



M E S S E N G E R

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MANAGEMENT

Volume 10 Issue 1  
January 1989





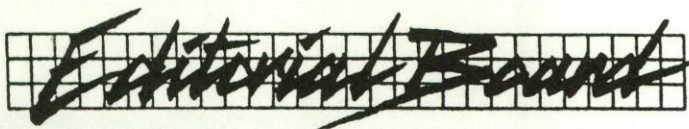
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Health Department photographer Mary Gottwald took this picture of a Wimberly resident and North Hays County EMT.

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# From This Side

By Gene Weatherall

Everyone around our office is thinking and talking about their new year resolutions as they prepare them for publication in this issue of the **EMS Messenger**. Since I have been caught up in discussions of resolutions for the new year I might as well share with you some of mine. They would have to be divided into two groups. One is for emergency medical service and another group would be for personal development. In the area of emergency medical service there are several things I feel should be accomplished during this next year. Some of them are:

1. Develop a direction for emergency medical service through a consensus of professional organizations and others with an interest in emergency medical service. During the past year I suggested to TEMSAC that we develop a 20 year plan for EMS. I feel we need to get together with EMS folks from around the state and see if we can't decide on some future direction for EMS.

2. Within the Bureau of Emergency Management we are developing management programs which will give us firm answers of individual program productivity in relation to expenditures. During this next year I hope to build a management team that is responsive to the needs of EMS individuals across the state and especially to the Public Health Region Offices of the Texas Department of Health.

While the above two items are not keeping me busy I plan to devote time to my personal resolution, which is to learn to rope calves. After the past few years of team roping it is time to branch out and try something different. Besides in calf roping you don't need a partner and the way I rope in team roping it is really sometimes difficult to find a partner.

Please accept my sincere wish for a productive and happy New Year for all of you around the state involved in emergency medical service.



Mary Gottwald

*Bureau Chief Gene Weatherall wishes Texas EMS a Happy and Safe New Year.*



# LOCAL AND REGIONAL **EMS** NEWS

**Harris County Emergency Corps** has honored **Carl B. Young**'s lifetime commitment to EMS by awarding him "Life Membership" at their Annual Awards Banquet in December. Carl is only the ninth member to be honored by this award in the Emergency Corps sixty year history. TDH recently honored Carl by inducting him into the Texas EMS Hall of Fame. The Harris County Emergency Corps expressed their gratitude to Carl for his many years of dedication and service to EMS.

\*\*\*\*\*

Another long-time EMS professional **Billy Daniel** is in the Fort Davis area these days, teaching EMS classes. He and his wife are semi-retired and are working on their Masters Degrees in Health Science Education through Texas Tech University. Billy says he has known his ABC's since he started in the EMS business, and now he is learning his numbers! Take a trip through most parts of the Western half of Texas and see how many times "Billy Daniel" gets dropped into any EMS conversation.

Public Health Region 3's, **Doit Lee** who is based in Midland, recently traveled to Chihuahua, Mexico, with Billy Daniel to deliver medical supplies to that region.

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**Ray Dillard** is the new program specialist in the Abilene office of Public Health Region 5. He joins **Andy Cargile** and **Cheryl Masters** there. Ray has been in EMS since his EMT course in 1975. And he became a Paramedic in 1979 when he graduated from the first Paramedic course taught in Abilene. Long-time EMS supporter **Dr. Dale Brannom** taught that course. Ray was the administrator of Root Memorial Hospital and director of Mitchell County EMS in Colorado City. With his Masters Degree in Education and background as an educator in EMS, public schools, and college, Ray expects to be involved in Coordinator Training in the Region 5 area.

\*\*\*\*\*

Chili Cookoffs seem to be the hot thing in EMS this time of year.

**Cypress Creek EMS** (we love getting their newsletter) raised about \$3,000 with theirs and also held a "Little Miss Cypress Creek EMS" contest. Cypress Creek's Chili Team was attending a BTLs course that weekend and didn't get to enter the competition, but a few years ago they won the competition, to cries of "Rigged! Rigged!" we are told. The Cookoff is CASI-sanctioned and had 26 teams entered.

Forty-two teams entered the Port Aransas EMS Auxiliary Chili Cookoff held October 29 on the beach. The **Port**

**Aransas South Jetty** newspaper said Roberts Point Park became a "fairway of chili booths and carnival games and rides (with) 42 cooks and untold numbers of hams giving it their all for showmanship awards." We saw a picture of the "EMS Chili" team - what are those costumes? Raisins? Dried chili pods? They looked like they were lined up to sing some Motown, so I vote for raisins.... The "Flamebusters Chili" team had to be a bunch of firefighters, because they had little red wagons, fire extinguishers, and probably a pot of outrageously hot chili!

And, not to be out-done, the **Bureau of Emergency Management** had its annual Chili Cookoff on October 28. Eight cooks entered this totally non-sanctioned Cookoff - the winner's name is engraved on a plaque that hangs in the Bureau office. **Ginger Gober**, of the MAB Division, won with her "No Beans Chili." **Debby Hollan**, who is Administrative Technician for Gene Weatherall, won 3rd place, and **Louis Hartley** and **Garland Latham** tied for 2nd. **Gene Weatherall** entered with "Ticked Off Chili" and if he was ticked off before he lost this year's judging, we cannot imagine what his chili will be named next year.

\*\*\*\*\*

**Ed Zwanziger** - "Major Z" to most who know him - has left Texas for Nebraska. Ed is administrator of Fritzer Memorial Hospital in Oxford, Nebraska, and runs "Z" Clinic, which he says is a booming pediatrics clinic. Ed was renowned in Texas EMS for his moulaging techniques - he was the one who had burn and shooting victims wandering through the Hilton at TDH's EMS Conference in 1987 and he often helped moulage "patients" at TAEMT's Wilderness Rescue Competition at Garner State Park. Ed was a Course Coordinator for PHR 1 and taught EMT courses at The University of Texas at Austin. Ed, a retired Air Force major, an R.N., an EMT, and a physician's assistant, was named Outstanding Physician's Assistant of the Year in 1983 from a field of 700 Air Force P.A.s.

\*\*\*\*\*

**Marion County Volunteer Ambulance Group** in Jefferson lets folks know when they receive special citizen cooperation. Marion County Hospital Administrator **Tom Sturdivant** (who is also an EMT and volunteers with the Marion County group) passed along a newspaper clipping showing EMS president **Glen Barnhill** presenting a certificate of appreciation to **Marion County Deputy Sheriff Terry Nelson**. Deputy Nelson assisted Marion County Volunteer Ambulance Group in completing a call when their ambulance broke down outside of Jefferson. The EMS group has 15 certified volunteers, 2 ambulances, and runs about 400 calls a year.



**North Richland Hills Fire Department EMS** treated triplet 18-month-old girls who were victims of a housefire recently. EMS Division Chief **Mike Duncan** writes, "On arrival of this Department's ambulance crew, they were presented with an 18-month old girl suffering smoke inhalation and 2nd and 3rd degree burns. Treatment was being initiated when someone else brought another similarly injured child to the ambulance. As you can imagine, the feeling of overwhelming urgency was rapidly setting in when a third similarly injured child was brought to the ambulance. Treatment was initiated on all three children and they were transported to North Hills Medical Center. All three were subsequently flown to Parkland Burn Center-Dallas."

An off-duty Fort Worth Fire Fighter/EMT, **Jerry Caldwell**, and a North Richland Hills Police Officer rescued the children. **Gary Wesson** and **Sean Hughes**, both Paramedics, treated and transported the children with the help of Caldwell.

The mother of the children was rescued from the fire by North Richland Hills Fire Department personnel **Bill Collins** and **Jerry Killion**, both EMTs. They initiated CPR and she was transported to the hospital, but died of her injuries four days later.

\*\*\*\*\*

**Lee Sweeten**, EMS Program Administrator in Public Health Region 6, was honored October 11 by the **Kerrville City Council** for his work on a city-county task force which studied EMS needs for Kerrville and Kerr County. Lee represented Texas Department of Health on the task force. Other members of the task force were representatives from Kerr county's three hospitals and members of the city's Public Safety Committee. Kerr County is served by **AMCARE**. AMCARE is directed by **Frank Caruba**.

The recommendation of the task force was that Kerr County upgrade its service to the ALS level.

