 to 9 X 12 is best). Fill out the entry form, tape it to the back of your photograph, and mail your entry to: Texas EMS Photo Contest, Texas Department of Health, 1100 West 49th, Austin, TX 78756-3199.
- **For digital photos:** Please print out a copy and mail a printed copy with the entry form attached. You may also e-mail the photo in a .jpg format, use CMYK colors and e-mail to Jan.Brizendine@TDH.state.tx.us.
- **The Texas Department of Health** will keep all photo entries and will have the right to publish entries in TDH publications. The photographer's name will be printed along with the photo.
- Anyone is eligible; no entry fee is required.
- Photographs should show good patient care.
- **Photo ownership:** The ownership of the negative will remain with the photographer.

Texas EMS Conference 2002

November 24-27, 2002 - Austin Convention Center

REGISTRATION FORM

Note: Make a copy of this form for each additional registration—only one registration per form. Fill in the name exactly like you want your nametag to be printed.

\$125 before November 1
\$150 after November 1

First Name _____ Last Name _____
(Please type or print)

Address _____ City _____

State ____ Zip _____ Phone _____

e-mail address: _____

Registration information (512) 759-1720
Credit card registration fax to (512) 759-1719

For general information call (512) 834-6700
<http://www.tdh.state.tx.us/hcq/ems/02conf.htm>

PRECONFERENCE CLASSES

If you are taking a preconference class, check the Preconference Class Title—the next four pages has class description and date.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$100, Weapons of Mass Destruction | <input type="checkbox"/> \$160, Cave Rescue | <input type="checkbox"/> \$100, 12-Lead | <input type="checkbox"/> \$85, Intro to ICS |
| <input type="checkbox"/> \$60, Capnography | <input type="checkbox"/> \$160, Confined Space/Industrial Rescue | <input type="checkbox"/> \$125, Spanish for EMS Personnel | <input type="checkbox"/> \$75, Moulage |
| <input type="checkbox"/> \$35, Helicopter Safety and Packaging | <input type="checkbox"/> \$150, Search and Rescue | <input type="checkbox"/> \$150, Violent Patient Mgmt | <input type="checkbox"/> \$125, Hospital Emergency ICS |
| <input type="checkbox"/> \$40, Child Safety Seat Distribution Training | <input type="checkbox"/> \$75, EMS Managing Hazardous Materials | <input type="checkbox"/> \$40, Injury Prevention Evaluation | <input type="checkbox"/> \$60, Child Safety Seat Tech Update |
| <input type="checkbox"/> \$25, Grant Writing | <input type="checkbox"/> \$125, Infection Control | <input type="checkbox"/> \$100, Working with the Deaf | |
| <input type="checkbox"/> \$20, Matrix of Injury Prevention Programs | <input type="checkbox"/> \$225, PHTLS | | |
| <input type="checkbox"/> \$160, High Angle | | | |

Preconference registration deadline October 11, 2002.

Total Preconference Class Fee \$ _____

If paying by credit card, fax your completed registration to: 512/759-1719
Registrations by fax will be accepted only if you are using a credit card—a check, money order or credit card number must accompany your mailed registration. No mailed or faxed registrations accepted after 11/1/2002. No refund after 11/1/2002—there is an 18% administration fee if a refund is necessary.

	Amount
Conference Registration Fee	\$ _____
PreConference class fee included	+ _____
Total Amount enclosed	\$ _____

\$150 registration at the door

Sunday, November 24, 2002

1:00 pm - 7:00 pm Registration-Convention Center
3:00 pm - 7:00 pm Exhibit Hall Opens-Welcome Reception

Monday, November 25, 2002

7:00 am - 6:00 pm Registration-Convention Center

Tuesday, November 26, 2002

7:00 am - 3:00 pm Registration-Convention Center

Make check payable to:
Texas EMS Conference

Mail to:
Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

Official Use Only	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExprs
Date Rec'd. _____	Credit Card No: _____
Type of Pmt. _____ <small>(If check, write #)</small>	Card Holder _____ Card Exp _____
Amt. Rec'd. _____	Signature of Card Holder _____

Texas EMS Conference 2002

November 24-26, 2002 - Austin Convention Center

EXHIBITOR REGISTRATION FORM

Marketing opportunities: Please have someone give me a call about special marketing opportunities and sponsorships.

For exhibitor information: Call 512/834-6748

Floorplan website: www.tdh.state.tx.us/hcqs/ems/02floor.htm

If paying by credit card, you may fax your completed registration to:
Fax 512/759-1719

(Information used for name badge and printed program - *please type or print clearly*)

Firm Name _____

Contact Person _____ Please check this box to verify that you have read the Rules and Regulations on page 4.

Address _____ City _____

State ____ Zip _____ - _____ Phone _____ - _____ FAX _____ - _____
Area Code Area Code

Contact's e-mail address _____ Number of exhibit hall client passes needed:
(No charge; not personalized) _____

Type of business/products (Please be specific) _____

Two representatives per exhibit space included in the registration fee. Additional booth workers are welcome and will be charged \$75 each—include this amount in your total. Staple a printed or typed list to the back of this form if you need more room. (Please print clearly).

Last Name	First Name	Title/Certification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The floorplan is located at <http://www.tdh.state.tx.us/hcqs/ems/02floor.htm>

Please reserve the following exhibit space (s):

How many booths?

_____ 10' X 10' Booth @ \$725 \$ _____

_____ 10' X 10' Booth(s) (2 or more) @ \$700 each \$ _____

_____ 20' X 30' Vehicle space* @ \$800 \$ _____

_____ 20' X 30' Vehicle space(s) (2 or more) @ \$775 each \$ _____

_____ Extra booth workers @ \$75 each \$ _____

* Vehicle Booths: For ambulance only

\$ _____ Total Enclosed

Write in booth number(s) requests from the floorplan—although the floorplan can change daily, all efforts will be made to honor booth choices.

1st choice _____

2nd choice _____

3rd choice _____

Let us choose for you _____

Make check payable to:

Texas EMS Conference

Mail to:

Texas EMS Conference
P.O. Box 100
Hutto, Texas 78634

No refunds after 10/1/02; an 18% administration fee charged.

I am enclosing at least 50% of the total exhibit fee with this form. I understand that the balance is due by September 1, 2002.

Late fees: After 10/1/2002, each 10X10 is \$825; each 20X30 is \$900.

Official Use Only Date Rec'd. _____ Type of Pmt. _____ (If check, write #) Amt. Rec'd. _____	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmExprss	If paying by credit card, you may fax your completed registration to: Fax 512/759-1719
	Credit Card No: _____	Card Holder _____ Card Exp _____
	Signature of Card Holder _____	_____
	_____	_____

Pre-conference Classes

Friday, Saturday, Sunday

Weapons of Mass Destruction – 24-hour class, \$100, Hyatt, Friday-Sunday 8am-5pm, CE Category: 8-Prep; 8-Patient Assessment; 4-Clinically Related Operations; 4-Medical

This course, sponsored in part by a grant from the U.S. Department of Justice, will equip EMS and medical personnel with the skills to ensure proper patient triage, treatment and transport in the event of exposure to WMD (biological, nuclear, chemical and explosive weapons). Exercises will reinforce classroom lectures. Course will cover triage, mass decontamination, treatment and stabilization, and proper techniques for protecting the responders and limiting cross-contamination. For information, call Merlene Gayle at (979) 845-6827 or email her at merlene.gayle@teemail.tamu.edu.

Saturday

Capnography – 4-hour class; \$60, Hyatt, Saturday 2-6pm, CE Category: Airway

In this course, you will learn about the prehospital use of capnography, a new clinical trend in ventilation. Capnography is considered the standard of care in all patient care environments and is in the AHA Guidelines 2000. The class discusses common terminology, physiology of CO₂, physics technology, clinical applications and waveform analysis, and will be reinforced by multiple research studies and case presentations. For information email Bob Page at bpagemlm@prodigy.net.



Helicopter Safety and Packaging

–4-hour class, \$35, STAR Flight Hanger, (Meet at the Hyatt at 8:15am) CE Category: Clinically Related Operations

In this class co-sponsored by Austin/Travis

County's STARFlight, San Antonio's AirLife, Scott and White's StatAir Care, and CareFlite, learn the basics of safe ground operations and

patient packaging for helicopter transport. This class will cover what factors to consider when choosing a landing zone, how to secure a landing zone, and how to operate safely around the aircraft. It will also cover special considerations when packaging patients for helicopter transport. Students will have an opportunity to participate in hands-on exercises. Lunch and transportation will be provided. For information contact Casey Ping at (512) 802-0200 or email at casey.ping@ci.austin.tx.us.

Child Safety Seat Distribution program training (4-hour)- 4-hour class, \$40, Hyatt, Saturday 2-6pm, CE Category: Additional

This class equips participants to conduct a short educational program to parents and caregivers in conjunction with child safety seat giveaway programs. Perfect for RACs who give away carseats. For information call Johnny Humphreys at (512) 458-7111 ext. 6640 or email Johnny.Humphreys@tdh.state.tx.us.

Grant Writing – 4-hour class, \$25, Hyatt, Saturday 1-5 pm; CE Category: Additional

Students will gain a working knowledge of the requirements of constructing effective funding proposals. Participants will receive specific examples of funding proposals and program objectives that may be used as a template for future funding proposals. Will include hands-on exercises. Funding resources will also be shared, including names of local and national foundations and an overview of government programs that may provide funding for specific client programs. For information contact Donna George at (254) 202-9466 or email dgeorge@hillcrest.net.

The Matrix of Injury Prevention Programs 3-hour class, \$20 Hyatt, Saturday 11 am – 2 pm CE Category: Additional

This is a fun and interactive injury prevention class where you will create a "take-home" injury prevention program based on the specific needs of your community. Perfect for people who are limited on time and resources for developing and executing a comprehensive injury prevention program. Lunch and doorprizes provided by injury prevention sponsors. For information, call Charla Mitchell at (806) 441-0242 or email her at spems@aol.com.

Pre-conference Classes

Saturday & Sunday

High Angle – 16-hour class, \$160, 8am-5pm, Austin Fire Department Training Tower and cliffs at a greenbelt (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid -0.5

Learn the basics of high angle rescue in this comprehensive two-day introductory course. Participants will have hands-on training in rappelling, hauls/lowers, basic knots, anchors, patient assessment and patient packaging. This class will fill fast. This class will award 16 hours of CE and includes all necessary equipment except personal helmets (fire okay) and leather gloves. If you are afraid of heights, this class is not for you – you will be hanging on ropes 80 feet in the air at times. Limited to 25 students. Lunch, a t-shirt and transportation included. For information, please contact Mike Foegelle at (254) 778-6744 or email him at mike.foegelle@tdh.state.tx.us or email John Green at john@texasroperescue.com.

Cave Rescue – 16-hour class, \$160, 8am-5pm, Austin Caves (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid-0.5

Learn the basics of cave rescue in this comprehensive two-day course. This physically strenuous introductory cave class provides lots of hands-on training in patient assessment, patient packaging, hauls/lowers – all while underground in some of Austin's popular caves. All necessary equipment is provided except leather gloves and knee pads. Since you will be crawling through tight spaces in the dirt and mud, this class is not for anyone claustrophobic or who minds getting muddy. Limited to 25 students. This class will fill fast so sign up early. Lunch, a t-shirt and transportation included. For information contact Mike Foegelle at (254) 778-6744 or email mike.foegelle@tdh.state.tx.us or email John Green at john@texasroperescue.com.

Confined Space and Industrial Rescue – 16-hour class, \$160, 8am-5pm, Shaw Training Center (meet at Hyatt at 7:15 am), CE Category: Prep-4, Trauma-6.5, Med-5, Spec Consid-0.5

This course will refresh and reinforce the

use of rope rescue rigging skills and techniques utilized in the industrial environment. With 3 hours of lecture and 13 hours of hands-on skills and scenarios, participants should be prepared for a mentally and physically challenging class. Prerequisites REQUIRED: CORE or other confined space rescue class to the Operations level for non-permit entry rescue; NFPA 1670 Rope Operations or equivalent; and must actively participate on an Emergency Response Team or in the scope as a supervisor, authorized entrant or attendant during standard job capacity. Copies of certificates or class history must accompany registration along with daytime phone. Student must provide helmet, full-body or Class III harness, laced-up lug-soled boots, leather gloves and rugged clothing (FRC not required). For information, contact John Green at john@texasroperescue.com.

Search and Rescue – 16-hour class, \$150, Hyatt, Saturday/Sunday 8am-5pm, CE Category: Additional

Interested in search and rescue? Learn the general responsibilities, skills, abilities and equipment needed by anyone participating in search and rescue missions in this 16-hour course. The course will combine classroom instruction with practical, hands-on exercises that will simulate a real search and rescue mission. Topics include navigation, reading maps, search techniques, safety rules and common radio practices. Participants should wear appropriate clothing (no shorts or sleeveless shirts) and sturdy boots (no cowboy boots) or sturdy tennis shoes. Bring water, notebook, pen and simple, flat-base compass. Some snacks provided but lunch on own both days. For information, call Mike Stephens at (936) 938-3368 or email him at mikdstephens@hotmail.com.

EMS Managing Hazardous Materials – 16 hours; \$75, Radisson, Saturday/Sunday 8am-5:30pm, CE Category: Clinically Related Operations
Come and see how EMS can respond to a hazmat incident in



Pre-conference Classes

this hazardous materials class designed specifically for EMS responders. This class awards 16 hours of CE and is limited to 40 students. For information contact Louis Berry at (512) 834-6700 or email Louis.Berry@tdh.state.tx.us.

Infection Control – 16-hour class, \$125, Austin EMS Training Facility, Saturday/Sunday 8am-5pm (meet at Hyatt at 7:15am), CE Category: Preparatory

This intense, two day seminar covers the basics of infection control in the prehospital setting. Topics include: chain of infection, disease spread, cleaning and disinfection, law compliance, immunizations, bioterrorism and post exposure treatments. For more information contact Penny Workman at (512) 834-6700 or email Penny.Workman@tdh.state.tx.us.

PHTLS – 16-hour class, \$225, Hyatt, Saturday/Sunday 8am-5pm, CE Category: Trauma

The new 5th edition Pre-Hospital Trauma Life Support (first time in Texas) will be introduced at the conference. The topics have been updated with the existing new research in emergency medicine. Course participants, as well as current PHTLS instructors, will be eligible to attend the instructor course on Monday night. If you have any questions concerning the new course or the instructor roll out please contact Anne McGowan at ABM@HLKN.TAMU.EDU or (979) 845-2202.

EMS Coordinator Seminar –14-hour class, \$225, Hyatt, Saturday 12-6pm, Sunday 8am-5pm, NO CE

This course is intended to train Course Coordinators for Texas. Participants will be selected through a competitive application process. Limited to 30 attendees. No CE will be awarded. TDH regional offices will be accepting applications until July 15. To apply, send letter stating your intent and qualifications to your regional office. Attendees will be selected by August 1 and sent invoices. In order to confirm registration, the fee must be submitted to TDH no later than September 27, 2002. Lunch will be provided on Sunday only. Class



includes workbook that will be mailed to participants after fees are submitted. For information on the course and evaluation criteria, contact your regional office. Regional offices are listed on page 27 of this magazine.

Sunday

12-Lead ECG Interpretation Workshop- 8-hour class; \$100, Hyatt, Sunday 8am-5pm, CE Category: Medical

This nationally-acclaimed course is a high energy, fast-paced interactive workshop that keeps the student involved and focused. Favorite conference instructor Bob Page utilizes a multi-media presentation and proven techniques to deliver a workshop designed for field paramedics, no matter how much experience they have with 12-leads. This course is designed for fast learning and to gain experience by working more than 200 12-leads in the course. By the end of this workshop, participants will have working knowledge and easy-to-use tools necessary to determine axis and hemiblocks, bundle branch blocks, wide complex tachycardias and acute MI recognition. For information on class content, email Bob Page at bpagemlm@prodigy.net.

Spanish for EMS Personnel – 8-hour class; \$125, Hyatt, Sunday 8am-5pm, CE Category: Additional

Your patient speaks fluent Spanish; you don't. What do you do now? Designed for the non-native speaker, SFEMSP will enable you to obtain a patient history, complete the PCR, improve your vocabulary and pronunciation, ask illness and trauma-specific questions, and best of all, how to encourage a short reply. Whether you are a beginner, or *habla* a little, this course is for you! For information contact Lynne Dees at dosgatos@airmail.net.

Violent Patient Mgmt – 8-hour class, \$150, Hyatt, Sunday 8am-5pm, CE Category: Special Considerations

Learn techniques in violent patient management that are designed for use in a field setting, and are used to protect the professional and the client while minimizing the chance for injury to both. Minimizing liability for both the professional and the

Pre-conference Classes

employer, while still protecting the client and the public, is emphasized. Learn a variety of control techniques using pressure points to assist with the management of the combative patient. In addition, learn how to restrain these patients safely, effectively and legally using equipment you already have in your possession. Limited to 24 students. For information contact Maria Ngo at interact@acncanada.net.

Injury Prevention Evaluation – 4-hour class, \$40, Hyatt, Sunday 9 am-1 pm, CE Category: Additional

Do you have an injury prevention program but wonder about its effectiveness? What kind of an impact or difference is the program making? Learn how to analyze your program's effectiveness by applying proven program evaluation techniques. Find out if your program has had adequate formative evaluation; if your program goals and objectives are appropriate; and if your program design is evaluation friendly. For information contact Michael DeGuzman at (832) 824-2642 or email him at madeguzm@TexasChildrensHospital.org.

Working with the Deaf – 8 hours, \$100, Hyatt, Sunday 8am-5pm, CE Category: Additional

Learn basic sign language for medical personnel as you gain an understanding of deafness and learn appropriate signs to communicate and understand medical needs. After this class, you'll be able to ask the patient basic medical questions and communicate what you need the patient to do. Taught by Nancy Wheeler, a Texas Commission for the Deaf certified interpreter and an EMT. For information contact Nancy Wheeler at intrepidlady@hotmail.com.

Intro to ICS – 4-hour class, \$85, Hyatt, Sunday 8am-12pm, CE Category: Clinically Related Operations

Federal law mandates use of a standardized incident management system for many types of incidents, including hazmat, natural disasters and terrorism. Most public safety responders use Incident Command System for large and small incidents. This class will use Module 1 (I-100) from the Standardized Emergency Management System, and will employ supplemental material and practical applications to increase

the attendee's knowledge of ICS. For information contact Jeff Rubin at jeff.rubin@tvfr.com, or (503) 723-6754.