\*\*\*\*\*

**Steve Forbes**, the **Midland Fire Department** EMT whose picture flashed around the world last year when he came out of the hole with **Baby Jessica McClure**, was among those honoring Austin trauma specialists recently. **STAR Flight** crews and **Brackenridge Hospital** trauma teams were credited with lifesaving actions at a banquet where Houston trauma physician and TV personality **Dr. Red Duke** said Austin was fortunate to have a regional trauma center and personnel trained in pre-hospital advanced life support. Former U.S. Representative **Barbara Jordan** also attended the banquet as a living testimonial to quality emergency care.

\*\*\*\*\*

Mart's Mayor and EMS leader **Babe Aycock** has taken her show on the road. Valley Mills, a community about 30 miles from Waco and 60 miles from Mart, is trying to start a volunteer ambulance service. Mayor Aycock and three other Mart EMS folks went to a town meeting in

November to talk to interested Valley Mills citizens about volunteering for EMS. If you read Babe's article in the November **EMS Messenger**, you know she just won't take "No" for an answer when it comes to volunteers. Accompanying the Mart people were McClennan Community College's **Renee Michalski**, who is a Course Coordinator in Region 1, and **Donna Pleasant**, also a Course Coordinator and who is with Scott and White Hospital.

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**Houston Community College** EMS educator **Doug Stevenson** presented a workshop on trauma and public health at the **Southwest Traffic Safety Workshop III** held in Austin in November. The three-day conference drew about 250 traffic safety professionals from 5 states. Workshops on all aspects of traffic safety, including alcohol prevention, emergency medical services, occupant protection, law enforcement, and motorcycle safety, were featured and conference participants included DPS personnel, Seatbelt Coalition members, Mothers Against Drunk Driving members, local health department staff members, and traffic safety PI&E specialists. This is an excellent conference for EMS personnel from the local level (and the price is right at \$50!), so we will try to get the word out to EMS folks next year.

\*\*\*\*\*

Two EMS organizations in **Public Health Region 4** suffered financial losses recently in legal cases.

**David Rives**, an EMS Program Specialist in the Houston office reported that in one, an ambulance was doing a hospital-to-hospital transport and running Code 2, lights but no sirens. The vehicle ran through a red light and was involved in an accident which injured one individual. The EMS organization was found liable and at least part of the issue was that the driver had not warned other drivers by using the vehicle's siren.

In the other case, an EMS organization settled out of court on a wrongful death case. EMS personnel were unable to provide care when they arrived on the scene because their equipment was not working. The ambulance was found to have defective equipment and no documentation of regular maintenance was in evidence.

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**Public Health Region 6** is working hard to standardize skills examinations for students in that region. EMS Program Administrator **Lee Sweeten** reported that there are about 100 skills examiners in the 21-county region. The EMS office is conducting examiners workshops to ensure that all skills examiners grade in a standardized fashion, so that students in Uvalde and San Antonio and any other Region 6 town take the same exam.

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## The EMS Messenger Visits 1988's Outstanding Public Provider

# SEMINOLE EMS

by Alana S. Mallard

"We don't have anything to compare them to quality-wise except for towns with a population in excess of 100,000. Their on-call program sets them apart."

With these words, Doit Lee, Public Health Region 3 EMS Program Specialist who is based in Midland, explains why he nominated Seminole EMS for Texas Department of Health's annual award for outstanding providers of emergency medical service. Seminole EMS won that award in September at TDH's annual Texas EMS Conference in Austin, and we went to Seminole to find out what makes those West Texans so special.

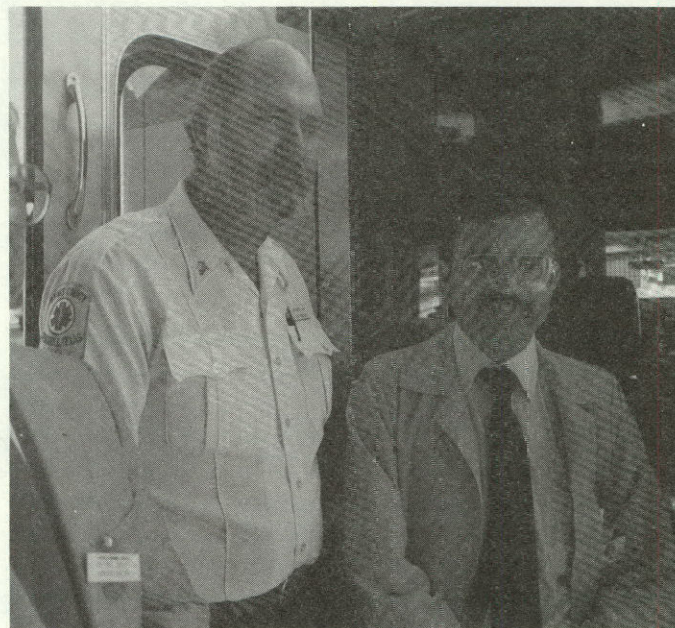
Seminole is in Gaines county, nearly in the Texas Panhandle, and 30 miles from Hobbs, New Mexico. Driving north from the Midland/Odessa Airport to Seminole, we passed through 60 miles of hard and unforgiving land. The land is flat, dry, and solemn, and wears dozens of motionless oiljacks with a kind of peaceful melancholy.

Our reception in Seminole was anything **but** melancholy. About 20 people stood up and clapped as Doit Lee and I walked in the back door of the EMS station. On hand were all of the paid paramedics and most of the members of Seminole EMS Volunteer Association, along with Seminole Mayor Bob Crosby, Gaines County Judge Max Townsend, Memorial Hospital Administrator George Christy, and the EMS Medical Director Dr. Hasmuth Parmar. "Whatever you say about these guys," said Mr. Christy, "it won't be enough." It was obvious that Seminole's civic leaders were proud of their EMS.

The city-operated EMS provides full-time ALS with 6 paid paramedics who are backed up by 12 EMS volunteers. Some of the volunteers have advanced certifications. Although the city runs the EMS, funding is shared 50/50 by Gaines county and Memorial Hospital.

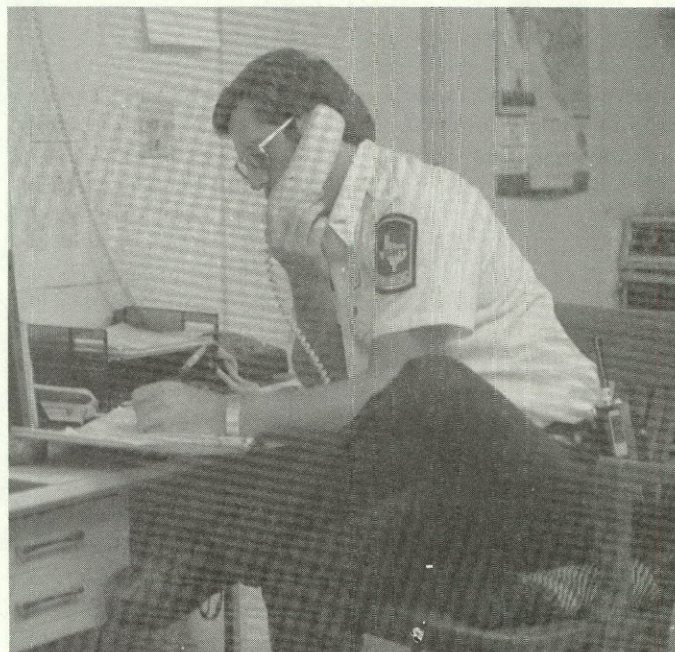
Joe Hunter was Seminole's first paramedic when the organization was formed in 1979 and today he is Director of Seminole EMS. Other staff members are Marion (Hack) McCoy who is the Deputy Director, Gary Roberts, Beverly Gressett, Monika Roberts, and Bryan Taylor. Bryan joined the paid staff in June, but he had been a volunteer for four years. He replaced Jody Fitts, a four year veteran of Seminole EMS, when Jody moved to Dallas recently.

Members of the volunteer staff are Judy Allen, EMT-SS; Stacy James, EMT-SS; Danette Fleckenstein, EMT and the Association President; Cathy Kelley, EMT; Toni Rocha, EMT; Bill Wallace, EMT-SS; Sharon Taylor, EMT; Rickie Purcell, Paramedic; Tommy Sager, EMT; Darrell Todd, ECA; Mike Howard, EMT; and Cathy Purcell, EMT.



*Seminole EMS Director Joe Hunter and Medical Director Dr. Hasmuth Parmar stand outside one of Seminole's emergency vehicles.*

*Gary Roberts goes through the Morning Calls to elderly residents of Seminole.*







*Seminole crew members (left to right): Hack McCoy, Toni Rocha, Beverly Gressett, Monika Roberts, Gary Roberts, Joe Hunter, and Bryan Taylor work hard to keep the community aware of EMS.*

On this particular day, the on-duty crew was Beverly Gressett and volunteer Toni Rocha, an EMT. And this is what makes Seminole EMS outstanding — the use of both paid and volunteer staff to provide emergency medical services to the community and county.

Members of Seminole Volunteer EMS Association fill in for full-time paid personnel and do basic life support transfers. The volunteers also do fundraising with carwashes, dances and softball tournaments. The association purchased a defibrillator, rhythm simulator for paramedic training, and med-channel radio. Here the line between volunteer and paid staff blurs, because the med-channel radio was actually purchased out of the pockets of the volunteers and paid EMS staff.

The hospital board recently approved the purchase of a base station for the hospital, and the EMS staff agreed to do the labor to install the radio and antenna. Hack McCoy, besides being deputy director, is the EMS communications specialist, and he will do inservice training for hospital staff once the base station is installed. "Every time EMS brings in a new piece of equipment, we inservice the hospital personnel," said Monika Roberts.

About 400 runs are made each year by Seminole EMS, and about 25% of those are cardiac calls on elderly patients. The service area includes Seminole and most of Gaines County, an area of 1,400 square miles.

Seagraves EMS serves the upper portion of the county. Seminole's population is 6,200; the Gaines county population is 13,900.

One of the measurements of an EMS organization's management is its collection rate. The collection rate also serves as a kind of barometer of public support. Seminole EMS enjoys a 90% collection rate.

Seminole's public support is no accident. These EMS professionals, paid and volunteer, work at it.

Morning Call is one of Seminole EMS' most successful programs. For four years at 9 o'clock every morning they have called many of the community's elderly citizens who live alone and who have some medical problems, just to make sure that everything is okay. Before starting a person on Morning Call, one of the EMS staff visits with the senior citizen to fill out an information sheet that lists health problems, medications, schedule of their personal activities that might take them away from home, and other information that emergency services might need.

Typical calls? Joe Hunter and Bryan Taylor, who are pretty fair-sized guys, went over one morning to check on a woman who did not answer her Morning Call. When they found her locked in her bathroom, they had to call Monika Roberts to climb in the window. Another time, they called a couple who both have medical problems



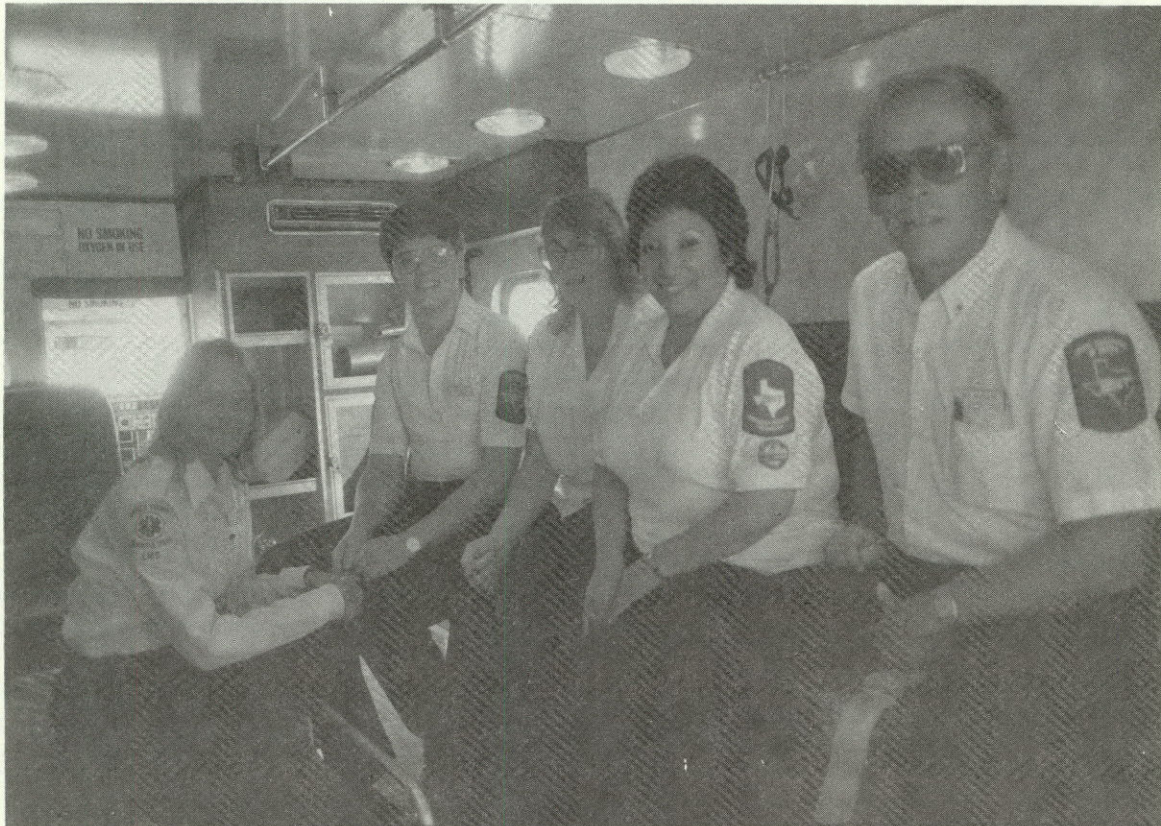
and are on Morning Call. When the husband answered the phone, he said his wife was too sick to come talk. EMS went over to check on her and they discovered she had a perforated ulcer. Another senior citizen had gone out to her barn at 3 a.m. and fell. When she did not answer her phone, EMS made the call and found her lying outside. Later on, EMS arranged to get her a walker.

Seminole EMS also has a regular weekly column in the local newspaper. Beverly Gressett has written two recent columns - one on 9-1-1 and one on poisonous plants - that came from some personal experiences. One caller to 9-1-1 could not understand why she had to stay on the line to give the dispatcher information about the accident, and in this case it was a multiple casualty call which made specific information critical. So Beverly's newspaper article explained to the readers what was happening while the caller was talking to the dispatcher, and that EMS was already being dispatched. She wrote the poisonous plants column after a visitor to the office ate two castor beans that were lying on the table. She thought they were peanuts.

But Morning Call and the EMS newspaper column are just two of the many ways Seminole EMS keeps the public aware of emergency medical services.

They do Career Day and CPR demonstrations at the high school and blood pressure checks in the community. Gary and Monika Roberts started the Gaines County Division of American Health Association which raised \$5,000 last year with a tele-pledge drive, Jail Bail, Dance for Heart, and a Food Festival. Joe Hunter coordinated two bike-a-thons to benefit St. Jude's Children's Hospital in Memphis, Tennessee. The Seminole Volunteer EMS Association sponsored a Toys for Tots Dance last December for the Optimist Club. Stacy James teaches CPR courses in Seminole at no charge to the public. Seminole EMS and Seminole Volunteer EMS Association adopted 2 miles of Highway 180 outside of Seminole to support the Texas Highway Department's anti-litter efforts.

Seminole's paramedics get excited when they talk about the future. "Dr. Parmar wants to get an external pacemaker for us," said Gary Roberts, because so many of the calls are cardiac. They want to get everybody in the community trained in CPR. "That's the whole thing," said Monika Roberts. "We want to improve patient care." And one other thing. In September, says Monika, they want the Public Information Award at the Texas EMS Conference.



*Seminole Volunteer EMS Association members (left to right) Danette Fleckensteinn, Stacy James, Cathy Kelley, Toni Rocha, and Bill Wallace.*

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# Seniors: An EMS Constituency

by Tom Ardrey

EMS is undeniably a people-oriented service in each and every community in which it exists.

Recently there was an excellent article in the Spring/Summer '88 issue of the Texas Journal of Rural Health which was written by Sheryl Boyd, Ed.D., Assistant Chair of the Internal Medicine Department, and an associate professor in Health Organization Management at that university. Entitled, "Seniors—America's Great and Growing Natural Resource," the article was not aimed at, nor was it written concerning, Emergency Medical Services. However, many of the statistics quoted in the article certainly have a marked bearing on our profession.