Moulage – 5-hour class, \$75, Austin Convention Center, Sunday 9 am – 2 pm, CE Category: Additional

Learn the basic concepts of disaster makeup using simple, easily purchased materials. Techniques covered include bruising, lacerations, burns, penetrating injuries and types of terrorism injuries. In addition to learning basic moulage techniques, students will learn the basics of setting up and preparing for a MCI exercise. Wear old clothes that can get ruined! This fast-paced class has no break for lunch so bring some snacks. Students will receive an intro moulage kit. Class limited to 30 students. For information contact Penny Workman at (512) 834-6700 or email penny.workman@tdh.state.tx.us.

Hospital Emergency ICS – 4-hour class, \$125, Hyatt, Sunday 1-5pm, CE Category: Additional

Federal law mandates use of a standardized incident management system for hazmat incidents and response to terrorism. New JCAHO standards require standardized hospital-based ICS training. This class includes a brief ICS orientation, nature and terminology of HEICS, specifics of the system, and guidelines for implementation. The class is targeted toward hospital and public safety employees tasked with assisting hospitals in emergency planning, training, and response, who have direct or significant supporting roles in emergency operations. Provides 4 hours of training in HEICS, representing the full recommended curriculum. Attendees with no prior ICS exposure are recommended to take the Introduction to ICS class in the morning. For information contact Jeff Rubin at jeff.rubin@tvfr.com, or (503) 723-6754.

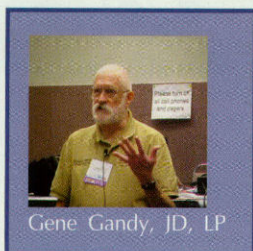
Child Safety Seat Technician Update - 6-hour class, \$60 Hyatt, Sunday 1-6pm, CE Category: Additional

This class provides new information and serves as a refresher of core knowledge and skills for certified child passenger safety technicians. Must be certified as a Child Passenger Safety Technician. For information contact Johnny Humphreys at (512) 458-7111 ext. 6640 or email Johnny.Humphreys@tdh.state.tx.us.

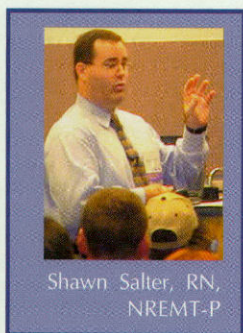


Texas EMS Conference 2002

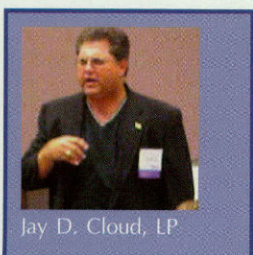
Speakers from Texas EMS Conference 2001



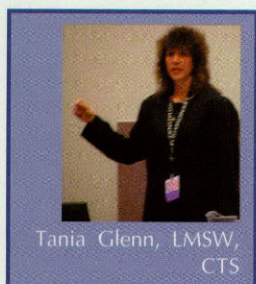
Gene Gandy, JD, LP



Shawn Salter, RN,
NREMT-P



Jay D. Cloud, LP



Tania Glenn, LMSW,
CTS

J. Alan Baker, EMT-P
Understanding AV Blocks

Fernando Benitez, MD, MPH & David E. Persse, MD, FACEP
On-Scene Supervision of EMS: Recommendations for EMS Medical Directors and EMS Supervisors

Stephen Benold, MD
Diagnosing Spinal Pathology by Doing a Comprehensive Neurological Exam

Bryan E. Bledsoe, DO, FACEP, FAAEM, EMT-P
1. Prehospital Management of Hypothermia in the 21st Century
2. Folk Medicine in the US: EMS Implications
3. Myths of EMS

Scott Bolleter, EMT-P
1. Cultural Jeopardy: Clinical Reality
2. Surgically Yours: Advanced Airway Management at its Hospital Definitive End

Beverly Bottorff-Patton, EMT & Jasper Brown
Management of the Emergency EMS Comm Center

W. Chuck Brogan, III, MD, PhD
Life's a Rhythm, Then you Die

Deborah R. Burns, EMT-LP
Inborn Metabolic Disorders: An Overview

Nancy Childs, MD & Walt Mercer, PhD
Outcome from Disorders of Consciousness and Severe Traumatic Brain Injury

Jay D. Cloud, LP
Withdrawal Syndromes

Bill Crawford, NREMT-P, LP
Response to Explosive Incidents

Brian Cudaback, LP
MCI: Is Everyone on the Same Page?

Stewart Dodson, LP
Circle of Protection: Think Child and Senior Safety

Ray DuGray
1. EMS Defensive Tactics: When All Else Fails
2. Success Mastery: Achieving Personal and Professional Excellence
3. Stress for Success in EMS: Keep the Fire Burning

Robert Dummett
Flood Rescue Response: A Rescue Watercraft Comparison—What Application is Right For You?

Robert C. Etheridge, Jr., NREMT-P, EMT-LP
Neurological Emergencies

Raymond Fowler, MD, FACEP
1. Keeping it Cool: Temperature Regulation of EMS Drugs
2. Capnography

William E. Gandy, JD, LP
1. Snakebite: A Four-Year-Old's Survival
2. Pharmacology for EMT-Basics
3. HIPPA Unraveled

William Gardner
Transforming a Student to an Employee

Robert Genzel, MD
Penetrating Trauma to the Heart

Tania Glenn, LMSW-ACP, CTS
Violence in the Workplace: Stalking and Adult/Adolescent Mass Murders

Robert Gonzalez, LP
1. Assessment Based Treatment of Pediatric Patients
2. Diabetic Emergencies

Donald J. Gordon, PhD, MD
1. Obesity and the US Epidemic of Diabetes, Type II
2. Viral Weapons of Mass Casualties: Vulnerability and Response to Smallpox & Hemorrhagic Fevers

David Grovdahl, EMT-P
Feelin' No Pain: Narcotic Pain Medication Use in the Field

Jodie Harbert, III, LP
EMSystems: Its Effect on EMS

Mark E. Hinson, RN, LP
1. Seizures
2. Concepts in prehospital sedation

Lisa Hollett, RN, BSN, MA, MICN, CEN
1. Trauma for Two: Trauma in Pregnancy
2. Takes a Licking and Keeps on Ticking: Cardiac Trauma
3. When Humpty Dumpty Fell: Traumatic Brain Injuries

Mike Hudson, MS, LP
EMS Collaboration with Texas Child Fatality Review Team Initiatives

Allen Johnson, LP
Reperfusion and Beyond

Robert Knappage, EMT-P
Risks & Rewards of Integrating Paid Personnel into Volunteer Systems

Danny Kocurek, MD
1. Mistakes in EMS
2. Pulmonary Edema: How Not to Miss the Diagnosis

Paul Kuper, NREMT-P, LP, CCP
Gerontology: A New Spin on an Old Topic

Richard Linsky, MD, MPH
1. Disposition of the Bodies in Mass Deaths: A Grave Problem
2. Explosive Events: Triage and Treatment

Richard Linsky, MD, MPH and Kathy J. Rinnert, MD, MPH
The First GEMSS Fellowship: Formal Training in Governmental Emergency Medical Security Services

Gary M. Mailman, MD, FACEP
Dive Medicine: What EMS Providers Need to Know

Judith Going Morris, LMSW-ACP, DAPA
Vicarious Trauma

Larry Nelson, RN, NREMT-P
1. Agricultural Injuries
2. Toxic Plants in the Household

Matthew Olthoff, EMT-P
Do You Drink? It Can Happen to You

Bob Page, NREMT-P, CCEMT-P
1. Whole Lot of Shakin' Going On: Understanding Seizures
2. "Kick Butt Cardiac": This Rocks!
3. Gone in 60 Seconds: The First Minute of Life

Paul E. Pepe, MD, MPH
1. Ten Golden Axioms for Dealing with Multiple Casualty Incidents
2. Immediate Countershock for Ventricular Fibrillation: Elemental or Detrimental?
3. Exciting Innovations in Trauma Resuscitation: The Dead Shall Be Raised

David E. Phillips, LP
1. Effective Motor Vehicle Collision (MVC) Management for EMS Personnel - 2 hrs
2. Hip and Pelvic Fractures
3. Bondage 101 for EMS Personnel: The Use of Restraints in the Out-of-Hospital Environment

Workshop Listings

Jon Puryear, NREMT-P

1. Capnography: The Wave of the Future
2. Shattered Dreams: Saving Young Lives!

Edward M. Racht, MD

1. Determination of Death in the Field: When to Start & Stop Resuscitation
2. Errors in the Field

Peggy Sweeney Rainone, EMT Grieving Behind the Badge - 2 hrs

Jim M. Rich, CRNA

1. The Emergency Airway: Obstetrical & Pediatric Aspects
2. Traumatized Airway & C-Spine Protection: Do's & Don'ts

Corey S. Ricketson, LP

When Kids Can't Breathe

John W. Rinard, Jr., EMT-P & Kelli Isaacks

Understanding & Using the Tx-DOT EMS Education Grants

Kathy J. Rinnert, MD, MPH

Preparing for Weapons of Mass Effect in the Post 9/11 Era: New Risk Management Challenges

Jeff Rubin, PhD, EMT-I

1. Hospital Emergency Incident Command System (HEICS): An Orientation
2. The Big One: Working with Hospitals in Disaster
3. Heat Exposure
4. Cold Exposure

Shawn J. Salter, RN, NREMT-P

1. I Missed my Dialysis: Chronic Renal Failure
2. Burns: more than skin off your back
3. Head trauma
4. Relax, Don't Push: OB Emergencies

Greg Schaffer

1. EMS Response to Tactical Violence
2. Left Behind: The Responder Initiated Patient Refusal

Thomas G. Seeber, NREMT-P

Legal Aspects of EMD

Seth Sheiner, MD

EMS Data Management: Today and Tomorrow

Joan E. Shook, MD, FAAP, FACEP

Medical Emergencies in Pediatric Patients

Paul E. Sirbaugh, DO, FAAP, FACEP

Children with Special Needs: The Out-of-Hospital Experience

Dave Spear, MD, FACEP

EMS Ultrasound Update

Robert Spranger, EMT-LP

Eight Legged Squishy Things: The Spiders of Texas

Douglas Stevenson, LP

Patient Restraint in the Field: Reasonable Force

Keith B. Stout, MD

Prehospital Use of Thrombolytics

Mike J. Summers, LP & Tania Glenn, LMSW-ACP, CTS

State of Emergency: Maintaining the Mental Health of Emergency Service Providers

Ronny Taylor, LP

Assessment and Treatment of Pediatric Congenital Heart Defects

Jennifer E. Thomas, EMT-P

When Will We Deliver the Baby on the Ambulance?

Roger Turner, LP

1. Positional Asphyxia and Sudden In-Custody Death Syndrome
2. I Stepped in What? Crime Scene Considerations for the EMS Worker
3. An EMS Response to Domestic Violence
4. Am I Nuts or Is it You? Mental Health Survival for the EMS Worker

Lance Villers, NREMT-P

1. 12-Lead ECG Case Studies
2. Drug Review: Understanding the Antidepressants

Karl F. Wagenhauser, MD, FAAEM, FACEP

1. Morbidity & Mortality, 2002
2. Gero-Trauma: When Old Folks Break

Gary W. Waites, LP

1. Who's on First? An Overview of ICS and MCI
2. So, What Do I Do? Roles and Responsibilities at Hazardous Material Incidents

Eddie Walker, EMT-P

National Registry Rollout Information

Rick Wallace, LP

Diabetic Emergencies
Assessing the Elderly Patient

Nancy A. Wheeler

Communicating with the Deaf and Hard of Hearing

Shawn White, RN, LP

1. Pediatric Emergencies: You Can Respond with Confidence
2. Communications Techniques that Make a Difference: Do You Hear the Words That are Coming Out of My Mouth?

Jane G. Wigginton, MD and Paul E. Pepe, MD, MPH

1. Alternative Resuscitation Devices: Old Failures and New Promises
2. Potential Genetic-Related Differences in the Presentation and Outcomes of Out-of-Hospital Cardiac Arrest
3. Longitudinal, Population-Based Studies of Pediatric Drowning-Related Incidents: Risk Factors, Outcomes and Survival Rates

Michael S. Wright, LP

1. Assessment of the Unconscious Patient
2. Operation Stroke

Karen L. Yates, RN, BS, CEN, LP & Karla Ramberger, RN, BSN, CEN, EMT

Improving EMS and ER Relations

Educators Track

Jay D. Cloud, LP

Reading, Writing and Resuscitation

Darrell J. DeMartino, NREMT-P

How to Develop Valid, Reliable Exams

William E. Gandy, JD, LP

How to Teach Legal Documentation

Lynne Dees, LP & Eric Haake

How to Implement an Anatomy and Physiology Program for EMS Students

Jane E. Hill, LP

Virtual ECA Course

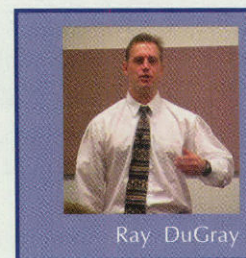
Lance Villers, NREMT-P

How to Teach Skills Using Distance Learning Technology

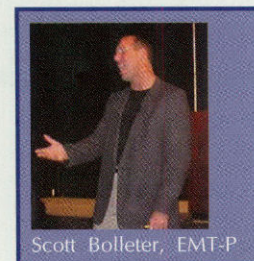
Speakers from Texas EMS Conference 2001



Carol S. Lawrence, RN



Ray DuGray



Scott Bolleter, EMT-P



Jennie Barr, PhD, LPC

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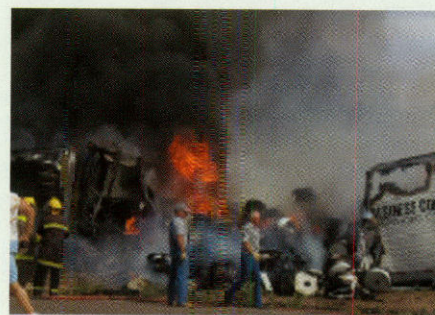
It needs to be! Are you planning a fundraiser? A training class? A public education program? Do you have new people on board? Have you elected new officers?

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
Bureau of Emergency
Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 834-6700
Fax (512) 834-6736

We welcome letters to the editor on EMS issues, magazine articles or other topics of interest. We print letters to the editor as we have space.

Paramedic saves driver from burning wreck

In April, Al Lewis, a licensed paramedic who works with the Office of Rural Affairs in Austin, came upon a fiery two-semi crash near Monahans. One of the truck drivers was trapped inside one of the cabs of the burning tractor-trailers. After finding that he could not open the door, Lewis smashed the window glass with his hand, reached into the cab and told the man to grab his hand. Lewis dragged the man from the wreckage seconds before the rig burst into flames. Lewis was treated for smoke inhalation and second-degree burns on his hand; the driver was treated at Medical Center Hospital in Odessa. The other rig's driver was uninjured. Lewis is a former TDH Local Projects Grants employee.



This fiery two-semi collision injured one of the drivers, but had no fatalities, thanks to the life-saving actions of Al Lewis, LP. He smashed out a window and pulled the trapped driver to safety, suffering smoke inhalation and a second-degree burn to one hand in the process. Left, Lewis recovers in Ward Memorial Hospital.

Lubbock paramedics prevent car wreck, save diabetic

The Lubbock *Avalanche-Journal* recently ran a story about two medics who went beyond the call of duty to protect the public. Lubbock paramedics Taylor Ratcliff and Eric Teaff were returning to their station when their ambulance was nearly hit by a minivan. Watching the vehicle weave through traffic, the medics noticed that the driver appeared to be having a seizure. As Teaff drove the ambulance behind the van with lights and sirens as a warning to other drivers, Ratcliff ran to the passenger door of the van. Finding the door unlocked, Ratcliff got in the van and tried to stop the vehicle, first by putting the van in park, then by turning off the key. Unsuccessful in those attempts, he finally stopped the



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van by pushing the brake pedal with his hand. The paramedics then determined that the driver was having a diabetic seizure and treated him.

Brownwood chaplain consults with Israeli trauma workers

Dave Fair of Brownwood was recently invited to consult with Maytal, an Israeli mental health institute in Haifa, Israel. Using his skills as a police chaplain certified as an expert in traumatic stress, Fair has been working with Maytal personnel over the Internet as they debrief rescue workers who have responded to terrorist attacks in the surrounding areas. Fair spent a week at the World Trade Center attack site, assigned as a chaplain with the Port Authority. He also performs chaplain duties for Texas Department of Public Safety and TDH's Critical Incident Stress Management teams.

TAA presents award to south Texas EMS director

The Texas Ambulance Association awarded the Joe B. Brown Memorial Humanitarian Award to Bill Aston, executive director of Harlingen EMS, San Benito EMS and South Padre Island EMS. Aston was recognized at the annual TAA conference for his 30 years of dedication to providing emergency medical services to the ill and injured. Joe B. Brown, a Fort Worth businessman who provid-



Bill Aston, left, accepts the Joe B. Brown Memorial Humanitarian Award from Joe Huffman, Texas Ambulance Association, at TAA's annual convention.

ed emergency medical services in Tarrant County, was a founding member of TAA.

SA Brownies donate life vests to SAFD

San Antonio's Brownie Girl Scout Troop 18 donated 134 safety vests to the San Antonio Fire Department in April. The troop, all second graders from Brauchle Elementary, visited a fire station in October and found that the station had life vests for adults but none for children. So the girls decided to raise the money to supply each fire station with a child vest for children 30 to 50 pounds and another for children

50 to 90 pounds. After hearing of the Brownies' project, the U.S. Boat Foundation donated the safety vests to the troop. The girls were honored with certificates of appreciation from the San Antonio City Council.

Granbury/Hood County area gets new service

Granbury/Hood County EMS began offering service in the Granbury area in April. GHCEMS will operate under a contract with Lake Granbury Medical Center. The new service has three ambulances in the area. Ambulance fees are not expected to change.

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Merkel EMS recently sponsored an ECA class for area students. Pictured, front row from left, are Donna Eyrse; Ray Dillard, LP; Bob Jones; Pam Smith; and Dusty Bolinger. Back row from left are Jerome Hargus; Chris Alward; Bryan Eusk; Kim Stevens; Billy Williams, EMT; Tamera King, EMT; Donnie Russam; Pam Osburn; Pete Rutledge; LaNita Jowers; Brooks Dean and Paula King, EMT-P.