Here are some statistics and statements from that article which could be of interest to EMS:

1. One hundred years ago, the life expectancy was 45 years. Today, the life expectancy is 75 years. This is a 66% increase.
2. The Rand Corporation has predicted that with increasing breakthroughs in health care technology, (and this obviously includes EMS), the average life expectancy by the year 2000 (and that's just 12 years away) could be between 92 and 96 years.
3. "Each day, more than 5000 Americans turn 65."

That's almost 2,000,000 people per year.

4. Seniors, today, comprise 12% of the U.S. population. By 2030, just a relatively short time from now, seniors will represent some 20% of our country's population. Clearly our society is aging.
5. People over 85 are the fastest growing segment of our population.
6. Today, America has more people over age 65 than under age 25.
7. Today, there are 11,000 centenarians in the U.S.; by 2000 (just 12 years) there will be 100,000.

The above statements alone should get our attention. However, the author went on to say that while those 65 and older comprise 12% of the population, they account for 38% of all hospital days and 29% of all health care expenditures. Additionally, this age group uses hospitals at least 3.5 times the rate of those under 65 and 80% of today's seniors suffer from one or more chronic conditions.

The point is that any and every profession which wishes to remain alive, functioning, efficient, and supported by its constituency must know who that constituency is. The question: "Is EMS focusing on an aging society in its training, equipment, service philosophy, and knowledge? Is EMS focusing on its constituency?"

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## Alzheimer's Tragedy

by Jim Zukowski, Ed.D.

Alzheimer's disease is a major health problem. It is the most prevalent, single cause of dementia among older people and is characterized by impairment of memory, reasoning, judgment, and loss of orientation and total physical dependence in the advanced stages. More than 2.5 million individuals in the United States suffer from this disease. Almost five percent of all individuals in the United States over age 65 suffer from some form of severe senile dementia. Slightly more than one half of these cases have dementia of the Alzheimer's type. However, absolute diagnosis of Alzheimer's disease cannot be made until after death when a brain autopsy is done.

Studies show that in 1980 there were 122,892 cases of Alzheimer's disease in Texas. By 1987, that number rose to 142,969, and by 1990 it is expected to be at least 156,350. By the year 2000, it will be 177,400.

It has been projected that the annual expenses in health care for Alzheimer's victims surpasses \$30 billion

nationwide. It can cost from \$50,000 to a quarter of a million dollars to care for an Alzheimer's patient, depending upon the age at the onset of the disease.

Although Alzheimer's disease is becoming commonly known, many people do have difficulty in distinguishing between the terms Alzheimer's disease and senility. Simply put, Senile Dementia is the medically correct term to describe the states of mental confusion that occur in old age. Senile Dementia of the Alzheimer's type, or Alzheimer's disease, is the most prevalent and most devastating dementing illness of the aged. For many years what we commonly called senility was considered to be caused by impaired blood circulation and was approached as a separate affliction.

Alzheimer's disease exacts a heavy financial, emotional, and physical toll on the family. Probably the most important person in the life of the Alzheimer's victim is

(see Alzheimer's page 24)



# Sexual Assault Prevention and Crisis Services Program

by Alana S. Mallard

The Sexual Assault Prevention and Crisis Services Program is part of the EMS Division of the Bureau of Emergency Management. The program provides technical assistance and funding for Texas' approximately 55 sexual assault prevention centers. Funding for the program and for local centers began in 1981 with the federal Preventive Health and Health Services Block Grant. State funds were first appropriated for the program in 1983.

The program's annual budget of nearly \$400,000 provides only a fraction of the cost of operating local centers across Texas. Centers are also funded by their city or county, by private foundations, by fundraising and donations. Texas sexual assault centers resemble Texas EMS organizations in that they are funded and organized in a wide variety of ways across the state.

Ann Robison has served as Program Administrator of the Bureau's Sexual Assault program for the last three and a half years. Because of her strong background in both the sexual assault movement and public administration, Ann has increased the quantity and quality of technical assistance provided to local rape crisis centers. Some areas of technical assistance include counseling and accompaniment; public education; coordination of medical, law enforcement and criminal justice procedures; volunteer training; agency administration; fundraising; publicity; and sexual assault issues dealing with special populations such as children.

TDH and the Sexual Assault Prevention program co-sponsor Sexual Assault Awareness Week each year with Texas Association Against Sexual Assault (TAASA). Local centers participate in Sexual Assault Awareness Week by distributing public education pamphlets and brochures and organizing activities to heighten community awareness of sexual assault prevention and avoidance.

Throughout the year, the program keeps local centers supplied with brochures and pamphlets. Some of these include a booklet called "Sexual Assault: What We Can Do About It," the "Directory of Sexual Assault Prevention and Crisis Services Programs in Texas," and several pamphlets: "What If? Questions and Answers About Sexual Abuse," "Sexual Harassment," "Date Rape: It Can Happen to Anyone, And It Shouldn't," and "Age Doesn't Make a Difference."

These materials are available from your local sexual assault center or from the Bureau. A listing of local centers is on page 11.

Another service available from many local rape crisis centers is inservice training for EMS personnel. Becoming sensitive to issues of violence against women and children and how to deal with that violence as an emergency medical care provider is an important issue for EMS personnel.

Ann Robison, who has a degree in psychology and sociology from the University of Pittsburgh and an MPA from Beaumont's Lamar University, began her social work as a volunteer with Pittsburgh Action Against Rape in 1978 because she wanted "to do something to use my degree and help women. I wanted to do something to change attitudes." Ann moved on to become Executive Director of Rape and Suicide Crisis of Southeast Texas in Beaumont where she served for over 3 years before coming to work for the Bureau in 1985. Ann is leaving the program this month, when she will move to Houston to join the staff of the Montrose Counseling Center.

While heading up the Sexual Assault Prevention program, Ann also served as President of Texas State National Organization for Women in 1987-88 and she remained active in the Texas Association Against Sexual Assault. In fact, Ann was honored at last Spring's TAASA conference as the "Champion of Social Change" as one of the "founding mothers" of the sexual assault movement in Texas.

"I am going to continue working in this field," says Ann. "Every place I get a chance, every group I speak to, every job I have, I am going to continue to bring up the issues. Violence against women has always been my key issue. But without equality, reproductive freedom, and pay equity we will always have violence against women. It is all interconnected, and it all has to fall into place together."

There are 8,000 sexual assaults reported to the police each year in Texas. Sexual assault centers counsel 11,500 clients in person and by phone annually in Texas.