Lubbock firefighters/medics save a life because of a delay

An equipment door that popped open on a Lubbock fire engine helped save a 61-year-old man's life in April. When Lubbock FD personnel were a block away from the scene of an assistance call with Lubbock EMS, an equipment door popped open, spilling equipment onto the ground. The three-man crew continued to the scene and, upon arriving, found that EMS did not need their assistance. One of the firefighters, Arthur Betancur, took the truck back to pick up the equipment and left Joe Wells and Bruce Robinett,

both certified medics, on the scene. While Wells and Robinett waited in the street for the engine to return, they noticed a strong odor of gas coming from a neighbor's house. They knocked on Lepolua Dickson's door and asked him if he was having problems with his heater. The man had just finished working on his gas-burning furnace. Wells used a meter to check the carbon monoxide levels in the house and found that the meter registered lethal levels of carbon monoxide gas in the house. He immediately took Dickson outside and administered oxygen. Wells and Robinett have been recognized by the fire department for going beyond the call of duty.

TX-4 DMAT goes to the Olympics

TX-4 Disaster Medical Assistance Team (Dallas-Fort Worth) sent a five-person strike team to Salt Lake City during the 2002 Winter Olympic Games. Seventeen teams from across the nation were included in the combined efforts to ensure the security of the games. Federal resources were also concentrated in the area in case local and state resources were overwhelmed in the event of a mass casualty incident. Staged away from the games' events, the DMAT teams trained in subjects such as weapons of mass destruction, critical incident stress

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Pictured with the new Washington County EMS vehicle, from left, are Dave Taylor, Osage; Bruce Whitten, AA Emergency; Ron Haussecker, WCEMS director; Dorothy Morgan, Washington County judge; David Simpson, Washington County commissioner; Joy Fuchs, Washington County commissioner; Joyce Boeker, Washington County commissioner; and Robert Mikeska, Washington County commissioner.

management, riot medicine, cold weather patient care and helicopter operations.

Paris EMS life-saving efforts extend to pets after house fire

Paris rescue workers found no human victims and nine animal victims when a fire gutted a house in Paris in April. PEMS personnel used infant equipment to try to revive a puppy and a kitten that were removed from the burning building. The puppy's mother and six littermates perished in the blaze. While the kitten responded favorably to the treatments, medics were unable to revive the puppy. The cause of the fire is under investigation.

CCEMS uses extra ambulance for public education

Cypress Creek EMS, near Houston, is using an educational ambulance as part of an exhibit to



CCEMS has an educational ambulance that is used to provide 9-1-1, EMS and injury prevention education in the northwest Harris County area. CCEMS has partnered with several healthcare entities in Houston for this educational project.

teach the people of northwest Harris County about 9-1-1, EMS and injury prevention. The mobile exhibit includes information on safety topics such as bike helmets, child car seats, tobacco use, injury prevention, water safety, heart disease and diabetes. The exterior of the ambulance displays the names of the program's sponsors: Houston Northwest Medical Center, Cypress Fairbanks Medical Center and Tenet Healthcare Foundation. CCEMS also uses the ambulance for training skills during EMT-B and EMT-I classes.

TXTF-1 practices for WMD call

Texas Task Force 1 recently took part in a three-day disaster drill that was the first weapons of mass destruction drill for any of the six urban search and rescue teams that are federally designated to respond to WMD scenes. The scenario required task force team members to remove 53 "dead" and living victims from four structures and a derailed train while dealing with a deadly nerve gas contamination of the scene. The "dead" included ten of the first responders who were killed when an explosion initially exposed the nerve gas. Findings from this training will be used by the other teams to improve the efficiency of search and rescue programs. The training was held at "Disaster City," a \$32 million, 52-acre training facility near College Station.

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TX-4 Disaster Medical Assistance Team members who deployed to Salt Lake City during the 2002 Winter Olympic Games were, from left, Drew Bumbak, EMT-P; Suzanne Stiles, LP; Ozro Henderson, RN, EMT-P; Norm Tindell, EMT-I; and Kirk Higgins, PA.

Merkel EMS sponsors ECA class

Merkel EMS recently sponsored an ECA class. Some students took the class for initial certification, while others took the class for continuing education

FEMS participated in a Shattered Dreams program in May. The program is presented to the high school students to show them some of the problems that can result from drinking and driving.



credits. Ray Dillard instructed the class. Students came from Tye, Trent, View, Mulberry Canyon and Merkel.

FEMS participates in Shattered Dreams program

Fredericksburg EMS and other Fredericksburg emergency response personnel participated in a Shattered Dreams program at the Fredericksburg High School in April. The three days of presentations included pulling "dead" students from their classes, a large mock motor vehicle collision with "injured" students transported away by Austin STARFlight and Critical Air-Kerrville, and a school-wide assembly during which students listened to emergency physicians and family members of people killed in drunk driving incidents speak about their experiences. Students also heard a Fredericksburg police officer inform family members that their child had been killed. The high school prom was the evening following the conclusion of the Shattered Dreams program; no alcohol-related incidents were reported.

Burnet EMS adds an AED

Burnet EMS recently upgraded its capabilities by adding an AED to its equip-

ment roster. Burnet County had received a grant to buy the AED.

Van Alstyne FD receives hazmat trailer

Van Alstyne FD recently received a 16-foot covered trailer from four Van Alstyne businesses for storage and movement of hazmat equipment. VAFD has 15 certified hazmat technicians who will use the equipment in the trailer to contain and clean up hazmat spills prior to the arrival of a professional hazmat disposal crew. VAFD is currently working on finding funding for Level A and Level B protective hazmat suits.

Concho Valley RAC receives child safety seat grant

TSA-K, the Concho Valley RAC, received a grant from TDH and TxDOT for 635 child safety seats. The grant was based on the area's child population, child restraint usage rate and the rate of child injuries and fatalities from motor vehicle crashes.

WCEMS receives new ambulance

Washington County EMS recently took delivery of a new 2002 Osage Generator Type I MICU unit. The keys for the new ambulance were presented to WCEMS by Washington County Judge Dorothy Morgan. WCEMS has five vehicles in its fleet.

Local & Regional EMS News

Texas Department of Health EMS Offices

**Bureau of
Emergency Management**
<http://www.tdh.state.tx.us/hcqs/ems/regions.htm>
 1100 West 49th Street
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 (512) 834-6700

Public Health Region 1
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Public Health Regions 2 & 3
<http://www.tdh.state.tx.us/hcqs/ems/r2&3home.htm>

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Public Health Regions 4 & 5
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 (903) 533-5370

Public Health Region 6
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C. Wayne Morris
 5425 Polk Street, Suite J
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 (713) 767-3333

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<http://www.r07.tdh.state.tx.us/ems/ems.htm>

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Public Health Region 8
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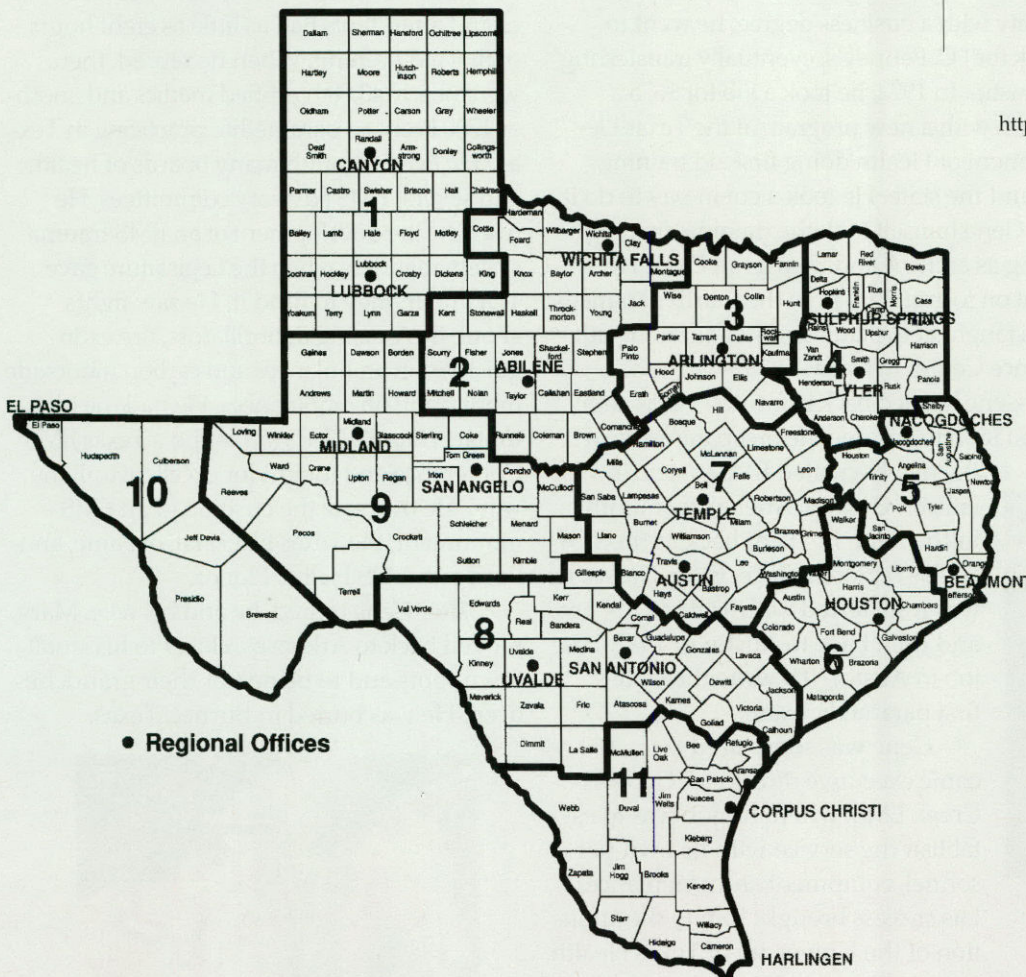
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Public Health Region 11
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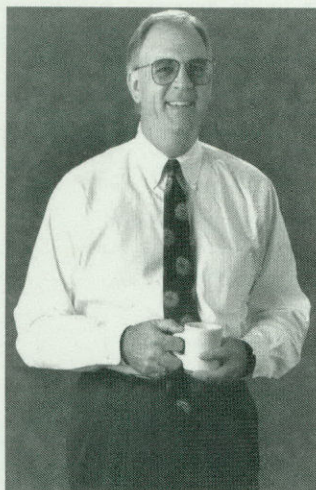
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By Kelly Harrell

Texas EMS loses a good friend, Gene Weatherall



Many will recognize this photo of Gene that appeared with his bureau chief's column.

Texas EMS lost a good friend on May 11, 2002. Gene Weatherall, one of the pioneers in EMS in Texas, passed away due to complications from cancer at an Arkansas hospital.

Gene retired in 2000 after 14 years as bureau chief for the Bureau of Emergency Management and nearly 27 years in other EMS positions inside and outside state government. After Gene graduated from Arkansas Tech University with a business degree, he went to work for J.C. Penney's, eventually transferring to Austin. In 1972, he took a job for \$675 a month with a new program at the Texas Department of Health doing first aid training around the state. He took a cut in pay to do it.

Gene himself took the training, first registering as an ECA and then as an EMT. He went on to graduate from the fourth paramedic class taught at the University of Texas Health Science Center in Dallas in 1974.

Gene headed back to Central Texas after graduation to become the first paramedic in the newly-created EMS system in Williamson County. After a few months in the field, he went back to the TDH Dallas regional office. From Dallas, he was transferred with TDH to El Paso, and then back to Austin in 1977. His job in Austin? To write the state's first paramedic exam.

Gene was soon lured away to become executive director of Cypress Creek EMS, where his job was to establish the service with its own personnel, equipment and ambulance. His success brought him to the attention of the University of Texas Health Science Center in Houston, which recruited him to establish a paramedic training program at the school. He returned to TDH in 1981 in the

newly-created position of director of programs.

In 1983, the EMS Act passed the Texas Legislature, the first update since 1943. Gene helped develop the rules based on that law that EMS still lives by today. Two years after the EMS Act passed, Gene became bureau chief.

When Gene started his career in EMS, funeral homes ran most of the ambulance services and attendants had as little as eight hours of first aid training. When he retired, there were nearly 43,000 certified medics and another 1700 licensed paramedics practicing in Texas. He lived through many boards of health and several EMS advisory committees. He oversaw the development of an EMS/trauma system mandate when the Legislature gave TDH no money to fund it. He saw fights about ECAs using defibrillators, fire extinguishers on ambulances and carbon monoxide monitoring on ambulances. He had the idea to start *Texas EMS Magazine* and a Texas EMS Conference and fought for excellence all the way. He oversaw the creation of an EMS monument, the Texas EMS Hall of Fame, and the Texas EMS Hall of Honor.

After Gene retired, he and his wife, Mary, moved back to Arkansas, closer to his small-town roots and to be nearer their grandchildren. He was buried in Burnet, Texas.

Rick Bays, associate commissioner, posed with Gene in front of the Texas EMS Monument. Gene was very proud of the EMS monument.



Gene with his horse John.



• Gene was my friend and mentor for over 25 years, and he was directly responsible for my becoming a paramedic in the first

place. He got me a job working offshore, and did me so many other acts of kindness that I can never begin to list them all. He was one of a kind. His sense of humor never flagged, and he had the rare ability to relate to and work with everybody from big politicians down to the newest ECA on the block. Like they say, he never met a stranger. Gene was bigger than life in what he did for EMS in Texas and, for that matter, all over the country. His influence cannot be minimized. Gene represented an era in EMS that is long gone. It was a time of great change, great accomplishment and great fun. He epitomized it. —*Gene Gandy*

• Gene was there for me when I started out in EMS at the old Harris County Emergency Corps. He always encouraged me, and was always ready to teach anyone who wanted to learn more. I used to take Charlie Hooks over to Cypress Creek and while Charlie and Gene were arguing about something (everything!), I would raid the stock room to fill HCEC ambulances, something I'm sure Gene always knew. But he ignored my light fingered ways, knowing how tight we were for supplies. He probably got a lot of laughs out of my skullduggery. When I think of who I look up to as my mentors, the ones who really taught me what the soul of EMS was all about, Gene and Charlie will always stand out, inseparably,

Before Gene retired, he was the master of ceremonies at Texas EMS Conference.



Gene took his role as "Rainbo" very seriously. Mike Polk posed with Rainbo at the Austin Rodeo.

as the twin lights that I could always look to for guidance over the roughest seas. —*Terry Dinerman, EMT-P*

• As you know, Gene frequently frustrated me when I worked for him. The

interesting thing, though, is that the older I get, the more I realize I learned from him. Gene was one of the best, most natural public speakers I've ever seen. I've been trying to match that ability for years now and can't even begin to come close. As most people know, Gene was a master at the politics of Texas EMS. He tried to tell me, repeatedly and to no avail I might add, that one of the most important lessons I could learn was when to shut up. He knew that the key to getting what you want wasn't about making them understand how brilliant you are but showing them how you can help them. Gene helped a lot of people. Even if I didn't realize it at the time, I am one of them. —*Jeff Jarvis, LP*

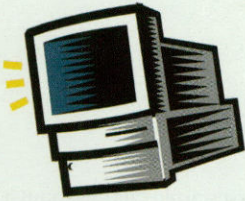
• What was the origin of the *Texas EMS Magazine* and the Texas EMS Conference? It was late one night in a hotel room in Houston in the early 1980s. Gene, Joe Tyson and I were engaged in a broad discussion (read: lots of liquid refreshment) about the needs of EMS providers in Texas. There was no formal means to share EMS information or communicate the mission of TDH throughout the state, nor was there a state-wide EMS conference that would serve the educational needs of the providers. After we finished blaming and bashing every other person and organization for failing to help us Texans, Gene said in his own highly polished and inimitable way, "Oh well, ... we'll do it ourselves." We had many subsequent conversations, including such details as the absolute requirement of serving chicken fried steak at the conferences. The rest, as they say, is history. —*Eob Kellow*

• When we first started talking about a statewide crisis response effort after the Luby's killings in 1991, I was working at the governor's office, and being new to state government, expressed my frustration to Gene about how hard it was bringing all the agencies together to make a coordinated response possible. He had a quick response to my whining. With an incredulous look on his face, he said, "Of course, it's hard, we work for bureaucracies and the idea is not to give up before they wear you down." The wisdom of Gene's advice is evident in the existence of the state CISM network. A resource that was not available when Texas faced the loss of 23 lives at Luby's became part of the nationwide response to the Oklahoma City bombings as teams from the CISM network went to help our neighbors to the north. I am proud of having been a part of that effort, but I am even more thankful for the opportunity it gave me to work with Gene. He took the dream and made it a reality. Though I've lost a mentor, he left me with good memories and advice I still follow—of course, it's hard, just don't let them wear you down. —*Karen Kalergis*

• Before I was officially hired at TDH, I had to meet Gene. Alana Mallard, then the editor of *Texas EMS Magazine*, took me into Gene's office. Gene, who liked to say things to see how people would react, sat behind his big desk and said, "Do you want Alana's job?" I was mortified by the question, especially with Alana sitting right there, but somehow I managed to stammer out, "Not yet." Gene looked at me for a second, and then threw his head back and let out a big laugh. I knew then that we would get along. —*Kelly Harrell*

Gene was very proud of Texas EMS Magazine and Texas EMS Conference. Kelly Harrell had lots of "input" from Gene.





By Jim Arnold

National Registry implementation dates change

National Registry orientation rollouts for coordinators took place in June for the Advanced Coordinators; rollouts for Basic Coordinators will be held in August. All coordinators should contact their respective regional EMS offices to schedule attendance at one of the rollout sessions.

In November 2001, the Bureau of Emergency Management announced that the initial certification process for Texas EMS certification and licensure would be changing to include National Registry testing. At that time, we published a date of September 1, 2002, for implementation of the National Registry testing for all initial EMS candidates.

However, because this is a big change for Texas EMS, and one that will likely present several challenges, the Bureau wanted to gather as much information and stakeholder input to facilitate a smooth transition. Based on that input, it was determined that there would be

less adverse impact on students, educators and training programs if the dates of implementation were modified to accommodate training program schedules and allow the programs to ensure that the students were prepared for the change. The Bureau has made sure that Texas legislators and members of the Governor's EMS and Trauma Advisory Council have been kept in the information loop on the progress of this transition.

The new date for National Registry EMT-Basic examination implementation will be October 1, 2002. The new date for the National Registry Advanced (Intermediate and Paramedic) examination implementation will be February 1, 2003. This means that candidates seeking initial certification or licensure at these levels who have not already begun the examination process by these dates will be required to take the National Registry examination instead of the Texas exam.

Details regarding Emergency Care Attendant (ECA) certification testing are still being finalized; however, it is likely that ECA certification will not require a candidate to pass a state written examination, but will be based on a course completion certificate signed by the course coordinator.

Arrangements have been made to continue providing the educator orientations by various media through early next year. Please check the Bureau's web site for specific times and locations of the scheduled rollouts at www.tdh.state.tx.us/hcqs/ems.

If you have any questions about this issue, please contact Eddie Walker, the Bureau's EMS education coordinator at (512) 834-6700, ext. 2313, or email him at eddie.walker@tdh.state.tx.us.

Basic coordinators rollouts

All rollouts run 9am - 4pm

City	Date	Location
Dallas	August 5	Methodist Medical Center Hitt Auditorium, W. Colorado & Beckley Ave. Dallas, Texas 75203
San Antonio	August 7	UTHSC 7703 Floyd Curl Drive San Antonio, Texas 78229 <i>Location is subject to change, please contact the Region 8 EMS office at 210-949-2050 for further information.</i>
Corpus Christi	August 9	Richardson Auditorium Del Mar College East Campus Corpus Christi, Texas <i>Location is subject to change, please contact the Region 11 EMS office at 956-444-3210 for further information.</i>
Midland	August 19	Midland College, Roadrunner Room 3600 N. Garfield Midland, Texas
Houston	August 20	San Jacinto College Central, Slocomb Auditorium 8060 Spencer Highway Pasadena, Texas 77501-2007

By KATHY PERKINS,
BUREAU OF EMERGENCY MANAGEMENT AND
MARK CANFIELD,
BUREAU OF EPIDEMIOLOGY

What's happening with.... the TRAC-IT Project, EMS reporting rules and name reporting?

It appears that there has been some confusion recently about some EMS/Trauma Registry issues, including the TRAC-IT Project, EMS reporting rules and name reporting. These issues, though related, are actually separate topics. The information below should help to answer these questions. However, please contact the Bureau of Epidemiology at (512) 458-7266 or the Bureau of Emergency Management at (512) 834-6700 if you need further clarification.

What is the TRAC - IT Project?

The TRAC-IT (an acronym for Trauma Reporting, Analysis and Collection in Texas) Project was designed to distribute monies locally for EMS providers, hospitals and Regional Advisory Councils (RACs) to buy computers, modems, laptops, palm pilots and/or commercial software to improve their data collection, analysis and reporting capabilities. Approximately \$2.7 million was distributed through the RACs, of which 42 percent of the funds were used to purchase hardware (about 500 desktop computers, 200 laptops, 169 palm pilots, 100 modems, and 20 file servers) and 58 percent to purchase software.

In addition, monies are also being used to improve the technology of the state EMS/Trauma Registry at TDH in Austin. Development and implementation of the newly enhanced Texas EMS/Trauma Registry System had a projected completion date of January 1, 2002; however, this has been extended so we can provide the system that our users assist-

ed in developing during the Joint Requirements Planning Sessions. The new EMS/Trauma Registry is currently undergoing final testing. Full deployment of the system will require several months so that the 1200 users can have accounts established for system access and utilization. The Bureau of Epidemiology will provide updates as the system is deployed.

What plans does TDH have regarding requiring EMS firms to report all EMS runs to the state?

Until recently, Texas EMS providers were required to submit only trauma run data to the state EMS/Trauma Registry, located in the Bureau of Epidemiology. As the regulatory agency for Texas EMS, the Bureau of Emergency Management gets many requests for information about EMS runs. Some of those requests come from legislators who are interested in such things as the number of EMS calls in different parts of the state, response time differences between rural and urban areas, resource allocation, etc. Recently, the Bureau of Emergency Management has been asked to provide the percentage of runs by EMS that involve patients from outside an EMS provider's service area. Some of this information could be used to appropriate additional funding for Texas EMS (i.e. grants). But we do not currently have that information.



EMS providers will report all EMS runs in the new TRAC-IT System.

Continued on page 52

For more information on any topic mentioned
in this article, go to the Bureau's website at
www.tdh.state.tx.us/hcqs/ems.

GETAC continues strategic planning process

Upcoming meetings were scheduled as follows (check Bureau website for final details):

7/29

Strategic Planning Workshop

9 am - 5 pm
Dallas Fire-Rescue
Dodd Miller Training
Academy
5000 Dolphin Road,
Building A
Dallas, TX 75223

8/21

RAC Chairs

1-8 pm; M-739

Rural Task Force

1 - 3 pm; M-653

8/22

Funding Task Force

10 am -12 pm; M-739

Pediatrics

10 am - 12 pm; K-100

EMS/Education

1 - 3 pm; M-739

Injury Prevention

1 - 3 pm; K-100

Trauma Systems

3 - 7 pm; M-739

8/23

Medical Directors

8 - 10 am; M-739

GETAC

10 am; M-739

The Governor's EMS and Trauma Advisory Council (GETAC) met on May 30 and 31 in Austin. Stakeholder attendance/participation at these meetings was excellent. GETAC approved minutes from its February 1st meeting and heard reports from the chair, staff and task force leaders. Chair Dr. Ed Racht summarized the council's strategic planning process to date, including the retreat and the previous day's workshop. He also discussed his May 28 report to the Senate Intergovernmental Relations Committee. Dr. Racht announced the resignation of Lance Gutierrez and said that the governor's appointment office hopes to have new GETAC members appointed in the next couple of months.

Issues addressed by staff included: updates regarding the department's legislative planning for FY04/05, the Bureau's budget status for FY03 - 05 (loss of federal grant funds will require an increase in magazine subscription fees, elimination of free issues, and increases in Texas EMS Conference fees); national registry testing implementation (see page 32); legislative interim studies related to EMS; interim Specialty Care Transport policy; comment period results on proposed 157.38 Continuing Education (will be sent to the July Board of Health meeting for final adoption); draft revised 157.40 Licensed Paramedic (GETAC action—below); strategic planning (see page 12); Board of Health proclamation for EMS Week and National Trauma Awareness Month; recent database challenges and plans for correction; stakeholder concerns about telemarketing to EMS personnel; update on EMS/Trauma Registry (see page 33); TRAC-IT implementation (see Bureau of Epidemiology website www.tdh.state.tx.us/epidemiology); and the EMS/Trauma Registry Work-

group. Questions about these staff reports may be directed to the Bureau (512/834-6700) or the Bureau of Epidemiology (512/458-7266).

GETAC Standing Committees did not meet this quarter. The Diversion Task Force presented a draft written report to GETAC for its review, which GETAC will act on at the next meeting. The Rural Task Force spent their time providing input for the strategic plan.

GETAC heard public comment on the reports, the EMS/Trauma Registry, and other general issues and took the following actions:

A motion was made by Maxie Bishop and seconded by Mario Segura to recommend that the final draft revised rule §157.40 - Licensed Paramedic, presented by staff, be proposed by the Texas Board of Health. The motion passed unanimously.

A motion was made by John Simms and seconded by Dr. Ronnie Stewart to establish a task force inclusive of all EMS/trauma system stakeholders to formulate a proposal for an adequate funding mechanism for the Texas EMS/trauma system. The motion passed unanimously. Dr. Racht appointed Mr. Simms, Dr. Stewart and F.E. Shaheen as GETAC liaisons.

A motion was made by F.E. Shaheen and seconded by Gary Cheek to establish a task force to develop a research agenda for the GETAC strategic plan. The motion passed unanimously. Dr. Racht appointed Dr. Fred Hagedorn as GETAC liaison.

Dr. Racht appointed Dr. Stewart as chair of the Trauma Systems Committee. Dr. Stewart announced Jorie Klein would be co-chair of that committee.

—Kathy Perkins

By Ray DuGray

EMS Defensive Tactics:

What happens when your patient or bystander turns violent?

This is the first in a series of articles about how EMS personnel can keep themselves safe in violent situations.

I often hear these statements voiced by many EMS directors, managers and training officers:

"We are in the business of caring for people, not harming them."

"Other competencies take priority over self-defense training."

"Anyone concerned about personal safety can enroll in a martial arts program."

Many years ago while working as a paramedic in a busy urban area, I experienced my fair share of close calls when dealing with patients or bystanders who turned violent at the scene. It was obvious to me at the time that I was not prepared mentally, physically and emotionally to deal with such events. My EMS training did not include any specific training on defensive tactics or even basic self-defense.

This motivated me. For the last ten years, I have researched this subject to develop solutions for EMS professionals. I conducted surveys of EMS personnel across North America. Here are some of the findings.

Of EMS personnel interviewed about their experiences on the job in the past year:

- 100 percent believe they have been exposed to violence
- 100 percent believe they have been verbally threatened
- 88 percent believe they have been physically threatened
- 54 percent believe they have been involved in incidents where weapons were involved

- 90 percent believe they have inadequate equipment to deal with violence
- 80 percent indicate that they have not received training to deal with violence

Some of the solutions mentioned on the surveys were:

- Policy that supports use of necessary force
- Issuing ballistic body armor
- Training in martial arts or verbal de-escalation techniques
- Procedure for dealing with combative patients
- Providing stronger restraints for patients

We all know that EMS professionals are exposed to a high frequency of violent incidents. In many of these incidents the EMS providers are both verbally and physically threatened. In approximately half of the violent calls detailed in the survey, weapons were involved. The most common weapons used were knives, bottles, guns and baseball bats.

I understand that surveys contain many variables and are open for debate. However, I believe the message is loud and clear. Despite the overwhelming need for this training identified by EMS professionals at all levels, resistance is still being encountered. It's time to change.

In future columns, I will provide tips and techniques to enhance your level of personal safety and protection as an EMS professional. Stay safe!

As the founder and president/CEO of Interaction Communications, Inc., Ray specializes in professional development training and consulting for the public, corporate, and industrial markets. His background includes 20 years experience as a professional paramedic and firefighter. As keynote speaker for Texas EMS Conference 2002, DuGray will start off with a rock-and-roll interactive session about how to protect yourself on the job. In early 2003, DuGray will tour Texas, providing a two-day certified PROTECH Professional Defense courses. For more details, write him at www.trainingexperts.biz

By
Linda Reyes

FAQ *EMS Standards*

Bureau web home page
address: <http://www.tdh.state.tx.us/hcqs/ems>
EMS Standards home page:
<http://www.tdh.state.tx.us/hcqs/ems/stdhome.htm>
Internet certification verification now on web site
Certification verification
phone line: 512-834-6769
fax number: 512-834-6714
email: emscert@tdh.state.tx.us

Q: I received a postcard from TDH to let me know my expiration date is coming up. My certificate does not expire for six months. Isn't it too early to renew?

A: No, it's not too early. We encourage you to submit renewal material early to avoid the possibility of a lapse in your certification. You can renew anytime during the last year of your certification and not lose any time on your current certification. The new certificate will be issued for four years from the current certificate expiration date. You cannot renew if you are more than one year before your expiration date.

Q: I checked the certification search site and my record shows I have a deficiency. Can I fax my material to have the deficiency removed?

A: Yes. We will accept faxes as long as the document is legible. Do not follow-up with a mailed copy of the original document. Check the certification search site for your updated record. Under normal circumstances, faxed material is processed within two days. To ensure authenticity of sensitive faxed documents, such as course completion certifications, we are increasing the number of audits of coordinators' records of course completion.

Q: I'll be finishing my course next week. Can my course coordinator send my course completion certificate directly to TDH instead of sending it to me to forward to TDH?

A: We will accept a course completion certificate (CCC) from either of you as long as we have your application on file, or you are submitting the CCC along with your application. We ask course coordinators to not send us CCCs if the student has not submitted a

certification application to TDH. Use the certification search site to see if application has been received and we need a CCC.

Q: Do I need to have a degree in order to qualify for paramedic licensure?

A: Beginning September 1, 2002, you will be required to have at least an associate degree in EMS. Currently applicants must have 60 hours of college credit from a regionally accredited college or university including the Academic Core Curricula. Beginning September 1st, you will need at least an associate degree in EMS or a higher level degree in any major.

Q: My paramedic licensure application is pending because I am three hours short of the 60-hour minimum. Will my licensure application status be affected by the new requirements in September 2002?

A: Yes. You must complete your requirements by August 31, 2002, in order to take advantage of the 60-hour minimum, which includes 15 hours of general academic core. Beginning September 1, 2002, all candidates applying for licensure, even those who have a pending application with TDH, must at least have an associate degree in EMS or a higher level degree in any major.

Q: I have volunteered with my local first responder organization for several years. I will be taking a paid position soon. How will that affect my status with TDH?

A: You must change your status from "volunteer" to "paid" by submitting a prorated application fee for the remainder of your current certification period. Contact your local region office for the exact dollar amount.

By
Eddie Walker, EMT-P

FAQ *Education*

Q: *I have reached my four-year recertification period and want to recertify by taking the exam, but have two questions. Do I still need to send in my CE summary for the last two years? Do I have to take the National Registry exam?*

A: If you choose to recertify by taking the recertification examination, you do not need to send in a CE summary for the last two years of your certification. You must, however, have sent in a CE summary for the first two years of your certification period. Failure to do so may result in disciplinary action. The reason for this is the change in TAC 25 Rule 157.34, which allows recertification options. Those options are: written recertification examination, continuing education, recertification course and National Registry certification. A fifth option, the Comprehensive Clinical Management Program (CCMP) will be available in the near future.

The recertification examination you will take, if you choose that option, is the National Registry Assessment Examination and you must pass the examination in order to gain recertification. In the event you fail the re-certification examination, you will have the opportunity to retest. Rule 157.34 (1)(A) – (F) outlines the procedure for the Recertification Examination process. You may also visit the Bureau's web site at www.tdh.state.tx.us/hcqs/ems/ruladopt.htm to review the rule.

Q: *What is the National Registry's*

policy for allowing RNs to challenge the Paramedic examination?

A: National Registry has no policy allowing RNs to challenge the NR paramedic examination. In order for a person to take the NR paramedic exam they must take a state-approved paramedic course. Once they successfully complete the course, they are eligible to begin the National Registry paramedic testing process.

Q: *I am enrolled in an EMT-Basic class that will end September 10, 2002. I was told that if I fail the initial examination and wait until October to retest I have to take the National Registry's EMT exam? Is this true?*

A: No. If a person begins the EMT-basic examination process prior to October 1, 2002, they will take the TDH's state examination and follow that process until they either pass the examination or must take a remedial course. Those that have not taken the initial examination prior to October 1, 2002, will be required to take the National Registry's EMT-Basic examination.

TEXAS EMS CERTIFICATIONS AS OF JUNE 11, 2002

ECA	5,478
EMT	25,350
EMT-I	4,014
EMT-P	9,622
LIC-P	5,259
TOTAL	49,723
COORDINATOR	353
INSTRUCTOR	2,026
EXAMINER	414



Alcohol-related medical emergencies

Part I

Article provided by
EmCert at www.emcert.com

Introduction

The use of alcohol as an ingested drug is probably nearly as old as human civilization. The Egyptians wrote about wine-making as early as 3500 B.C. Other texts describing intoxicated persons date back even farther. There is evidence that alcohol abuse, alcoholism and associated injuries and illnesses were recognized by very early human cultures as well.

Pathophysiology of alcohol overdose and toxicity

Ingestion of high doses of alcohol causes harm to the patient via four mechanisms.

Airway obstruction, often secondary to vomiting, is the leading cause of death in alcohol overdose.

CNS depression

Alcohol is a central nervous system depressant. In high doses, like all other CNS depressants, alcohol inhibits the airway-maintenance reflexes. This inhibition of airway maintenance creates a problem with maintaining an unobstructed airway. It will also be less likely for the patient to successfully clear mucous, saliva and/or vomit from the airway. An obstructed airway will rapidly lead to brain damage and death secondary to hypoxia.

The CNS depressant effect of alcohol results in decreased ventilatory effort. The severely intoxicated person

breathes less deeply and less frequently than a non-intoxicated person. This hypoventilation may not be adequate to meet the metabolic needs of the body, which can easily lead to excessive levels of carbon dioxide in the blood (hypercarbia) and potentially life-threateningly low levels of oxygen (hypoxia).

Hypercarbia and hypoxia can combine with a partial airway obstruction to cause death.

The CNS depressant effect also results in relaxation of the smooth muscles that control the size of the blood vessels. This relaxation causes the blood vessels to dilate. The resulting vasodilation can significantly reduce the blood pressure, often to the point that the body is unable to adequately perfuse key organs such as the brain and kidneys. These organs then suffer dysfunction and even damage secondary to poor perfusion.

Alcohol and its toxic metabolites

The metabolism of alcohol occurs at a fixed rate regardless of the concentration of alcohol in the blood; in other words, a large volume of alcohol is metabolized at the same rate (in ounces per hour) as one drink.

Knowledge objectives

After viewing this course, the participant should be able to:

1. As appropriate for the student's training level, describe the out-of-hospital treatment for patients suffering from: alcohol overdose and toxicity syndromes and alcohol withdrawal syndrome.
2. Demonstrate the ability to perform an appropriate history and physical exam on a patient suffering from an alcohol-related emergency.
3. Describe the pathophysiology of alcohol overdose and toxicity syndromes and alcohol withdrawal syndrome.
4. Describe the prevalence, morbidity and mortality of alcohol-related illnesses and emergencies.

Both the unmetabolized alcohol and the metabolites (which include acetaldehyde and acetate, for example) can seriously damage cells. The cells of the heart, brain and kidney are especially susceptible to injury from these chemicals. The toxic elements of alcohol also cause vomiting and diarrhea, which may result in dehydration.

Up to 10 percent of ingested alcohol is excreted by the lungs (exhaled in the breath), kidneys (via urine) and skin (through sweat). The remaining 90 percent of the ingested alcohol is broken down by enzymes in the liver. These enzymes can only convert a certain amount of alcohol at a time; for an average healthy adult male weighing approximately 80 kg, the liver can metabolize about two ounces of alcohol per hour. If the intake of alcohol exceeds the liver's ability to break down the alcohol, then significant volumes of both unmetabolized alcohol and alcohol metabolites are left in the system for some time. The metabolites left at each step are still quite toxic and must be cleared quickly to prevent organ damage in the patient.