# TEXAS SEXUAL ASSAULT PREVENTION CENTERS

ABILENE RAPE CRISIS CENTER  
P. O. BOX 122  
ABILENE, TX 79604  
915/677-7895

ALAMO AREA RAPE CRISIS CENTER  
P. O. BOX 27802  
SAN ANTONIO, TX 78227  
512/674-4900  
512/349-7273

ALPINE WOMEN'S CENTER, INC.  
P. O. BOX 1470  
ALPINE, TX 79831  
915/837-7254  
915/837-2242

AUSTIN RAPE CRISIS CENTER  
4326 JAMES CASEY  
AUSTIN, TX 78745  
512/445-5776  
512/440-7273

BASTROP CO. WOMEN'S SHELTER  
P. O. BOX 736  
BASTROP, TX 75602-0736  
512/321-7760  
512/321-7755

BAYTOWN AREA WOMEN'S CENTER  
P. O. BOX 3735  
BAYTOWN, TX 77522  
713/422-9173  
713/422-2292

BRAZOS CO. RAPE CRISIS CENTER  
P. O. BOX 3082  
BRYAN, TX 77805  
409/776-7273

BRIDGE OVER TROUBLED WATER  
P. O. BOX 3488  
PASADENA, TX 77501  
713/472-0753  
713/473-2801

CITY HOUSTON/SEXUAL ASSAULT PROG.  
8000 N. STADIUM  
HOUSTON, TX 77054  
713/794-9382

CNTR/ACTION AGAINST SEXUAL ASSAULT  
201 W. WACO DRIVE, #213  
WACO, TX 76707  
817/752-9330  
817/752-1113

COASTAL BEND ASSN. FOR MENT. HEALTH  
4906 B EVERHART  
CORPUS CHRISTI, TX 78411  
512/993-7416  
512/993-7410

COLLIN CO. RAPE CRISIS CENTER  
P. O. BOX 73  
MCKINNEY, TX 75069  
214/548-7273

CONCHO VALLEY CNTR. FOR HUMAN ADV.  
244 NORTH MAGDALEN  
SAN ANGELO, TX 76903  
915/655-8965  
915/658-8888

COOKE CO. FRIENDS OF THE FAMILY  
P. O. BOX 1221  
GAINEXVILLE, TX 76240  
817/665-2873

DALLAS CO. R. C. & C. S. A. CENTER  
P. O. BOX 35728  
DALLAS, TX 78235  
214/653-8740

DENTON CO. FRIENDS OF THE FAMILY  
P. O. BOX 623  
DENTON, TX 76202  
817/387-5131  
817/382-7273

DOMESTIC VIOLENCE PREVENTION  
P. O. BOX 712  
TEXARKANA, TX 75504  
214/794-4000  
214/793-4357

EAST TEXAS CRISIS CENTER  
1314 S. FLEISHEL, # 100  
TYLER, TX 75701  
214/595-3199  
214/595-5591

EAST TX. ASSN. FOR ABUSED FAMILIES  
P. O. BOX 347  
LONGVIEW, TX 75606  
214/757-9309  
214/757-9308

ELLIS CO. PROGRAM  
P. O. BOX 1384  
ENNIS, TX 75119  
214/875-1997

FAMILIES IN CRISIS, INC.  
P. O. BOX 25  
KILLEEN, TX 76541  
817/634-1184  
817/526-6111

FAMILY CRISIS CENTER, INC.  
2220 HAINE DRIVE, #32  
HARLINGEN, TX 78550  
512/423-9304

FAMILY HAVEN  
P. O. BOX 1453  
PARIS, TX 75461-1453  
214/784-6842

FAMILYTIME FOUNDATION, INC.  
P. O. BOX 893  
HUMBLE, TX 77347  
713/446-2615

FIRST STEP OF WICHITA FALLS, INC.  
P. O. BOX 773  
WICHITA FALLS, TX 76307  
817/767-3330  
817/767-4933

FORT BEND CO. WOMEN'S REFUGE, INC.  
P. O. BOX 183  
RICHMOND, TX 77469  
713/342-0251  
713/342-4357

GRAYSON CO. WOMEN'S CRISIS LINE  
P. O. BOX 2112  
SHERMAN, TX 75090  
214/893-3909  
214/893-5615

HALE CO. CRISIS CENTER  
P. O. BOX 326  
PLAINVIEW, TX 79073-0326  
806/293-9772  
806/293-7273

HAYS CO. WOMEN'S CENTER  
P. O. BOX 234  
SAN MARCOS, TX 78667  
512/396-7276  
512/396-3404

HILL COUNTRY CRISIS COUNCIL  
FIRST NATIONAL BANK BLDG, STE 233  
KERRVILLE, TX 78028  
512/257-7088  
512/257-2400

HOPE OF SOUTH TEXAS  
P. O. BOX 2237  
VICTORIA, TX 77902-2237  
512/573-5868

HOUSTON AREA WOMEN'S CENTER, RCP  
#4 CHELSEA PLACE  
HOUSTON, TX 77006  
713/528-6798  
713/528-7273

KILGORE COMMUNITY CRISIS CENTER  
741 HARRIS  
KILGORE, TX 75662  
214/984-2377

LAREDO STATE CENTER  
P. O. BOX 1835  
LAREDO, TX 78041  
512/723-2926  
512/724-1919

LIFE MANAGEMENT CENTER, R. C. UNIT  
P. O. BOX 9997  
EL PASO, TX 79990  
915/779-7130  
915/779-1800

LUBBOCK RAPE CRISIS CENTER  
P. O. BOX 2000  
LUBBOCK, TX 79457  
806/763-7273

MARBLE FALLS COMMUNITY CRISIS CENTER  
P.O. BOX 805  
MARBLE FALLS, TX 78654  
512/693-2551  
512/693-5600

MATAGORDA CO. WOMEN'S CRISIS CENTER  
P.O. BOX 1820  
BAY CITY, TX 77414  
409/245-9109  
409/245-9299

MEDINA CO. FAMILY LIFE CENTER  
P. O. BOX 393  
HONDO, TX 78861  
512/426-5131

MIDLAND RAPE CRISIS CENTER  
P. O. BOX 10081  
MIDLAND, TX 79702  
915/682-7278  
915/682-7273

MONTGOMERY CO. WOMEN'S CENTER  
P. O. BOX 8666  
THE WOODLANDS, TX 77387  
713/367-8003  
409/539-5757

ODESSA RAPE CRISIS CENTER  
P. O. BOX 7741  
ODESSA, TX 79761  
915/333-2527  
915/366-7273

PANHANDLE CRISIS CENTER  
P. O. BOX 502  
PERRYTON, TX 79070  
806/435-5008  
806/435-5013

RAPE & SUICIDE CRISIS OF S. E. TX.  
447 ORLEANS, #324  
BEAUMONT, TX 77701  
409/832-6530  
409/835-3355

RAPE CRISIS SERVICES OF BIG SPRINGS  
P. O. BOX 1693  
BIG SPRINGS, TX 79721-1693  
915/263-3312  
915/267-3626

RAPE CRISIS/DOMESTIC VIOLENCE CNTR.  
804 S. BRYAN, # 214  
AMARILLO, TX 79106  
806/373-8533  
806/373-8022

TRALEE CRISIS CENTER, INC.  
P. O. BOX 2880  
PAMPA, TX 79065  
806/669-1131  
806/669-1788

WALKER CO. FAMILY VIOLENCE COUNCIL  
P. O. BOX 1893  
HUNTSVILLE, TX 77340  
409/291-3529

WALLER CO. VICTIM ASSISTANCE PROG.  
P. O. BOX 439  
HEMPSTEAD, TX 77445  
409/826-2582

WILLIAMSON CO. CRISIS CENTER  
211 COMMERCE COVE, STE 103  
ROUND ROCK, TX 78664  
512/255-1278  
512/255-1212

WOMEN TOGETHER FOUNDATION, INC.  
420 NORTH 21ST  
MCALLEN, TX 78501  
512/630-4878  
512-781-3399

WOMEN'S CENTER OF BRAZORIA CO., INC.  
P. O. BOX 476  
ANGLETON, TX 77515  
409/849-9553

WOMEN'S CENTER OF TARRANT CO.  
1723 HEMPHILL  
FORT WORTH, TX 76110  
817/923-3939  
817-927-2737

WOMEN'S CRISIS INT. OF E. TX, NRCH  
P. O. BOX 2385  
NACOGDOCHES, TX 75963  
409/564-3252  
409/560-0393

WOMEN'S RESOURCE & CRISIS CENTER  
P. O. BOX 1545  
GALVESTON, TX 77551  
409/763-5605  
713/332-4357



# SEXUAL ASSAULT – IMPACT ON THE ELDERLY

by Janet M. Satterthwaite

Sexual assault is a crime dependent on exploiting vulnerability and the elderly are perceived as particularly vulnerable. They are viewed as being able to offer little resistance; an easy target. Elderly are perceived as diminished in power, agility, and stamina or are believed to be disabled, confused or disoriented. Older citizens often live alone and may not have economic means to upgrade home security. Often, elders reside in locations where they find themselves isolated, either unwilling or unable to afford to move to a safer location.

The rapist who preys on elderly individuals is usually young, between twelve and thirty-eight years old. Generally, the assailant is male and single. In most cases, he is a complete stranger to the victim. He is known to attack in daylight or darkness equally, most often in the survivor's home. Frequently, he is admitted by the survivor or gains access due to an unlocked entry.

Attacks on the elderly seem to be exceptionally brutal. The majority of sexual assault survivors in this age group (over fifty) are seriously injured. It has been suggested that these survivors represent an authority figure the offender wants to control. His motivations are rage, anger, hostility, and vengeance. His intention is to hurt. The attack serves non-sexual needs.