Ingested Alcohol + Alcohol dehydrogenase = Acetaldehyde + Aldehyde dehydrogenase = Acetate + Acetyl CoA = CO₂ and H₂O

Alcohol level estimations for healthy, 160 lb. female

Drinks per hour	Blood alcohol level
1	30 mg/dl (impaired)
2	60 mg/dl
3	90 mg/dl (legally intoxicated in most states)
4	130 mg/dl
5	180 mg/dl
6	220 mg/dl
7	280 mg/dl
8	330 mg/dl
9	380 mg/dl
10	410 mg/dl (possibly lethal)

Hypoglycemia

Alcohol affects absorption (uptake), use and storage of glucose in the body. High blood levels of alcohol can cause acute hypoglycemia via mechanisms that are not well understood, possibly involving the systems which regulate glucose absorption at the cellular level. Acute hypoglycemia can result in injury to the brain and heart.

Increased risk for injury

Alcohol intoxication causes behavioral changes, especially a loss of inhibition. Alcohol intoxication also results in decreased motor skills and coordination. Combined, these two effects make individuals very prone to injury. The person is more likely to engage in a dangerous activity (loss of inhibition) and is more likely to be injured by that activity (decreased motor skills and coordination).

Assessment

History of present illness

Alcohol overdose or toxicity is most likely to manifest when the blood alcohol concentration (BAC) reaches or exceeds 400 mg/dl (0.4 percent). In a typical, otherwise healthy individual, this level can be reached if an individual drinks anywhere from six to ten drinks per hour (based on the patient's weight and other factors). Inexperienced drinkers may reach such dangerous serum levels of alcohol more quickly than expected. This is due in large part to the nature of the enzymatic system used by the liver to degrade alcohol.

Long-term heavy drinkers, especially those physically addicted to alcohol (described later in this article), are also at risk for dangerously high alcohol levels. In this case, the long-term heavy drinker has developed considerable liver damage which reduces the liver's capacity to produce and store the enzyme alcohol dehydrogenase. With diminished ability to degrade alcohol, this individual may achieve significant blood levels of alcohol by drinking relatively small amounts. These individuals are also often forced to rely on limited sources

of alcohol (because of cost); if they ingest a larger volume suddenly, they may reach toxic blood levels quickly.

Previous medical history

Individuals with a history of liver disease or liver problems are at greater risk for dangerously high levels of alcohol after drinking, since they have a reduced capacity for breaking down alcohol. Home medications such as lactulose, vitamin B (thiamine), vitamin K and Ativan are strong indicators that a person has liver problems and/or a history of alcohol abuse.

Physical exam, signs and symptoms

Patients who are suffering from dangerous blood levels of alcohol will display:

- Complaints of headache and nausea
- Considerable difficulty walking (dystaxia)
- Altered mental status and lethargy
- Vomiting, sometimes severe
- Tachycardia
- Flushed skin or mucosa (unless significantly hypotensive, in which case the skin may be pale)

Severe cases may display:

- "Knee drop": this is a sign of significant loss of motor control. When the patient is assisted to standing position, his/her knees "drop" inward. "Knee drop sign" is usually associated with very se-



"Knee drop" is a sign of significant loss of motor control.

- rious intoxication, exceeding 500 mg/dl of BAC
- Hypotension
- Hypoglycemia (blood glucose reading of less than 80 mg/dl)
- Generalized convulsions
- Unconsciousness (patient has no gag reflex, and will tolerate airway maneuvers and even the placement of airway adjuncts)

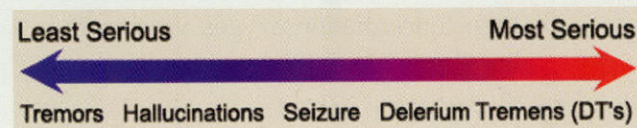
Treatment

The treatment goals when providing care for an alcohol overdose or toxicity patient include:

Airway

If the patient fails to respond to verbal stimulus, manual airway maneuvers should be applied. If the patient tolerates manual airway maneuvers, the provider should attempt to place an airway adjunct as soon as possible.

Airway Management Algorithm Graphic



If the patient's mental status remains decreased and continues to compromise the airway, advanced providers should consider securing the airway with endotracheal intubation. Esophageal obturation airways, such as the EOA and EGTA, may be indicated if advanced airway control is required and endotracheal intubation cannot be performed. Providers are cautioned to remember

Alcohol dehydrogenase, the enzyme that converts alcohol to acetaldehyde (the first step in metabolism), is only manufactured by the liver when the liver is exposed to alcohol. The first few times a person drinks alcohol, it takes longer for the liver to produce adequate volumes of the enzyme, thereby allowing dangerous levels of unmetabolized alcohol to remain in the patient's system. Inexperienced drinkers may also underestimate the intoxicating effects of alcohol and often drink more and/or faster than more experienced drinkers.

the contraindications for these devices such as esophageal varices, liver disease and a history of alcohol abuse, all of which are likely to be present in this type of patient.

Wernicke-Korsakoff Syndrome (WKS) A *neuro-psychiatric* disorder associated with alcohol-induced degenerative changes in the brain. Karl Wernicke was a German neurologist who practiced in the late nineteenth and early twentieth centuries. Sergei Korsakoff was a Russian neurologist who practiced in the same time period. Independently, they both described the cluster of clinical findings that are now recognized as WKS.

Breathing

If the patient's tidal volume is diminished, as evidenced by the inability to hear good air exchange in the lower lobes of the lungs, the patient should receive assisted ventilations with a bag-valve mask (BVM) device.

Oxygen

Supplemental oxygen should be provided to maintain an oxygen saturation via pulse oximeter of at least 97 percent. In the absence of reliable pulse oximetry, the EMS provider should administer high-concentration oxygen via non-re-breather mask if tidal volume is adequate.

Blood Pressure

If the patient is hypotensive or is displaying signs of compensated shock (rapid heart rate with normal, not elevated, systolic blood pressure), EMS personnel should treat for shock. This should include positioning the patient in either the supine or left lateral recumbent position (if vomiting is a concern), with the feet and legs elevated.

For ALS providers: IV fluids should be administered to maintain an adequate systolic blood pressure. The fluid of choice is generally normal saline, although many authors advocate the use of Ringer's lactate solution in this case.

Blood sugar

As discussed earlier, patients with acute alcohol toxicity are often hypoglycemic. It is imperative that the blood sugar level is measured as soon as possible. If the blood sugar level is low (generally considered to be less than 80 mg/dl), supplemental glucose should be administered.

Alcohol ingestion is the second leading cause of hypoglycemia, following only in frequency insulin-induced cases.

Oral glucose may be administered if the patient's mental status is good enough to allow the oral route. One must be very cautious when administering oral substances to a severely intoxicated patient because of aspiration and maintenance of an airway.

For ALS providers: Whenever possible, glucose should be administered via the IV route in the form of 50 percent dextrose solution (D50 percent) to minimize the risk of airway compromise associated with oral administration of glucose. If the provider is unable to establish an IV, glucagon may be given intramuscularly (IM). Providers should be aware that glucagon may not be effective in patients with a history of alcohol abuse. Glucagon works by releasing glucose stored in the liver. However, patients with alcohol abuse histories often have little or no stored glucose available in the liver, rendering the glucagon largely useless.

Most EMS protocols call for the administration of thiamine (vitamin B) to patients who are in need of glucose or have an altered mental status. Many chronic alcoholic abuse patients

have a thiamine deficiency. Thiamine is needed to metabolize both glucose and alcohol. Therefore, it is generally indicated in the acutely intoxicated patient. Thiamine is administered as a 100 mg dose, either IV or IM.

Transport

Last but certainly not least the severely intoxicated patient should be transported to the hospital for additional treatment. In some cases, these patients require aggressive hospital treatment, including hemodialysis, in order to minimize organ damage. Additionally, the hospital may offer the resources necessary to intervene in the underlying problem that caused this episode of severe intoxication, and therefore help prevent recurrent problems with alcohol toxicity.

Pathophysiology of alcohol withdrawal

After long-term exposure to high doses of alcohol, some individuals develop true physical dependency (addiction). This is separate and apart from the disease of alcoholism; people who abuse alcohol may or may not be physically addicted to alcohol. The exact mechanism involved in physical dependency on alcohol is not understood. However, it is known that physical addiction to alcohol involves, at least in part, alcohol's effects on the functioning of calcium ion channels on cell membranes. One result is that



Alcohol withdrawal presents as a range of symptoms.

the absence of alcohol will cause severe dysfunction of nerve cells.

Delirium tremens (DTs) are fatal if left untreated. As a side note, alcohol is the only drug from which withdrawal is lethal. Other drugs, such as heroin, will result in severe, painful and debilitating withdrawal syndromes, but withdrawal from these substances are not fatal. Untreated or unmanaged alcohol withdrawal is fatal in the vast majority of cases.

Assessment of alcohol withdrawal

History of the present illness

Alcohol withdrawal tremors generally start about five to 12 hours after the last intake of alcohol. Hallucinations will usually appear about 24 hours after the last intake of alcohol. An alcohol withdrawal seizure generally indicates 12–24 hours of alcohol abstinence in the dependent patient. Delirium tremens, the most serious manifestation of alcohol withdrawal, will generally appear 24–72 hours after the patient's last alcohol intake.

Previous medical history

A patient with alcohol withdrawal will have an extensive history of alcohol abuse and dependence. Medications such as thiamine, vitamin K, Ativan, Xanax and lactulose may indicate such a history.

Physical exam, signs and symptoms

The patient with alcohol with-

In modern society, alcohol use is pervasive. Most studies estimate that about 50 percent of adults in the United States drink alcohol at least once per month, with about 20 percent of all U.S. adults using alcohol at least twice per week. Medical care for alcohol-related illnesses is estimated to cost about \$16 billion per year in the United States. Many other nations, especially in western Europe, have significantly higher rates of alcohol use among adults, but have fewer alcohol-related illnesses and injuries. As many as 30,000 people per year die from alcoholic cirrhosis of the liver in U.S., making that particular illness the ninth leading cause of death in our country. Alcohol-related illnesses are one of the most common problems seen by all health care workers, including EMS personnel providing out-of-hospital care.

drawal tremors will display "shaking" in the extremities, especially the hands. They will also have difficulty in walking (dystaxia). They will complain of an often-severe headache, anxiousness or restlessness. Generally, the patient will be tachycardic (fast heart rate), hypertensive (high blood pressure) and diaphoretic (sweaty).

The patient with hallucinations will complain of "seeing things." Alcohol withdrawal hallucinations are almost always visual, and indicate moderate to severe withdrawal.

Alcohol withdrawal seizures are generally single (isolated) generalized convulsions or "grand mal." These patients will usually have tremors as well, and will complain of headache, nausea and anxiety.

Delirium tremens occur in about five percent of hospitalized alcoholics and has a mortality rate of 15 percent among in-hospital alcohol withdrawal patients.

The hallmark finding of delirium tremens is persistent altered mental status and confusion. A patient with DTs will be disoriented and generally very anxious and restless. The patient with DTs may also have seizures, often more than one and sometimes even progressing to status epilepticus.

Treatment of alcohol withdrawal

The treatment for the patient suffering from alcohol withdrawal should include:

Consent

Encourage the patient to accept



Intubation may be necessary because alcohol can inhibit a person's airway maintenance reflexes.

medical treatment, or accessing alternative methods (e.g., law enforcement custody) to ensure treatment. Many times, the alcohol withdrawal patient may be reluctant to seek care; instead, they may be more interested in obtaining alcohol than in going to the hospital. The EMS provider must remain focused on the fact that alcohol withdrawal is very serious and potentially fatal. The patient needs treatment and the EMS provider should remain persistent in obtaining consent to provide such treatment, including the use of law enforcement to encourage or require the patient to accept treatment and transport. In many situations, the withdrawal patient will be disoriented, in which case the provider may render care and transport under "implied consent" statutes.

Airway

Protect the airway to prevent aspiration and ensure adequate air exchange, especially in the seizing or postictal patient, where airway control becomes a major issue. Blood and/or vomit can easily obstruct the airway of the patient who has suffered a convulsion.

Breathing

Support and assist ventilations as needed to combat hypoxia and hyper-

carbia. Generally, this will only be an issue when the patient is actively convulsing or is postictal. However, the provider must be on guard to ensure that the patient's ventilatory effort is not compromised.

Oxygen

Provide supplemental oxygen to prevent or reverse hypoxia. Oxygen should be provided to patients with altered mental status in high concentration, via non-rebreather or bag-valve mask.

Blood Sugar

Treat hypoglycemia to minimize organ damage. Alcohol withdrawal patients are frequently hypoglycemic. Glucose should be provided as described earlier.

Transport

Deliver the patient to a hospital emergency department for more definitive treatment.

A patient with alcohol withdrawal is potentially very ill, and requires extensive examination, laboratory studies and treatment available only at a hospital. Therefore, even if the patient responds well to the pre-hospital care provided by EMS personnel, these patients should always be transported to a hospital for additional evaluation and treatment.

Conclusion

Alcohol overdose and withdrawal are life-threatening emergencies associated with the abuse of the drug alcohol. Timely and appropriate recognition and treatment by EMS personnel can help improve outcome. The cornerstones of care for these pa-

It is important that EMS personnel make a concerted effort to have these patients transported by EMS rather than by private vehicle or law enforcement. If the patient is under custody of law enforcement, the police officer should accompany the patient to the hospital but the patient should be transported by EMS. Severe alcohol intoxication is a serious, life-threatening form of poisoning and these patients often need additional treatment enroute.

tients include airway control, ventilatory support, oxygenation, blood pressure support, and the treatment of hypoglycemia, convulsions and thiamine deficiency. It is imperative that alcohol overdose and withdrawal patients be transported to the hospital for additional treatment, even when the patient responds well to EMS therapies.

Glossary

Hypoventilation-Ventilation that is less than that required by the body's metabolic processes; inadequate ventilation.

Hypercarbia-Excessively high levels of carbon dioxide in the blood.

Hypoxia-Decreased and inadequate amounts of oxygen available to the tissues, but *not* complete absence (anoxia).

Metabolites-The products of metabolism. Metabolism refers to two processes; *anabolism*, which is the process that converts small molecules into large ones and *catabolism*, which converts large molecules into small ones.

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CE questions - Alcohol related medical emergencies

- Alcohol overdose or toxicity causes harm to the patient through four basic mechanisms, which are:
 - CNS stimulation and excitation; direct injury to cells by the alcohol and its metabolites; hypoglycemia (low blood sugar); increased risk for injury.
 - CNS depression; direct injury to cells by the alcohol and its metabolites; hypoglycemia (low blood sugar); increased risk for injury.
 - CNS depression; direct injury to cells by the alcohol and its metabolites; hypoglycemia (low blood sugar) and ketoacidosis; increased risk for injury.
 - CNS stimulation and excitation; inhibition of the hypothalamic system functions; hyperglycemia; immobility.
- The fatal event which causes death in alcohol withdrawal is usually:
 - Cardiac dysrhythmias.
 - Continuous, uncontrolled convulsions.
 - Cerebral hemorrhage.
 - Gastrointestinal bleeding.
- The leading cause of death in alcohol overdose/toxicity patients is:
 - Hyperkalemia and respiratory alkalosis.
 - Airway obstruction.
 - Shock secondary to vasodilation.
 - Combination of airway obstruction and shock secondary to vasodilation.
- Which of the following is true regarding the administration of glucose to the alcohol overdose patient?
 - Oral glucose should be administered to the hypoglycemic patient if the patient's mental status is adequate to permit oral administration without compromising the airway.
 - Glucose should be withheld since it may worsen nausea, even in the patient with significant hypoglycemia.
 - Hypoglycemia is normal in alcohol overdose and should not be treated.
 - Glucose should be administered very slowly, since raising the blood sugar level too quickly will cause a seizure.
- Treatment for the patient with delirium tremens should include:
 - Oral hydration, coffee and referral to substance abuse facility.
 - Physical restraint and transport by law enforcement for psychiatric evaluation.
 - Low-flow oxygen (to avoid precipitating nausea) and gentle transport.
 - High-concentration oxygen, glucose if needed and transport to the emergency department.
- The severe "shaking", usually in the hands, experienced by a patient suffering from alcohol withdrawal is called:
 - Pseudo-Parkinsonism.
 - Petit-mal convulsions.
 - Tremors.
 - Delirium tremens.
- Which of the following statements is/are true regarding alcohol withdrawal tremors?
 - They generally start 5 - 12 hours after the last intake of alcohol.
 - They are the least serious symptom of alcohol withdrawal.
 - They indicate moderate to severe withdrawal.
 - They generally start 5 - 12 hours after the last intake of alcohol, and they are the least serious symptom of alcohol withdrawal.
- A patient suffering from delirium tremens will present with:
 - Hypotension, lethargy, and shallow breathing.
 - Anxiety, disorientation, and seizures.
 - Auditory hallucinations, and nausea/vomiting.
 - Paralysis, usually on one side.
- Which of the following best represents the relative seriousness of alcohol withdrawal symptoms, from least to most?
 - Delirium tremens, hallucinations, seizures, tremors.
 - Hallucinations, tremors, delirium tremens, seizures.
 - Tremors, hallucinations, seizures, delirium tremens.
 - Tremors, delirium tremens, hallucinations, seizures.