Reactions to sexual assault commonly experienced by an elderly sexual assault survivor are: fear, humiliation, depression, grief, loss of interest in life or activities, anger at indignities of the legal and social systems, and the feeling that there is not enough time left to resolve the assault satisfactorily. The sexual assault interferes with the elder's ability to look back over their past with some sense of satisfaction and ahead toward a personal serenity. The person who experiences a sexual assault at this life juncture, may instead find isolation, self-absorption, despair, and fear. One individual said she would never forget her attacker and would forever be

able to easily identify him. Survivors are haunted by constant reminders: a place, a smell, a sound, a time of day, a phrase. The attack is relived repeatedly; the mental intrusions seem incessant.

Misconceptions about sexual assault may affect the reaction of the survivor's friends and family. Older persons often find it impossible to discuss or have an understanding about something they have been taught to see as vile. They can not accept that someone they know has been involved in sexual acts which for a lifetime were considered perverted. One victim, confronted by a friend who said, "I don't know how you can hold your head up now," stated that, "It doesn't take long to find out who your true friends are."

Many spouses often find it difficult to cope with the reality of sexual assault. Misguided comments, such as "If you had only...", often leave the survivor feeling guilty in some way. Sensing a lack of support, she finds herself confused and struggling to justify her reactions to her husband. Offspring can respond by attempting to take complete control of a survivor's life: making major decisions, curtailing mobility, and establishing a dependency. Survivors in early stages may find it tempting to succumb to this type of care and concern; others worry about the impact on their children's lives. A survivor may put up a brave front so as not to intrude. It is common for loved ones to accept signs that "everything is all right" or "Mom is handling it beautifully," hoping that the sooner that happens, the sooner things can return to normal and it can be forgotten.

The elderly survivor, like all sexual assault survivors, must rethink her own attitudes about sexual assault. It is important for her to remember that no one asks to be assaulted and the assault is not her fault. She should seek counseling support for herself and her family to help cope with the assault and its aftermath.





# S.T.A.R.T. Program

*This article is reprinted from the November 1988 EMS Adviser, a publication of Public Health Region 5 EMS Program. Our thanks to Editor Elliot Ralin for the article.*

The recent crash of Delta 1141 at D/FW Airport has renewed the awareness of the need to review the procedures involved in a Mass Casualty Incident (MCI). You can never predict when, where or what kind of a disaster will strike. Therefore, it demands constant planning and preparation. Many of us will never be involved in an actual mass casualty incident, but we must be ready for the unexpected. The public demands the same quality of care in a disaster that is provided daily from our EMS systems.

A program has recently been developed that drastically simplifies the process of patient triage during an MCI. There has always existed the question of whether triage and treatment are really two distinct phases; and if not, what treatment should be started in the triage phase. The development of the START (Simple Triage and Rapid Treatment) program appears to answer both of these questions in an easy to learn procedure.

The START program is based on a simple three step procedure that can be used by either an EMT or paramedic. The START plan triages victims with signs of hypovolemia, respiratory distress, or an altered mental status into the immediate group for treatment and transportation. All others are categorized as either delayed treatment/transport or dead. In addition, those who are triaging also carry out very simple airway and hemorrhage protection measures as they complete the triage process.

## **Step 1 – Ventilation**

- a. None: open airway. If clear: immediate – red tag. If obstructed: dead – tag black.
- b. More than 30 per minute: immediate – tag red.
- c. Less than 30 per minute: needs further evaluation – go to STEP 2.

## **Step 2– Perfusion**

### Capillary refill – blanch test:

- a. Lips or nail beds should regain color within two seconds: go to STEP 3.
- b. If not: immediate – tag red.

### Radial pulse – useful with reduced lighting.

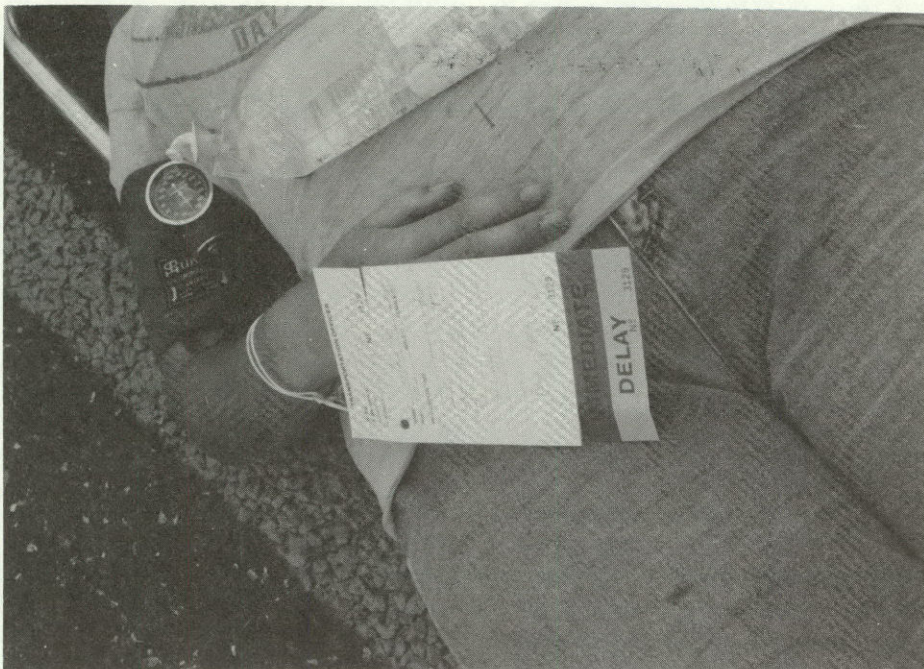
- a. Not palpable if B/P below 80 systolic: Immediate – tag red.
- b. If palpable – go to STEP 3.
- c. Control bleeding if needed.

## **Step 3 – Mental Status**

- a. Altered mental status: immediate – tag red.
- b. Mental status normal: delayed – tag yellow.

In summary, the START method is an easy to learn and simple technique that can be easily incorporated into any MCI plan. START is one of the triage methods recommended by Texas Department of Health.

For further information contact your Public Health Region EMS office.



Jim Arnold

*Disaster drill "patient" displays a triage tag.*



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## Videodisk program teaches sign language to EMS field personnel

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A unique computer-based interactive videodisk program has been designed by a Texas A&M University group to teach emergency medical service personnel how to communicate with the hearing impaired.

"Emergency Communications With The Hearing Impaired" was designed by Jim (Mo) Moshinskie, a Waco paramedic who is a doctoral candidate at Texas A&M, with the help of Laura Kitzmiller and the Texas A&M Emergency Care Team. Moshinskie said the EMS learner, who uses a computer to interact with the videodisk player, watches video instruction on the various emergency signs used by hearing impaired including "emergency", "I'm ill", "I'm allergic to..", etc.

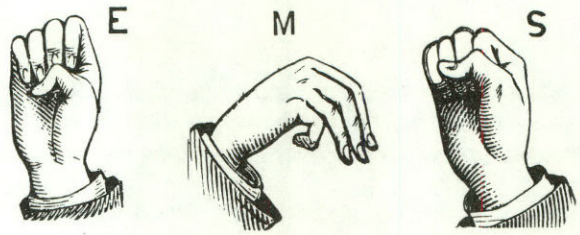
The EMS learner also gets instruction on the necessary signs to identify him/herself and to ask, "Where does it hurt?" "Can I treat you?" etc. After the training session, the learner gets to view three emergency simulations in which the computer asks what the hearing impaired person communicated. These simulations were filmed on campus by the production crew of KAMU television using an ambulance and crew from the Texas A&M Emergency Care Team. If a student answers a question incorrectly, the computer will return the learner to the program for review.

Moshinskie completed the project with the assistance of Dr. Rod Zent and the members of the Interactive Video Class at Texas A&M. The group recently presented the project at the Texas Computer Educators Conference in Dallas.

"Interactive video is the latest educational technology that is being used in colleges and high schools to enhance computer-aided instruction," Moshinskie explained. "It combines the teaching, record keeping, and tracking capabilities of the computer with the excitement of sight, sound, and action of video."

Moshinskie said he was so pleased with the success of the project that he has designed his dissertation project using interactive video. This instructional project will consist of teaching the state EMT assessment module then showing the student actual accident, shooting, and CPR scenarios. The computer will stop the scenes and ask for proper treatment protocols before continuing. Moshinskie said KWTX television station in Waco provided actual news film clippings for the videodisk portion of the project.

Moshinskie, who wants to pursue a career in EMS education when he completes his Ph.D. in May, said the



expanding capabilities of computers and videodisks open varied opportunities to enhance EMS instruction, and said EMS education needs to stay abreast of this new technology.

For more information call Moshinskie at (817) 756-7535.



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## CORRECTIONS

In the September/October issue in the article about TEMSAC called "Dollars and Sense" we referred to TEMSAC member Jay Johnson as a county commissioner. In fact, he is County Judge of Swisher County. Our apologies.

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### CONGRATULATIONS TO PHR 8 COORDINATORS FROM JAY GARNER

26 of you completed 6 months of directed self-study and the two day coordinator training course.

The results are that 25 of the 26 of you passed with an overall average of 90.3%.

Mark Reger made 100% and several coordinators made 98.7%.



# Two Proposed Bills Would Amend EMS Act

by Mary Campbell

The major amendments to the EMS Act, Texas Civil Statutes, Article 4447o are outlined below. The amendments are in two separate proposed bills: **EMS Provider Bill** and **EMS Fee Bill**.

**EMS Provider Bill** will amend the EMS Act, Texas Civil Statutes, Article 4447o to:

1. Require an emergency medical services provider (owner/operator of a firm) to be licensed by the Texas Department of Health: The fee will remain the same, \$100.00 per vehicle or \$2000.00 maximum. Vehicles will still be inspected but an EMS provider license will specify the number of vehicles and the level of service provided, e.g., a provider may be licensed for three basic life support vehicles and three advanced life support vehicles depending on equipment and personnel, etc. The EMS provider license will allow flexibility to the provider in the utilization of vehicles. Using the example above, if an EMS basic life support vehicle breaks down, the provider can put an advanced life support vehicle in operation as a basic life support vehicle immediately by removing the advanced life support equipment without going through another vehicle inspection.
2. Amend the terminology to be consistent with national standards, e.g., specially skilled emergency medical technician will become emergency medical technician-intermediate.
3. Authorize a \$25.00 filing fee for a variance. This fee will help offset the administrative cost associated with processing a variance request. Volunteers are exempt from this fee.

4. Clarify the fee exemption for EMS volunteers and EMS Provider who exclusively use volunteers, this clarification also allows an EMS provider who exclusively uses volunteers to pay two full time, or their equivalent administrative/support staff personnel and physicians who provide medical direction.
5. Authorize the Texas Department of Health to make unannounced or spot inspections.

**EMS Fee Bill** (Note: There is no change to Section 3.16 of the EMS Act. The exemption from payment of fees for volunteers remains unchanged in the EMS Fee Bill.) will amend the EMS Act, Texas Civil Statutes, Articles 4447o to:

1. Charge a fee of \$75.00 for paramedic-EMT and Specially skilled-EMT certification and \$50.00 for basic-EMT and ECA certification. This fee was approved in 1985 but due to a drafting error in the final bill, the fees were reduced by 75%.
2. Charge a \$25.00 fee for a retest for personnel certifications. This fee will help offset the administrative cost of administering, correcting and reporting results of a re-examination.
3. Charge a \$5.00 fee for replacement of a lost certificate.
4. Charge a \$25.00 fee for certification of course coordinators, program instructors and examiners. The certification period will be raised from one year to two years.
5. Charge a \$25.00 fee for late recertification.

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## **SUBSCRIPTION SERVICES: LEGAL CONSIDERATIONS FOR EMERGENCY MEDICAL SERVICES PROVIDERS**

by Billy Sladek

The Texas Department of Health has received a number of inquiries regarding the legality of subscription programs offered by EMS providers. The result of our investigation of subscription programs offered by EMS providers is as follows:

### Background

A number of emergency medical services providers solicit and/or accept membership fees that entitle subscribing members to medical transportation when-

(see Subscription page 24)



# Medications and the Elderly

by Tom Ardrey

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Our society is aging. Twelve percent of our population is currently over 65 years of age. The fastest growing segment of that population is those persons over 85 years. This older group, though comprising only 12% of the population, accounts for 38% of all hospital days in this country and 29% of all health care expenditures (1).

In the State of Texas seniors, or those over 65 years of age, account for 15% of our population and consume 25% of all prescription drugs sold. As a result of declining body functions that occur normally with age, seniors are more susceptible to adverse drug reactions than the middle aged or younger persons (2).

Deliberate drug abuse such as overdosing on analgesics, barbiturates, and bromides is common among those persons who are 65 and older. Drug sharing is a particular problem in nursing homes and housing complexes for older adults. Drug misuse can result when drugs combine to lower (or increase) effectiveness of one or more of the drugs taken (or administered), or when drug combinations have a toxic effect.(3)

With the previous information being considered, it is reasonable to assume that EMS personnel are serving a populace with an increasing median age. Therefore, consideration of side effects and contraindication for certain drugs is vital.

The following is a list of drugs frequently administered by emergency care personnel along with some of their side effects and contraindications. ("\*" indicates a condition present in elderly population or medication frequently used by elderly.)

DRUG: **Atropine** USE: Sinus bradycardia in presence of PVC's or hypotension. SIDE EFFECT: Blurred vision, headache\*, difficulty in urinating for older men. CONTRAINDICATION: Atrial flutter or fibrillation, glaucoma\*

DRUG: **Bretylium Tosylate** USE: V-fib or V-tach, subsequent to the use of lidocaine. SIDE EFFECT: Hypotension, nausea, vomiting CONTRAINDICATION: digitalis toxicity\*, aortic stenosis.

DRUG: **D50** USE: Hypoglycemia, coma of unknown cause\*. SIDE EFFECT: Severe neurologic symptoms in alcoholics. CONTRAINDICATION: Intracranial hemorrhage, alcoholism.

DRUG: **Valium** USE: Status epilepticus, and prior to cardioversion. SIDE EFFECT: Respiratory and/ or cardiac arrest\*. CONTRAINDICATION: Alcohol or

other sedatives\*, hypotension or respiratory depression, pregnancy.

DRUG: **Hyperstat** USE: Hypertensive crisis. SIDE EFFECTS: Hyperglycemia, water and sodium retention. CONTRAINDICATION: Untreated congestive heart failure, dissecting aortic aneurysm\*.

DRUG: **Dopamine** USE: Cardiogenic shock\*. SIDE EFFECT: Tachycardia, nausea, dyspnea, headache. CONTRAINDICATION: V - fib, hemorrhagic shock.

DRUG: **Epinephrine** USE: Cardiac arrest, anaphylaxis, acute asthma. SIDE EFFECT: Hypertension, some dysrhythmias. CONTRAINDICATION: None in the presence of cardiac arrest or anaphylaxis. Use with caution in patients with angina\*, hypertension\*, or hyperthyroidism.

DRUG: **Hydrocortisone** USE: Severe allergic states. SIDE EFFECT: Hypotension if administered too rapidly, Cardio-vascular collapse. CONTRAINDICATION: None to single IV dose

DRUG: **Isoproterenol** USE: Bradycardia due to heart block, when atropine has been ineffective. SIDE EFFECT: Headache, angina, dyspnea. CONTRAINDICATION: Myocardial infarction.

DRUG: **Lidocaine** USE: Suppress PVC's and prevent recurrent V-Fib. SIDE EFFECT: In the elderly in high doses or to heart failure patients\*, may cause seizures. CONTRAINDICATION: Allergy to lidocaine, heart block and/or bradycardia, idioventricular rhythm.

DRUG: **Mannitol** USE: Cerebral Edema due to head injury or cardiac arrest. SIDE EFFECT: May precipitate congestive heart failure\*, headache, nausea. CONTRAINDICATION: Renal impairment\*, congestive heart failure\*.

DRUG: **Morphine Sulphate** USE: Relieve pain, pulmonary edema, congestive heart failure\*. SIDE EFFECT: Hypotension, bradycardia, urinary retention\*. CONTRAINDICATION: Hypotension, COPD\*, asthma, alcoholism.

DRUG: **Nitroglycerin** USE: Angina pectoris\*, pulmonary edema due to left heart failure\*. SIDE EFFECT: Transient throbbing headache, hypotension weakness. CONTRAINDICATION: Glaucoma\*, hypotension, myocardial infarct, increased intracranial pressure (suspected stroke)\*.