10. The CNS depression effect of alcohol causes:
 - A. Diminished airway protection reflexes.
 - B. Hyperventilation and respiratory alkalosis.
 - C. Vasodilation and hypertension.
 - D. Diminished airway protection reflexes, vasodilation, and hypertension
11. Alcohol is broken down via:
 - A. Enzymes produced by the liver.
 - B. Enzymatic action in the kidneys.
 - C. It is used as "fuel" by certain cells.
 - D. It is excreted intact through the lungs and kidneys.
12. Which of the following statements is/are true regarding alcohol withdrawal?
 - A. Left untreated, alcohol withdrawal is usually fatal.
 - B. Although very painful and difficult, alcohol withdrawal is not dangerous; alcoholics must go "cold turkey" in order to overcome their physical addiction.
 - C. Alcohol withdrawal symptoms will usually start about 5 days after the patient's last drink.
 - D. Left untreated, alcohol withdrawal is usually fatal, and alcohol withdrawal symptoms will usually start about 5 days after the patient's last drink.
13. Alcohol toxicity symptoms are most likely to appear at what level of blood alcohol concentration?
 - A. 400 mg/dl.
 - B. Between 100 and 200 mg/dl.
 - C. 750 mg/dl.
 - D. At 1500 mg/dl.
14. Which of the following is/are true regarding the prevalence of alcohol use and illnesses in the United States?
 - A. The U.S. has the highest rate of alcohol use among industrialized nations.
 - B. Studies indicate that about 33% of the U.S. population uses alcohol three or more times per week.
 - C. Alcoholic liver cirrhosis is the 100th leading cause of death in the U.S.
 - D. Approximately half (50%) of the adults in the U.S. drink alcohol at least once per month.
15. A patient suffering from moderate alcohol toxicity might display:
 - A. Headache, nausea, and dyslexia.
 - B. Hyperactivity, anxiety, and visual hallucinations.
 - C. Tremors, photophobia, and diffuse abdominal pain.
 - D. Dyslexia, restlessness, and auditory hallucinations.
16. The IV access and fluid of choice for an alcohol overdose patient is/are:
 - A. Injection lock only with minimal fluid, since these patients are often "overloaded" with fluid already.
 - B. Normal saline (or Ringer's lactate) infused to maintain an adequate systolic blood pressure.
 - C. Dextrose 5% in water (D5W) to ensure adequate hydration and glucose levels.
 - D. None; IV access is generally not indicated.
17. "Knee drop sign" is an indicator of:
 - A. Hypoglycemia.
 - B. Thiamine deficiency and Wernicke-Korsakoff Syndrome (WKS).
 - C. Impending seizures in the alcoholic patient.
 - D. Severe alcohol intoxication, usually > 500 mg/dl.
18. Which of the following are true regarding patients at risk for alcohol toxicity?
 - A. Moderate drinkers are most at risk because they are lulled into a false sense of security.
 - B. Beginning drinkers and long-term heavy drinkers are both at risk because of low levels of available alcohol dehydrogenase.
 - C. Contrary to popular opinion, patients with liver disease are not at risk for alcohol overdose/toxicity.
 - D. Only young, inexperienced drinkers are truly at risk for alcohol toxicity.
19. Which of the following is/are true regarding the administration of glucose to alcohol overdose patients?
 - A. If needed, glucose should be administered via IV as D50% whenever possible.
 - B. These patients are rarely hypoglycemic and almost never require glucose administration.
 - C. Glucose should not be administered IV since these patients have serious peripheral vascular problems which can be worsened by the hypertonic glucose.
 - D. These patients are rarely hypoglycemic and almost never require glucose administration, and glucose should not be administered IV since these patients have serious peripheral vascular problems which can be worsened by the hypertonic glucose.
20. Glucagon is often ineffective in the chronic alcoholic patient due to underlying liver disease which causes a depletion of liver glycogen stores.
 - A. True
 - B. False

This answer sheet must be postmarked by August 19, 2002.

CE Answer Sheet *Texas EMS Magazine*

Name _____ SSN _____

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Note: Due to the cost of processing CE, each answer sheet must be accompanied by a check or money order for \$5, made out to UT Southwestern.

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You will receive your certificate for 1.5 hours of CE about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

Check the appropriate box for each question.

ECAs, EMTs and EMT-Is must answer 1-10 for credit; paramedics must answer all 15 for credit.

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|---------------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 11. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 2. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 12. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 3. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 13. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 4. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 14. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
| 5. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 15. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> |
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| 10. A. <input type="checkbox"/> | B. <input type="checkbox"/> | C. <input type="checkbox"/> | D. <input type="checkbox"/> | 20. A. <input type="checkbox"/> | B. <input type="checkbox"/> | | |

Did you enclose your \$5 check or money order?

EMS Award Categories

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization.

EMS Administrator Award honors an administrator, researcher, or manager on the local, city, county, regional, or state level who has made a positive contribution to EMS.

Public Information/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.

Citizen Award honors a private citizen for heroic lifesaving act or unique advocacy of EMS.

Private Provider Award honors a privately-owned commercial organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education and training.

Volunteer Provider Award honors an organization staffed by volunteers which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

First Responder Award honors a first responder organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Air Medical Service Award honors a public or private air medical service in Texas, a leader in the field, who has demonstrated the highest standards in providing patient care to the citizens of Texas.

Outstanding EMS Person of the Year honors an EMS certified person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

2002 Texas EMS Award Nomination Application

This nomination is for:

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| <input type="checkbox"/> EMS Educator Award | <input type="checkbox"/> Private Provider Award |
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| | <input type="checkbox"/> EMS Person of the Year |

Name of nominee _____

Street address of nominee _____

City _____ State _____ Zip _____

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Send awards to: Texas EMS Awards, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199.

Make 15 copies of the nomination packet. **Nomination packets should be limited to:** the completed form above; three typewritten pages of background information; one page of documentation or examples; and five letters. Only that number of pages will be forwarded to the Awards Committee. Any extra pages will not be reviewed.

Nominations must be postmarked by September 15, 2002.

If you have questions, contact your public health region EMS office or the Bureau of Emergency Management at (512) 834-6700.

We will announce award winners at Texas EMS Conference 2002 during the Awards Luncheon on November 26, 2002.



Did you read?

A salmonella outbreak in a prominent Dallas hotel sickened at least 650 individuals from all 50 states between mid-March and the end of April. Using the Internet to gather data, health officials at the Centers for Disease Control and Prevention compared the eating habits of the attendees of the 84 meetings and conventions held during that time period. The hotel's salsa was identified as the source of the salmonella bacterium. Upon investigation, health officials discovered that the food worker who daily prepared the salsa used in the hotel's foods was infected with the bacterium, but had no symptoms of the illness. The salmonella bacterium is most commonly known for contaminating eggs. From *Dallas Morning News*, "Salmonella source was salsa, officials say," by Laura Bell, May 30, 2002.

Researchers from Johns Hopkins University and the National Center for Scientific Research in Paris have found that sulforaphane, a chemical found in broccoli, broccoli sprouts and other cruciferous vegetables, completely killed *Helicobacter pylori*, the bacterium that causes stomach ulcers and increases the risk of stomach cancer. Sulforaphane was found to also work against drug-resistant strains of *H. pylori*. Approximately 20 percent of people infected with *H. pylori* do not respond to current treatments. Researchers also suggested that this type of treatment might be better suited for areas of the world where antibiotics can be too costly or too difficult to deliver. Researchers are now experimenting to determine if sulforaphane can cure *H. pylori* infection outside the laboratory. From *New York Times*, "In The Lab: Heroics for Humble Broccoli," by John O'Neil, May 30, 2002.

Australian researchers analyzed the speech sounds that people make when they speak with adults, with babies and with their animals and found that parents used almost the same speech patterns for babies and pets. The subtle differences between the speech patterns for babies and pets is that people used a teaching speech pattern with elongated, emphasized, hyperarticulated vowels for babies. Researchers suggested that parents were instinctively trying to help babies learn to talk by drawing out vowel sounds. The study also found that even parents who avoided using high-

Researchers analyzed the speech sounds that people make when they speak with adults, with babies and with their animals and found that parents used almost the same speech patterns for babies and pets.

pitched baby talk unconsciously raised the pitch of their voices when talking to babies. From *Dallas Morning News*, "Pet talk, baby talk differ," May 28, 2002.

Scientists have recently discovered genes in the heart and liver function as secondary biological clocks, with the brain being the primary one. The study showed that heart and liver cells had specific genes which caused them to cycle on and off in roughly a 24-hour schedule. Ever since molecular biologists discovered that the body's clocks are composed of interconnected molecules and genes within specific body cells that cycle on and

off, scientists have been testing how this knowledge might be used to assist those who work unusual hours or must travel across several time zones. From *Houston Chronicle*, "Study ponders body clock," by Sue Goetinck Ambrose, May 30, 2002.

A Harvard and Princeton study found only a third of Americans believe that obesity is a major public health problem. Surveyors spoke with 900 Americans across the country and found that they ranked obesity behind AIDS, cancer, heart disease and diabetes, even though obesity kills more people than AIDS and leads to heart disease and diabetes. Those surveyed

Obesity kills more people than AIDS and leads to heart disease and diabetes, but a survey of 900 Americans found that they ranked obesity behind AIDS, cancer and heart disease as a major health problem.

were asked about their weight and attitudes concerning obesity. While researchers believe genetic tendencies, unhealthy eating habits and sedentary lifestyles have led to more people being overweight, more than 65 percent of those surveyed blamed obesity on the individual's lack of willpower to diet and exercise. More than half of those surveyed were overweight, yet only 25 percent considered their own weight to be a serious problem. Researchers believe that the survey showed that public education about the dangers of obesity needed to be improved. From *The New York Times*,

"Perceptions: Excess Fat? Ho-Hum, Many Say," by Eric Nacgourney, June 4, 2002.

A 2000 SAFE KIDS survey found that many parents don't recognize the dangers of leaving a child unattended in a vehicle. Of the 700 people surveyed, ten percent of all parents, and for parents ages 18-24, more than 20 percent, said that it was acceptable to leave children younger than 5 alone in a car. General Motors research has found that the interior temperature of a small car exposed to the sun on a 95-degree day can reach 122 degrees in 20 minutes and 150 degrees in 40 minutes. A child's body can't shed heat as well as an adult's body and children's body temperatures can rise three to five times faster than an adult's. From *San Francisco Chronicle*, "Leaving children in cars OK to many," by Alan Gathright and Marshall Wilson, July 26, 2001.

Even a small amount of cocaine raises the body's temperature while diminishing the body's ability to cool itself by interfering with the dilation of blood vessels near the skin. This combination makes it hard for cocaine users to identify that they are too hot and take steps to prevent overheating. Researchers at the University of Texas Southwestern Medical Center used volunteers in outfits that raised their body temperatures in a controlled manner and found that the volunteers given a small amount of cocaine sweated less and complained less of being hot, as compared to a control group. The temperatures of the volunteers who were given a small amount of cocaine also increased more than the control group. From *The New York Times*, "Symptoms: Cocaine and Its Sneaky Heat," by Eric Nacgourney, June 4, 2002.

Did you read?

the TRAC-IT Project *continued*

In the spring of 2000, the Bureau of Epidemiology established an EMS registry workgroup to review the EMS data set and data dictionary. That workgroup reached consensus on the Bureau of Emergency Management's request to require EMS providers to report all pre-hospital provider calls. This was incorporated into the proposed Injury Reporting Rules that were presented to the Governor's EMS and Trauma Advisory Council (GETAC). GETAC forwarded the rules to the Texas Board of Health for adoption.

These injury reporting rules, passed by the Texas Board of Health in February 2001—following review by GETAC and a public comment period, require that EMS providers submit "(a)ll pre-hospital provider calls where the pre-hospital provider is dispatched, responds, provides care, and/or transports a patient." While those rules had an implementation date of January 1, 2002 (see below for excerpts from and links to the related EMS provider and Injury Reporting rules), there is still some work to be done to better define exactly what data needs to be submitted.

The Bureau of Epidemiology has established a multidisciplinary team that will provide guidance on EMS/Trauma Registry issues and to address concerns expressed by some EMS providers. Members represent EMS providers, hospitals, pediatric hospitals and TDH staff. Among the first issues this team will address will be a detailed definition of "all pre-hospital provider calls" so that EMS providers will know exactly what data they need to forward to the state (e.g., should cancelled calls and patient refusals be included?). Another issue that will be discussed will be the impact on EMS providers of reporting these defined pre-hospital calls.

Therefore, *TDH has decided to delay the implementation of this rule at this time.* When the newly enhanced Texas EMS/Trauma Registry is deployed and the recently established EMS/Trauma Registry Team has completed its work and presented its recommendations to the EMS provider community and GETAC, a new implementation date will be established

and publicized. *During the interim, TDH strongly recommends that EMS providers continue planning for this requirement, and, at the minimum, continue to report their trauma data to the state until further notice.*

We have heard about "name reporting." What is that about?

Name reporting of EMS and trauma patients has been an optional data field in the state EMS/Trauma Registry for years.

In the spring of 2000, an EMS registry workgroup reviewed the EMS data set and data dictionary. The consensus of that workgroup was to require name reporting of EMS patients. This was incorporated into the proposed reporting rules that were recommended by GETAC and adopted by the Board of Health.

Early in 2001, as a separate project, the Board directed the Bureau of Epidemiology to initiate a stakeholder process to examine injury reporting requirements for Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI) in Texas, especially with regard to reporting of names. In August 2001, nearly a year after the EMS workgroup recommendations, stakeholders achieved consensus and recommended adopting rules that require providers to report names of individuals who sustain traumatic brain (TBI) and/or spinal cord injuries (SCI) with the following stipulations: 1) Prior to the initiation of stakeholder processes and public hearings on the proposed rules, a legal opinion by the Texas Attorney General (or other state authority deemed appropriate by state law) must be rendered on federal and state privacy laws as applicable to the reporting of names of individuals who sustain TBI and/or SCI; and 2) the data collected will be used only by TDH for public health surveillance and epidemiological purposes.

In the event that the Board of Health directs TDH to proceed, the Bureau of Epidemiology staff would draft rules that would then follow the established Board rules proposal and adoption process, which would include stakeholder input and public comment.

For a relevant excerpt of rules that pertain to submission of EMS run data, go to www.tdh.state.tx.us/hcqs/ems/TRACJointStatement.htm#Rules.

Disciplinary Actions

THE INFORMATION IN THIS SECTION IS INTENDED TO PROVIDE PUBLIC NOTICE OF DISCIPLINARY ACTION BY THE TEXAS DEPARTMENT OF HEALTH AND THE BUREAU OF EMERGENCY MANAGEMENT AND IS NOT INTENDED TO REFLECT THE SPECIFIC FINDINGS OF EITHER ENTITY.

THIS INFORMATION MAY NOT REFLECT ANY NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, THE SEVERITY OF HARM TO A PATIENT, ANY MITIGATING FACTORS, OR A CERTIFICANT'S DISCIPLINARY HISTORY. THIS LISTING IS NOT INTENDED AS A GUIDE TO THE LEVEL OF SANCTIONS APPROPRIATE FOR A PARTICULAR ACT OF MISCONDUCT.

TO FILE A COMPLAINT REGARDING AN EMS SERVICE OR PERSONNEL, CALL (800) 452-6086.

The Texas Health and Safety Code can be found at <http://www.capitol.state.tx.us/statutes/hstoc.html>

All of the Texas Administrative Code can be found at <http://lamb.sos.state.tx.us/tac/>

To find EMS-specific information in the Texas Administrative Code, go to www.texas.gov, click on Laws and Criminal Justice, click on Laws, Codes and Statutes, click on Texas Administrative Code, click on TAC Viewer, click on Title 25 Health Services, Part I Texas Department of Health, Chapter 157 Emergency Medical Care.

TDH Index of EMS/Trauma Systems Policies can be found at <http://www.tdh.state.tx.us/hcq/ems/spolicy.htm>

Adams, Chadwick, Tyler, TX. 24 months probated suspension of EMT-P certification through October 12, 2003. Rules 157.37(c)(2)(3)(G).

Amb-Trans Ambulance Service, San Antonio, TX. 24 months probated suspension of EMS provider license and a \$2,500 administrative penalty through June 30, 2002.

Aranda, Carlos, San Antonio, TX. 12 months probated suspension of ECA certification through September 7, 2002. EMS Rules 157.37(c)(2)(3)(G).

Baldwin, John, Spring, TX. 24 months probated suspension through August 2003. EMS Rule 157.36(b)(1)(2)(26)(27) and (28).

Barrera, Richard L., Round Rock, TX. 24 months probated suspension of ECA

certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G).

Bewley, Avery, Axtell, TX. Decertification of EMT-I certification effective December 28, 2001. EMS Rules 157.36(b)(10).

Blake, Danny, Dayton, TX. 24 months probated suspension of EMT certification through August 13 2003. EMS Rule 157.37(c)(2)(3)(G).

Boettcher, Laura G., Houston, TX. 24 months probated suspension of EMT certification through August 3, 2003. EMS Rule 157.37(c)(2)(3)(G).

Bradshaw, Billy, College Station, TX. 24 months probated suspension of EMS Coordinator and EMS Examiner certifications through September 2002. EMS Rules 157.64(2)(a)(G), (H), (P) and (R).

Bratcher, Josh, Harper, TX. 12 months probated suspension of ECA certification through September 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Broom, Arthur**, White Deer, TX. 12 months probated suspension of EMT certification through April 12, 2003, a misdemeanor convictions and deferred adjudication. In violation of EMS Rules 57.37 and/or, 157.36(b) and/or, (c).

Brown, Jack D., Cleburne, TX. 48 months probated suspension of EMT certification through November 3, 2004. EMS Rules 157.37(c)(2)(3)(G).

Brown, Kelly James, Kilgore, TX. Suspension of EMT-I certification through November 22, 2002. EMS Rules 157.51(b)(5) and (24).

Browning, Kenneth P., Breckenridge, TX. 24 months probated suspension of EMT certification through October 12, 2002. EMS Rules 157.37(c)(2)(3)(G).

Bryan III, Charles, Baytown, TX. 12 months suspension of the EMT-P certification through February 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(26) and 157.36(b)(28).

Buford, Justin F., Lafayette, Louisiana. 12 months probated suspension of EMT certification through December 13, 2002. EMS Rules 157.37(c)(2)(3)(G).

Bull, Kenneth, Fort Worth, TX. Letter of reprimand against EMT-P certification effective December 19, 2001. EMS Rules

157.36(b)(3).

Buster, Zack, Glenn Heights, TX. 12 months probated suspension of EMT certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25TAC 157.37 and/or, 25TAC 157.36(b) and/or, (c).

Byers, Danny, Earth, TX. 60 months probated suspension of the EMT-P certification through March 2007. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(23); 25TAC 157.36(b)(25); 25TAC 157.36(b)(26); 157.36(b)(28); 157.36(b)(29); 157.37(a)-(c); and the Occupations Code Chap 53.

Campos, Roberto, Harlingen, TX. 12 months probated suspension of ECA certification through March 12, 2003, a misdemeanor conviction. In violation of EMS Rules 25TAC 157.37 and/or, 25TAC 157.36(b) and/or, (c).

Cantu, Jr., Fernando, San Juan, TX. 12 months probated suspension of EMT certification through March 23, 2003, a misdemeanor conviction. In violation of EMS Rules 25TAC 157.37 and/or, 25TAC 157.36(b) and/or, (c).

Cerda, Gilberto, Laredo, TX. 6 months suspension and eighteen months probated suspension of EMT certification through November 2002. H&SC 773.064 (a).

Coffman, David, Normangee, TX. 3 month suspension and 45 months probated suspension of EMT certification through June 30, 2005, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Colburn, Robert, Cuero, TX. 12 months probated suspension of LP certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Cole, Patrick J., Keller, TX. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Contreras, Camile, North Charleston, South Carolina. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G).

* **Cox, Jeremy**, Kilgore, TX. 12 months probated suspension of EMT-P certification through April 2003. EMS Rules 157.36(b)(1); 157.36(b)(2); 157.36(b)(3); 157.36(b)(7); 157.36(b)(26); and 157.36(b)(28).

Crane, Truman, Leander, TX. 12 months probated suspension of EMT certification through February 8, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Cranfill, Jamie, Goldsmith, TX. 24 months probated suspension of EMT certification through August 8, 2003. EMS Rules 157.37(c)(2)(3)(G).

Crowe, Gary, Dale, TX. 48 months probated suspension of EMT certification through November 5, 2005. EMS Rules 157.37(c)(2)(3)(G).

Cruz, Jesus, Wharton, TX. 12 months probated suspension of EMT certification through January 2, 2003. EMS Rules 157.37(c)(2)(3)(G).

Dahse, John, Freeport, TX. Letter of reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(7).

Dailey, Barton, Pearsall, TX. 12 months probated suspension of EMT-I certification through August 22, 2002. EMS Rules 157.37(c)(2)(3)(G).

Dallas Fire Department, Dallas, TX. 6 months probation of a \$21,000 administrative penalty effective February, 21, 2002. EMS Rules 25 TAC 157.16(b); 157.16(c); 157.16(d)(1); 157.16(d)(17); 157.16(d)(19); 157.11(i)(1); 157.11(j)(1).

DeBerry, Anthony C., Midland, TX. 12 months probated suspension of EMT certification through September 11, 2002. EMS Rules 157.37(c)(2)(3)(G).

Desopo, James A., Waco, TX. 12 months probated suspension of EMT certification through December 4, 2002. EMS Rules 157.37(c)(2)(3)(G).

Downey, Allen, Wichita Falls, TX. Decertification of EMT certification effective November 15, 2001. EMS Rules 157.36(b)(1), (2), (6), (7), (18), (19), (21), (26), (27) (28) (29).

Eisenmenn, Bradley G., Austin, TX. 24 months probated suspension of EMT certification through May 30, 2003. EMS Rules 157.37(c)(2)(3)(G).

Elliott, Ginger, Omaha, TX. 12 months probated suspension of EMT certification through February 19, 2003, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Estes, Phillip, Chilton, TX. 24 months probated suspension of EMT certification through July 31, 2002. EMS Rules 157.51(b)(8), (25) and (28).

Estrada, Jamie, San Juan, TX. 12 months probated suspension of EMT certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Evans, Krystal S., Taylor, TX. 24 months probated suspension of EMT certification through August 8, 2002. EMS Rules 157.37(c)(2)(3)(G).

Famsworth, Kim, Stafford, TX. 12 months probated suspension of EMT certification through August 22, 2002. EMS Rules 157.37(c)(2)(3)(G).

Florence, Gertrude, Leaky, TX. Suspension of EMT certification through September 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

* **Flores, George**, Seguin, TX. 12 months probated suspension of EMT certification through April 29, 2003, a misdemeanor conviction. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Flores, Roswitha, San Juan, TX. 12 months suspension of the EMT-I certification through February 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(22); 25 TAC 157.36(b)(23); 25 TAC 157.36(b)(25); 25 TAC 157.36(b)(26); 157.36(b)(28); 25 TAC 157.36(b)(29); and 157.37(c)(2)(3)(G).

* **Foote, Richard**, Plano, TX. 12 months probated suspension of EMT certification through May 10, 2003, a misdemeanor conviction. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Galvan, Martin, Jr., Rio Grande, TX. 48 months probated suspension of ECA certification through October 12, 2004. EMS Rules 157.37(c)(2)(3)(G)

Garza, Bart, Edinburg, TX. 42 months probated suspension of EMT-I certification through April 12, 2004. EMS Rules

157.37(c)(2)(3)(G).

Garza, Jess, Jr., Perryton, TX. 24 months probated suspension of EMT certification through November 2, 2002. EMS Rules 157.37(c)(2)(3)(G)

Gladson, Alan E., Fort Worth, TX. 24 months probated suspension of EMT-P certification through December 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

Gonzalez, Rolando, Rio Grande City, TX. 36 months probated suspension of EMT certification through August 22, 2004. EMS Rules 157.37(c)(2)(3)(G).

Gordan, Carl L., Houston, TX. 24 months probated suspension of EMT certification through May 9, 2003. EMS Rules 157.37(c)(2)(3)(G).

Grabs, Teresa, Valley Mills, TX. 108 months probated suspension of licensed paramedic through September 26, 2010. EMS Rules 157.37(c)(2)(3)(G).

Granger, Tracey, Beaumont, TX. Letter of reprimand of EMT-P certification effective January 16, 2002. EMS Rules 157.36(b)(1), (2), (21), (28).

Guerrero, Arturo, Anthony, TX. 12 months probated suspension of EMT certification through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

Hall, Christine S., Alvin, TX. 24 months probated suspension of EMT certification through August 31, 2003. EMS Rules 157.37(c)(2)(3)(G).

Hansen Jr., Richard Allen, El Paso, TX. Suspension of EMT-I certification through August 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

Harris, Kevin L., McAllen, TX. 4 years probated suspension of EMT certification through July 5, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Harris, Patrick, Houston, TX. 12 months probated suspension of EMT certification through January 25, 2003, for a misdemeanor deferred adjudication probation. In violation of EMS Rules 157.37; 157.36(b), (c).

Hartley, Sherman, Bay City, TX. 56 months probated suspension of EMT certification through July 5, 2006. EMS Rules 157.37(c)(2)(3)(G).

Hill, Tommy, N., Claredon, TX. 12 months probated suspension of EMT certification

through July 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Hines, Carles**, Detroit, TX. 12 months probated suspension of EMT certification through March 28, 2003, a misdemeanor convictions. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Hitchcock, Mike, Blanco, TX. 24 months probated suspension of EMT certification through October 22, 2003. EMS Rules 157.37(c)(2)(3)(G).

Hobbs, Malcolm, Lewisville, TX. Suspension of ECA certification thru July 2002 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21), (28).

Homer, Jason, Houston, TX. 12 months probated suspension of EMT certification through February 19, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Jackson, Michael, Houston, TX. 48 months probated suspension of EMT certification through March 7, 2006, a felony conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Jarmon, Sr., Joseph Lloyd, San Antonio, TX. Suspension of EMT certification thru October 2003 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

Jewett EMS, Inc., Jewett, TX. 24 months probated suspension and a \$1,500 administrative penalty probated of EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A) and (U) and 157.13(c).

Jones, Duke K., Houston, TX. 24 months probated suspension of EMT-P certification through September 24, 2003. EMS Rules 157.37(c)(2)(3)(G).

Kellar, Shanna, Terrel, TX. 4 years probated suspension of EMT certification through June 30, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Kowalski, Michael, Friendswood, TX. 12 months probated suspension of EMT-P certification through January 2003. EMS Rules 157.36(b)(2), (3), (26).

* **Leal, Victor John**, San Antonio, TX. Denial of EMT application for recertification effective May 14, 2002. EMS Rules 157.36(b)(1); 157.36(b)(2); 157.36(b)(21); 157.36(b)(28).

Lemon, James, Channelview, TX. 12 months probated suspension of ECA certification through October 9, 2002. EMS Rules 157.37(c)(2)(3)(G).

Lopez, Jacob R., Corpus Christi, TX. 12 months probated suspension of EMT certification through November 30, 2002. EMS Rules 157.37(c)(2)(3)(G).

* **Lowery, Jason**, Houston, TX. 12 months probated suspension of EMT certification through May 16, 2003, a misdemeanor conviction. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Martinez, Michael J., Texas City, TX. 12 months probated suspension of EMT certification through September 27, 2002. EMS Rules 157.37(c)(2)(3)(G).

Mask, Steven, Abilene, TX. 24 months probated suspension of EMT certification through October 12, 2003. EMS Rules 157.37(c)(2)(3)(G).

Masters, Casey, Rowlett, TX. 24 months probated suspension of EMT certification through November 16, 2003. EMS Rules 157.37(c)(2)(3)(G).

Mata, Joseph, Uvalde, TX. 24 months probated suspension of EMT-I certification through November 2002. EMS Rules 157.36(b)(1), (4), (7), (13), (26) and (28).

Maurer, Garrison, Canyon Lake, TX. 48 months probated suspension of EMT certification through January 3, 2006. EMS Rules 157.37(c)(2)(3)(G).

* **McCormick, Christopher**, Corpus Christi, TX. 12 months probated suspension of EMT certification through April 15, 2003, a misdemeanor conviction and deferred adjudication. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

McCrary, Ronnie L., DeKalb, TX. 12 months probated suspension of EMT certification through January 3, 2003. EMS Rules 157.37(c)(2)(3)(G).

McDonald, Debra, Schertz, TX. 24 months probated suspension of EMT-P certification through April 2003. EMS Rules 157.36(b)(1), (6), (26) and (28).

McGee, Thomas R., Kingsville, TX. 24 months probated suspension of EMT certification through January 11, 2003. EMS

Rules 157.37(c)(2)(3)(G).

McGrew, Robert, Houston, TX. 24 months probated suspension of EMT certification through June 21, 2003. EMS Rules 157.37(c)(2)(3)(G).

* **McLeod, James**, Burleson, TX. 43 months probated suspension of EMT certification through January 10, 2006, a misdemeanor conviction. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Meyn, Jason, Bayview, TX. 12 months probated suspension of EMT certification through February 19, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Middleton, Michael E., College Station, TX. 12 months probated suspension of EMT-P certification through August 3, 2002. EMS Rules 157.37(c)(2)(3)(G).

Miller, Jason, Corpus Christi, TX. 24 months probated suspension of ECA certification through October 22, 2003. EMS Rules 157.37(c)(2)(3)(G).

Mitchell, Marklyn, Stockton, TX. 24 months suspension of EMT-I certification through April 12, 2003. EMS Rules 157.51(b)(16), (23), (24), (25), (28) and 157.44(c)(1)(C).

Mitchell, Zane, Alvarado, TX. 6 months actual suspension followed by forty-nine (49) months probated suspension of EMT-P certification through September 8, 2006, a misdemeanor/felony or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Moreno Jr., Pedro, Harlingen TX. 12 months probated suspension of EMT-P certification through March 7, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Navarro, Kimberly D., Yoakum, TX. 12 months probated suspension of EMT-P certification through July 19, 2002. EMS Rules 157.37(c)(2)(3)(G).

Nelson Jr., Melvin, McGregor, TX. Suspension of ECA certification thru June 2004 due to a CE Audit. EMS Rules 157.36(b)(1), (2), (21) (28).

Nickels, Nicky, Muleshoe, TX. 12 months probated suspension of EMT-P certification through March 4, 2003, a misdemeanor

conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Norris, Michael, Amarillo, TX. Denial of EMT certification application effective March 13, 2002. Federal felony conviction in 1997, and also for a felony conviction in 1998 in violation of EMS Rules 25 TAC 157.37(a), and/or, 157.37(c)(1), and/or 157.37(c)(2), and/or 157.37(c)(3), and/or 25 TAC 157.36(c)(1), and/or 157.36(c)(3) and/or Chapter 53 of the Occupations Code, Consequences of Criminal Conviction.

North Bosque County EMS, Inc., Meridian, TX. 24 months probated suspension through January 31, 2003 and an administrative penalty of \$5000 probated through January 31, 2003. EMS Rules 157.16(b) and (c) and (d)(4), (14), (17) and (19).

North Texas EMS, Fort Worth, TX. 24 months probated suspension and administrative penalty of \$6,000 against provider license through January 10, 2004. EMS Rules 157.16(b); 157.16(c); 157.16(d)(1), (10), (11), (12), (14), (19); 157.11(l)(1), (3), (12), (13) and (e)(6).

Orta, Fermine, Roma, TX. 24 months probated suspension of ECA certification through November 2003. EMS Rules 157.36(b)(1), (2), (17), (18), (21) and (28).

Parker, Michael, Waco, TX. Suspension of EMT certification thru September 2005. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

* **Phillips, Earl**, Manchaca, TX. 36 months probated suspension of EMT certification through April 9, 2005, a felony deferred adjudication. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Pinedo, Marisela, Los Fresnos, NM. Probated suspension of EMT-I certification through June 1, 2006. EMS Rules 157.44, 157.51(b)(16) and (c).

Pippin, Brian, Lipan, TX. 48 months probated suspension of EMT certification through April 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Pro-Medic EMS, San Juan, TX. \$2,000 administrative penalty against provider license effective January 15, 2002. EMS Rules 157.16(d)(1), (19); 157.11(d)(3)(B), (l)(9), (l)(13), (l)(15)(B).

Pulido, Gilbert, Laredo, TX. Suspension

of EMT certification thru September 2003. EMS Rules 157.36(b)(1), (2), (10), (21), (28).

Rankel, Richard, Spring, TX. 12 months probated suspension of EMT certification through February 11, 2003, a misdemeanor or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

* **Razo, Ramon Jr.**, Pharr, TX. 12 months probated suspension of EMT-I certification through May 10, 2003, a misdemeanor conviction. In violation of EMS Rules 157.37 and/or, 157.36(b) and/or, (c).

Reece, Shawn, Houston, TX. 12 months probated suspension of EMT certification through March 4, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

Reel, Amanda, Longview, TX. 12 months probated suspension of EMT-P certification through September 2003. EMS Rules 157.51(b)(1), (2), (10) and (25).

Rehonic, Victor, Grande Prairie, TX. 12 months probated suspension of EMT-P certification through February 13, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or (c).

Riffe, Jennifer, Dublin, TX. Letter of reprimand against EMT-B certification effective October 22, 2001. EMS Rules 157.36 (b)(1), (2), (26) and (28).

Riley, Stephen, Humble, TX. 47 months probated suspension of EMT certification through December 10, 2005. EMS Rules 157.37(c)(2)(3)(G).

Ripley, Jimmy J., Winters, TX. 24 months probated suspension of EMT certification through February 5, 2003. EMS Rules 157.37(c)(2)(3)(G).

Robertson County EMS, Franklin, TX. 24 months probated suspension and a \$1,600 administrative penalty of the EMS provider license through September 2002. EMS Rules 157.19(c)(1)(A)(U), and 157.13(c)(3), (5) and (6).

Rocha, Carolina, Carrizo Springs, TX. 6 months suspension followed by 24 months probated suspension of the EMT-I certification effective March 4, 2002. EMS Rules 25 TAC 157.51(b)(1), 157.51(b)(2), 157.51(b)(10) and 157.51(b)(25).

Rock, Barbara, Freeport, TX. Letter of

reprimand against EMT-I certification effective January 7, 2002. EMS Rules 157.36(b)(26).

Rodriguez, Deinea, Houston, TX. 24 months probated suspension of EMT certification through February 11, 2004, a misdemeanor or conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Rodriguez, Luis, College Station, TX. 12 months probated suspension of EMT certification through October 29, 2002. EMS Rules 157.37(c)(2)(3)(G).

Roquemore, Joseph, Atlanta, TX. 48 months probated suspension of EMT certification through August 9, 2005. EMS Rules 157.37(c)(2)(3)(G).

Ruiz, Ramon, Van Horn, TX. 12 months probated suspension of the EMT certification through March 2003. EMS Rules 25 TAC 157.36(b)(1); 25 TAC 157.36(b)(2); 25 TAC 157.36(b)(7); 25 TAC 157.36(b)(26) and 157.36(b)(28);

Salinas, Rene, McAllen, TX. 51 months probated suspension of EMT certification through April 25, 2006, for a felony conviction. In violation of EMS Rules 157.37; 157.36(b), (c).

Salazar, Eloy, Corpus Christi, TX. 12 months probated suspension of EMT-I certification through March 11, 2003, a misdemeanor conviction/deferred adjudication. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and (c).

* **Shaver, John**, Mauriceville, TX. Denial of application for certification effective March 20, 2002. EMS Rules 157.36(b)(1); 157.36(b)(2); 157.36(b)(4); 157.36(b)(13); 157.36(b)(15); 157.36(b)(18); 157.36(b)(26) and 157.36(b)(28).

Shipp, Patrick L., Laneville, TX. 4 years probated suspension of EMT-I certification through July 28, 2004. EMS Rules 157.44(c)(2)(B)(vii).

Smith, Danny, R., San Antonio, TX. 12 months probated suspension of EMT-P through March 4, 2003, a misdemeanor pre-trial diversion probation. In violation of EMS Rules 25 TAC 157.37 and, 25 TAC 157.36(b) and (c).

Smith Jr, Roosevelt, Houston, TX. 48 months probated suspension of EMT certification through November 5, 2005.

EMS Rules 157.37(c)(2)(3)(G).

Smith-Green, Tonya Sue, Burleson, TX. 48 months probated suspension of EMT certification through October 15, 2003. EMS Rules 157.44, 157.51(b) and (c), and 157.53, felony/misdemeanor convictions.

Snyder, Michael, Baytown, TX. 12 months probated suspension of EMT certification through October 23, 2002. EMS Rules 157.37(c)(2)(3)(G).

Spears, Richard D., Iowa Park, TX. 24 months probated suspension of EMT certification through September 11, 2003. EMS Rules 157.37(c)(2)(3)(G).

Spencer, Shannon Ray, Deer Park, TX. 12 months probated suspension of EMT certification through November 26, 2002. EMS Rules 157.37(c)(2)(3)(G).

Steger, John S., Denton, TX. 24 months probated suspension of EMT certification through May 15, 2003. EMS Rules 157.37(c)(2)(3)(G).

Stillwell, Landon, Dallas, TX. 26 months probated suspension of EMT certification through November 6, 2003. EMS Rules 157.37(c)(2)(3)(G).

Strimpell, Marc, San Antonio, TX. 24 months probated suspension of EMT-P certification through April 4, 2003. EMS Rules 157.37(c)(2)(3)(G).

Sulecki, Christopher, Hockley, TX. 24 months suspension of the EMT certification through February 2004. EMS Rules 25 TAC 157.36(b)(1); 157.36(b)(2); 157.36(b)(7); 157.36(b)(26); and 157.36(b)(28).

Tanner, Stewart R., Palacios, TX. 12 months probated suspension of ECA certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

Taylor, Steven C., Powderly, TX. 12 months probated suspension of EMT certification through July 5, 2002. EMS Rules 157.37(c)(2)(3)(G).

Thomas, David, Early, TX. 12 months probated suspension of EMT certification through September 6, 2002.

EMS Rules 157.37(c)(2)(3)(G).

Thornton, Odis C., College Station, TX. 48 months probated suspension of EMT certification through June 18, 2005. EMS Rules 157.37(c)(2)(3)(G).

Tidwell, Jeremy W., Orange, TX. 12 months probated suspension of EMT certification through September 24, 2002. EMS Rules 157.37(c)(2)(3)(G).

Tiner, James H., Vidor, TX. 12 months probated suspension of EMT certification through July 6, 2002. EMS Rules 157.37(c)(2)(3)(G).

TLC Ambulance Service, Houston TX. Letter of reprimand against EMS provider license effective December 19, 2001. EMS Rules 157.16(d)(19).

Trans Care Medical Transport, Fort Worth, TX. 12 months probated suspension of the EMS provider's license and a \$5,000 administrative penalty, which all but \$1,000 is probated for 12 months through February 28, 2003. EMS Rules 25 TAC 157.16(b); 157.16(c); 157.16(d)(1); 157.16(d)(19); 157.11(l)(13); 157.11(i)(1)(E); and 157.11(i)(1)(L).

Trevino, Robert P., Troy, TX. 12 months probated suspension of EMT-I certification through December 15, 2002. EMS Rules 157.37(c)(2)(3)(G).

Turnbow, Brandon L., Lubbock, TX. 24 months probated suspension of EMT certification through March 14, 2003. EMS Rules 157.37(c)(2)(3)(G).

VanDeventer, Robert, Comanche, TX. Decertification of EMT certification effective March 13, 2002, for a felony deferred adjudication probation. In violation of EMS Rules 25 TAC 157.37(a), and/or 25 TAC 157.36(c)(1), and/or 157.36(c)(8), and/or 157.36(c)(9).

Van Meter, Ronald, S., Midland, TX. 36 months probated suspension of EMT certification through December 17, 2004. EMS Rules 157.37(c)(2)(3)(G).

***Wann, Carey**, Boscoe, TX. Decertification of EMT certification effective

May 20, 2002. EMS Rules 157.36(b)(1); 157.36(b)(2); 157.36(b)(4); 157.36(b)(18); 157.36(b)(26); and 157.36(b)(28).

Warren, Andrew, Floresville, TX. 36 months suspension (first 18 months actual suspension, second 18 months probated suspension) of EMT-I certification through December 2004. EMS Rules 157.51(b) (25).

Waters, Christopher, Austin, TX. 12 months probated suspension of EMT certification through March 23, 2003, a misdemeanor conviction. In violation of EMS Rules 25 TAC 157.37 and/or, 25 TAC 157.36(b) and/or, (c).

Weststarr Ambulance, Odessa, TX. 12 months probated suspension of provider license; \$22,000 administrative penalty pro-bated for 12 months through August 2002. EMS Rules 157.16(b), (c), and (d)(1), (4), (17), (19); 157.11(d)(2), (1)(2), (f), (g), (i)(1).

***Whinery, Louie**, Diboll, TX. Decertification of the EMT certification effective March 20, 2002. EMS Rules 157.36(b)(1), and 157.36(b)(2), and 157.36(b)(6), and 157.36 (b)(23), and 157.36(b)(26), and 157.36(b)(28), and 157.36(b)(29).

Williams, David T., Dallas, TX. 24 months probated suspension of EMT certification through November 26, 2003. EMS Rules 157.37 (c)(2)(3)(G).

*** Williams, Theodore C.**, Temple, TX. Suspension of EMT certification thru May 2002 due to a CE Audit. EMS Rules 157.36(b)(1); and/or 157.36(b)(2); and/or 157.36(b)(21); and/or 157.36(b)(28).

Zachary, Jessy L., Humble, TX. 48 month probated suspension of EMT-I certification through December 5, 2004. EMS Rules 157.37(c)(2)(3)(G).

Zais, John, Mineral Wells, TX. 36 months probated suspension of EMT certification through November 7, 2004. EMS Rules 157.37(c)(2)(3)(G).

The Texas Health and Safety Code can be found at <http://www.capitol.state.tx.us/statutes/hstoc.html>. All of the Texas Administrative Code can be found at <http://lamb.sos.state.tx.us/tac/> To find EMS-specific information in the Texas Administrative Code, go to www.texas.gov click on Laws and Criminal Justice, click on Laws, Codes and Statutes, click on Texas Administrative Code, click on TAC Viewer, click on Title 25 Health Services, Part I Texas Department of Health, Chapter 157 Emergency Medical Care. TDH Index of EMS/Trauma Systems Policies can be found at <http://www.tdh.state.tx.us/hcqs/ems/spolicy.htm>

Meetings & Notices

Calendar

August 9, 2002. **2nd Annual Trauma Conference.** Hilton Arlington. North Central Texas Trauma Regional Advisory Council. \$50.00 for each preconference. \$50.00 for main conference. Contact Vicki Thedford 972/719-4900 or Kris Blackburn 972/927-1392.

September 13-14, 2002. **Texas EMS Medical Director's Seminar.** Wyndham Hotel. Arlington, TX. Presented by Texas College of Emergency Physicians. Contact Nancy Davis 512/306-0605. Or tcep@aol.com TCEP website www.texacep.org.

November 24-27, 2003. **Texas EMS Conference.** Contact 512/834-6700 for information or go to website www.tdh.state.tx.us, click on Texas EMS Conference.

Jobs

911 Dispatchers: AMR Arlington. Premier system, brand new trucks and equipment. AMR Arlington provides exclusive 911 services to the Arlington Metro area serving 330,000 people. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance,

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (*a 15-work-day process*), then on to our mailing service (*a 4-day process*), and then to the post office to get mailed out. Please send in your calendar items six weeks in advance to make the next issue.

Cost: Calendar items are run at no charge. Calendar items run in the meeting section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

Fax or mail: Calendar items can be faxed to 512/834-6736 or mailed to *Texas EMS Magazine*, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199. Call 512/834-6700 if you have a question about the calendar section.

AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. *

Medics: Hiring quality personnel at all levels for newly organized and progressive ambulance service. Service provides emergency services at the BLS, ALS, and MICU levels in the Houston Metro area. Top pay for experience and skills at all levels. We also welcome newly certified EMS personnel. EMS continuing education will be provided in-house. Contact the human resources dept. at MP Ambulance Service 713/723-6001. *

Paramedics: Lubbock County EMS is currently accepting applications. Must have BLS and ACLS. 12 and 24 hour shifts are available. Competitive salaries starting at 30,285.00 per year. This is a 911 service for the city of Lubbock provided by University Medical Center. Excellent benefit package and uniforms are provided. Call 806/743-1444 or www.teamumc.org for an application. *

Paramedics: North Channel EMS, servicing East Harris County, has full-time positions available. Competitive wages, full benefits, paid holidays/vacation/sick days. New equipment and facility, free in-house continuing education, and very aggressive. Contact Troy Koterak, North Channel EMS, 332 Freeport, Houston, TX 77015. 713/637-0900. *

Paramedics: Full-time positions available. Cypress Creek EMS is the 911 provider for Northern Greater Houston, TX area. Competitive salary, excellent benefits, and progressive atmosphere. Submit a resume to: HR Dept, CCEMS 16650 Sugar Pine Lane, Houston, TX 77090-3657 or jobs@ccems.com *

EMTs, EMT-Is, Paramedics: Life Care Ambulance, Inc., a 911/transfer company in Harris County, is hiring FT & PT positions. Can accommodate school schedules. Competitive wages, benefits. Contact Tina Krenek at 713/868-7944 or fax resume to 713/688-1902. *

Paramedics: Full-time positions with Faith Community Hospital EMS. Benefits. Texas certification. Contact J.D. Hailey, 940/567-6633. www.faithcommunityhospital.com. +

Operations Manager: \$34,000-\$40,000. Bulverde-Spring Branch EMS accepting applications for an operations manager. Benefits. Paramedic with 5 yrs exp/2 yrs mgmt exp. Mail resume to Bulverde-Spring Branch EMS PO Box 38, Spring Branch, TX 78070. *

EMT, EMT-I Paramedics: The US Naval Reserve is hiring part-time positions. One month experience required. Excellent benefits and retirement package. Contact Joel Greenwood 1-800-544-2562 ext. 248. *

Paramedics/EMT-Is: Immediate need at AMR Arlington. Brand new trucks and equipment. Competitive compensation & benefit packages.

Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

Paramedics/EMTs: AMR Austin operations. New increased wage rates. AMR Austin is proud to have served Austin for over 20 years. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-inc.com. +

EMTs: AMR San Antonio. New highly competitive wages rates. 911 provider for Bexar County. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-in.com. +

EMTs/ Paramedics & CCT-Paramedics: AMR Dallas is a diversified operation providing emergent and non-emergent transportation to include critical care transport. Competitive compensation & benefit packages. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-in.com. +

EMTs/Paramedics: AMR Houston. Competitive pay rates and one of the most competitive compensation & benefit packages. Excellent protocols and experience. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-in.com. +

EMTs/Paramedics: 911 Provider for Cleburne. One of the most competitive compensation & benefit packages, excellent protocols and experience. Medical, dental and vision insurance, paid time off, life insurance, AD&D insurance and 401 (K) program with a company match. Contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to current job postings online at www.amr-in.com. +

EMTs: AMR Hunt County now hiring part time. For more information/application, contact recruiting at 800/267-8334 or resume@amr-ems.com; fax 877/932-9267. View and apply to

Meetings & Notices

current job postings online at www.amr-in.com. +

Communication Medic: Austin-Travis County EMS is currently accepting applications. Compensation starting at \$34,000 per year plus benefit package. Must hold EMT, EMT-I, or EMT-P. Call 1-888-448-2367, e-mail EMSrecruiting@ci.austin.tx.us or visit www.austinems.com. +

Paramedics: Austin-Travis County EMS is growing. If you are an EMT-P or LP with ACLS, join our team. Compensation starting at \$42,000 per year plus benefit package. Call 1-888-448-2367, e-mail EMSrecruiting@ci.austin.tx.us or visit www.austinems.com. +

Infection Control/Safety Officer: Austin-Travis County EMS. Compensation starting at \$51,459-\$64,334 per year plus benefits package. Must have 2 years of experience as an EMT-P in an urban 911 EMS system. 1 year experience in an EMS instructional position. Experience in safety/infection control is preferred. Call 1-888-448-2367, e-mail EMSrecruiting@ci.austin.tx.us or visit www.austinems.com. +

EMS Faculty: EMS Dept. Houston Community College system is hiring two full-time positions for the Fall 2002 semester. Associate degree required, Bachelors or Masters preferred. Minimum 3 years field experience with EMS system. Must be certified or licensed paramedic and instructor in Texas. Additional qualifications ACLS,PALS,BTLS, instructor certified. Contact Dr. Hatch 713/718-7692 or e-mail hatch_g@hccs.cc.tx.us. +

EMT,EMT-I,Paramedic: Refugio County EMS now hiring offering top wages and benefits CE provided. Preference to applicants willing to relocate. Contact 361/526-4220 or write to 107 Swift. Refugio, TX 78377 or Rakoon@refugiohealthcaresystem.com. +

Paramedic: City of Wharton now hiring for full-time position. High school diploma or GED, TDL and TDH paramedic certification required. \$31,224-\$44,287. Application & job description at City Hall 120 E. Caney, Wharton, TX 77488. 979/532-2491. www.cityofwharton.com. +

Firefighter/Paramedic: \$2727 mo. Benefit package available. 24/48 shifts. Apply at or send resume to City of Kerrville Personnel Dept. 800 Junction Hwy; Kerrville TX, 78028. 830/792-8300, fax 830/792-3850.

Paramedics: Rockwall County EMS is now accepting applications. 24/48 hour shifts, benefits package, uniforms and CEU are provided. Contact 972/772-4148 or www.rockwalllems.com. +

Phlebotomist,EMT,LVN,RN: Part-time positions available to do insurance exams. Must be independent with flexible hours. 1-800-633-3887. +

EMT/Paramedics: Rural/Metro-Medstar based in Fort Worth is hiring for full-time positions. Great benefits. For more info call 817/632-0519 or www.medstar911.com. +

For Sale

For Sale: 2 folding stretchers, 1 set immobile vac splints, Ferno stair chair stretcher model 28, oscillomate model 9000 auto B/P with cuff sizes, resuscitator lsp demand valve, all slightly used. Send offer to hallambbit@itexas.net or call 817/579-6822/DEB.*

For Sale: \$35,00; 1999 F350 diesel, type 1 ambulance excellent condition low mileage. Contact Joe or Dickey 281/459-2807. +

Miscellaneous

CPR manikins, new and used: CPR supplies, airways, manikin face shields, face pieces, parts. Manikin maintenance cleaning and repairs. Rental manikins available. Contact Ron Zaring, Manikin Repair Center, Houston, 281/484-8382, fax 281/922-4429.*

"Quick! How do you dial 9-1-1?" Lifelines and laughlines of a firefighter paramedic. Capt. Randy Nickerson of Denton, TX FD reflects on some of most memorable moments of his career—some hilarious, some horrific in this thoughtful and amusing book. Tattersall Publishing, 940/565-0804, www.tattersallpub.com. *

EMS Specialties. Multi-part run tickets, telephone labels, scratch pads, t-shirts, etc. Free brochure. AAA Graphics, 281/331-3615.*

Rope Rescue Training: Training for fire, EMS, law enforcement and industry in Technical Rescue, Rope Rescue, Fire Rescue, Cave Rescue, Vehicle Rescue and Wilderness First Aid. John Green 361/938-7080, www.texasroperescue.com. *

Specialized Billing: EMS and Fire billing services to counties, municipal paid and volunteer services through Texas utilizing the latest hardware and EMS software. For info contact Karen Laake or Bruce Glover at 1-800-999-2417.*

CPR Classes: \$25.00 per person in house six person minimum or \$35.00 your location six person minimum. Call 281/837-8375.*

MBS MedExpress Billing Service: Complete billing services for ambulance services. Contact 713/530-0334.*

Express Billing: Electronic billing including Medicare, Medicaid, insurance. Custom reports, consultation for EMS office and field employee on HCFA guidelines. Call 877/521-6111, 713/484-5700 or fax 713/484-5777, www.eexpressbill@aol.com*

EMS/Fire Billing: Electronic claims, standard and individualized reports, education on billing guidelines for federal and state billing. Contact Health Claims Plus at 888/483-9893 or visit www.healthclaimsplus.com.*

CE Solutions: EMS continuing education, accepted in more than 40 states. Internet, software and workbook formats. Click on www.ems-ce.com for 2 free CE hours (first visit), call 888/447-1993.*

Execu Med, Inc: Professional medical management and billing services. Insurance, billing, data entry and other services. Contact 972/780-9770 fax: 972/780-9692 or www.execumedinc.com. +

EmCert.com: Offers online CE courses TDH and CECBEMS approved. Subscription pricing for individuals or groups. Visit online for free 1-hour CE. Call 1-877-367-4376. +

Provider Billing: Electronical claims submission and collections for ambulance services. Handle claims all over Texas. Also Medicare and Medicaid. Contact 800/506-4665 or fax 800/506-8248. +

Protech Interation Communications Inc. Professional Development Training Consultants (2 day certification course on violent patient management and EMS defensive tactics)

Locations TBA: January 11-12 2003, January 18-19 2003, February 1-2, 5-6 2203, February 8-9 2003, February 12-13 2003. Tel.: (204) 957-7254 or E-mail: interact@trainingexperts.biz Web: www.trainingexperts.biz +

Tarrant County College EMS Program: Offers CPR, ACLS, BTLs, PEPP, EMT EMT-P refresher and EMS instructor classes. Call 817/515-6657 or online @ tccd.net.

+ This listing is new to this issue.

* Last issue to run (If you want your ad to run again please call 512/834-6748.)

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Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: *Texas EMS Magazine*, 512/834-6736 or send to *Texas EMS Magazine*, 1100 West 49th, Austin, TX 78756-3199. Ads will run in two issues and then be removed.

Moving? Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form in this magazine to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

Renewing your subscription? Use the subscription form in this magazine to renew your subscription and mark the renewal box.

EMS Profile: Carrollton Fire Department



Some of the personnel for Carrollton Fire Department Fire Station 1, A Shift, are Josh Huggins, EMT-P; Rodney Fyfe, LP; Lee Newman, LP; Dr. Troy Smith; Capt. Troy Amason; and DeMoss Collins, EMT-P.

Number of Personnel: There are 40 personnel assigned per shift that work out of seven neighborhood stations located throughout the city. We work the 24/48 schedule with three shifts. Fire administration has 20 personnel assigned to fire operations, fire prevention, training, EMS, personnel, emergency management and public education. We serve approximately 115,000 citizens within our 36-square mile area. Currently there are a total of 63 paramedics and 48 EMTs. All employees are required to have annual CPR training. Fire Chief Bruce Varner has been proactive in upgrading EMS since his arrival in 1992.

How many years in service: Carrollton Fire Department was originally chartered in 1927 as an all-volunteer service.

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Periodical
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At Austin, Texas

The first paid professional members started in 1960. In 1970, the ambulance service was "given" to the Fire Department by the two local funeral homes. In 1976, Carrollton became the third city in Texas and second in Dallas County to provide paramedic level service to its citizens. Beginning in 1976 and continuing today, medical control is provided by Biotel operating out of Parkland Hospital under the direction of Dr. Paul Pepe. Initial paramedic training is provided by University of Texas Southwest Medical Center in Dallas.

Number of units and capabilities: We currently staff seven paramedic engines, one paramedic truck and three front-line medic units. We have three reserve engines and three reserve medic units. The reserve medic units are also on-demand units for use during peak activity times. All units are ALS-capable, carrying a full complement of equipment and drugs. In 1996, Carrollton became the first fire department in the U.S. to achieve accreditation from the Commission on Ambulance Accreditation Services and just recently received re-accreditation.

Number of calls: In 2001, we responded to 8,467 total calls for service; 6,183 were EMS-related with 3,881 transports. EMS billing is done in-house. In 2001, we had a 68 percent collection rate responsible for \$700,000 in revenue.

Current Programs: All units are 12-lead EKG-capable along with being equipped with ventilators. Pulse oximeter and end tidal capnography are on all medic units. A field training officer program for all new paramedics began in 2000. We upgraded in-house EMS CE with the addition of Jon Puryear, EMS training coordinator, and the purchase of the SIM-MAN patient simulator. We are an American Heart Association Community Training Center and extend CPR, first aid and defibrillation training through our recreation centers, R.L. Turner High School and to local businesses. We began a public access defibrillation program in 1999 by placing AEDs in seven city facilities and training the staff at each location. 