Mary Gottwald

*Special considerations need to be made of elderly patients.*

**DRUG: Physostigmine** USE: Toxic doses of tricyclic antidepressants\*, non prescription sleep aids\*. **SIDE EFFECTS:** Bradycardia hypersalivation, seizures. **CONTRAINDICATION:** COPD\*, asthma, coronary artery disease.\*

**DRUG: Propranolol** USE: Recurrent V-tach, atrial flutter-fibrillation. **SIDE EFFECTS:** Heart failure, hypotension, bronchospasm, nausea. **CONTRAINDICATION:** COPD, Congestive heart failure\*.

**DRUG: Sodium Bicarbonate** USE: Ethylene glycol (antifreeze) poisoning, shock, barbiturate overdose\*. **SIDE EFFECT:** Borderline heart failure patients cannot tolerate\*. **CONTRAINDICATION:** Congestive heart failure\*.

**DRUG: Verapamil** USE: Atrial flutter or fibrillation. **SIDE EFFECT:** Hypotension, bradycardia, cardiac arrest. **CONTRAINDICATION:** Hypotension not due to tachyarrhythmias, use with caution in patients taking digitalis\*.

This is not intended to be an absolute guide nor is it intended to be all inclusive. However, it is intended to point up the medications frequently used by EMS

personnel as they relate to conditions and diseases of the elderly as well as medications which they may frequently be taking and conditions from which the elderly frequently suffer.

Local protocols and EMS medical directors should always be consulted.

#### References –

1. "Seniors – America's Great and Growing Natural Resource" – Sheryl Bcyd, Ed.D. The Texas Journal of Rural Health Spring/Summer 1988
2. Wellness Is Ageless a Health Promotion and Community Leadership Manual for Older Texans – TDH and Texas Department on Aging
3. A Healthy Old Age – 1984 U.S. Department of Health and Human Services

The technical information contained here is available in Emergency Care In the Streets, 3rd Edition, Nancy L. Caroline, M.D. However, that text does not point up those conditions diseases and medications frequently found in or taken by our senior population.





Stephen Tulcus

Lampasas EMS Paramedics work to save the life of a patient who suffered smoke inhalation when he was trapped in a housefire.



Alana Mallard

East Texas EMS' Faye Rainey-Thomas served as chair of TEMSAC during 1988. Jack Ayres, lawyer and paramedic, led the Texas Board of Health in recognizing EMS personnel around the state for their lifesaving activities.



Mary Gottwald

EMS Division Director Pam West visited six Public Health Region EMS offices this year and met with local EMS educators and providers in each region.



Alana Mallard

"Survivors" of the 1988 TDH Texas EMS Conference, Joe Tyson, Charles King, Doug King, and Dennis Saathoff, enjoyed three days of workshops, competitions, and demonstrations.

## A LOOK BACK AT TEXAS EMS IN 1988 – DEDICATED TO PATIENT CARE





*Jay Garner (far left) instructs an extrication class where Valley firefighters and EMS personnel package a patient and prepare to pass him through the access hole cut in the roof.*



Kenny Jones

*This picture of a happy EMT and a newborn won its category in 1988's EMS Week Photo Contest.*



Alana Mallard

*Texas EMS Advisory Council members met four times and dealt with EMS issues ranging from proposed rules and the state EMS plan to legislative issues and public education. Dr. Al Randall addresses TEMSAC at far right.*



Marie Cobbs

*Firefighters, police, and EMS personnel spent two days learning how to come down the outside of a building at McLennan Community College's basic rappelling course. MCC coordinator Renee Michalski is seated, third from the left.*



Bill Malone

*Governor Clements signs the proclamation for EMS Week in 1988 as representatives from Mart EMS and Fort Worth's MedStar, 1987's outstanding EMS providers, look on.*



# PARAMEDIC SUBSCALE AVERAGE

These statewide paramedic test results, from June 1988 through August 1988, include initial and refresher training testing for groups of 5 or more. The subscales are:

- |  |                             |
|--|-----------------------------|
| 1. The EMT, Psychological Emergencies,<br>Telemetry & Communications | 7. Central Nervous System   |
| 2. Patient Assessment  | 8. Soft Tissue Injuries     |
| 3. Shock and Fluid Therapy   | 9. Musculoskeletal System   |
| 4. General Pharmacology  | 10. Medical Emergencies     |
| 5. Respiratory System  | 11. OB and GYN              |
| 6. Cardiovascular System   | 12. Pediatrics and Neonatal |

(The critical subscales are 2, 3, 4, 5, 6, and 10.)

Location/ Coordinator	Test Date/ Size/Type	Mean	1	2	3	4	5	6	7	8	9	10	11	12
<b>Longview</b> Lanier	08/31/88 (5-I)	85.2	82	89	84	77	87	87	90	90	88	88	67	90
<b>Austin</b> Montgomery	08/30/88 (6-R)	89.5	90	92	89	86	91	92	88	85	92	89	80	95
<b>Houston</b> Tyson	08/25/88 (11-I)	92.2	89	96	93	93	91	93	90	95	92	91	88	93
<b>Tarrant CJC</b> Willis	08/23/88 (7-I)	90.1	88	91	91	92	89	93	93	91	91	89	81	87
<b>Tarrant CJC</b> Willis	08/23/88 (18-I)	83.2	82	85	86	84	80	84	79	84	86	88	75	79
<b>Mineral Wells</b> Jackson	08/09/88 (8-I)	83.7	79	84	84	89	83	88	78	81	83	83	75	89
<b>Dallas-Meth</b> Cantrell	08/09/88 (28-I)	87.4	87	89	88	84	84	91	85	88	91	88	88	87
<b>Sweetwater</b> Meeks	08/09/88 (8-I)	86.8	76	84	91	85	88	90	84	86	91	89	77	93
<b>MtPleasant</b> Terry	07/27/88 (14-I)	82.9	81	86	84	79	80	87	78	85	89	79	79	88
<b>Lufkin</b> Howland	07/26/88 (5-I)	84.4	82	85	86	87	87	80	83	72	86	87	82	88
<b>Houston</b> Hatch	06/28/88 (20-I)	86.8	82	86	88	84	85	93	88	84	89	86	81	91
<b>McKinney</b> Tobin	06/21/88 (8-I)	77.6	78	81	82	74	78	78	69	88	88	77	69	69
<b>Baytown</b> Hawkins	06/15/88 (5-I)	77.5	75	83	85	73	82	78	78	76	88	73	67	62
<b>Pasadena</b> Bowling	06/15/88 (9-I)	85.8	90	92	87	81	84	91	83	89	87	83	76	81
<b>El Paso</b> Blackwell	06/15/88 (5-I)	88.0	87	87	90	83	89	92	90	90	94	89	78	82
<b>McKinney</b> Tobin	06/14/88 (8-I)	86.5	82	88	94	85	85	88	92	81	86	86	81	86
<b>Houston</b> Gaines	06/02/88 (10-I)	89.3	89	88	93	90	84	93	87	90	93	91	80	90
<b>Statewide Averages</b> June thru August 1988		85.7	83	87	88	84	85	88	84	86	89	86	78	85



## PUBLIC INFORMATION AND EDUCATION

# Uvalde EMS Has *Flower Power*

by Alana S. Mallard

Here is an idea from Public Health Region 6 EMS Administrator Lee Sweeten: Remember the older folks in nursing homes on Mother's Day and Father's Day with visits from EMS personnel.

Sunday, May 8th last year was a special day for the residents of Amistad II Nursing Center on North Park Street in Uvalde. Not only was it Mother's Day, it was also the first day of National Nursing Home Week. To brighten the occasion, Uvalde EMS and Lee delivered individually wrapped flowers, cake and certificates of recognition to each of the ladies living at the center.

"In today's hectic-paced society we often forget those who cared and provided for us. This was just a small token to let them know they were remembered and appreciated," said Lee. "It really was the high point of our day when we saw the looks of appreciation on the faces of those patients. It's a shame more people don't take the time to enjoy one of our greatest resources, our older generation."

Uvalde EMS, represented by EMT Jim Wynn and Paramedic Ann Norbert, and Lee Sweeten presented 72 individually-wrapped carnations and over 100 certificates to nursing home residents. They also delivered potted plants to both nursing homes in Uvalde.



Sharon Reagan

*Lee Sweeten gives a flower to a nursing home resident as Jim Wynn and Ann Norbert look on.*



Sharon Reagan

*Jim Wynn brings happiness into a nursing home resident's eyes as he hands her a Mother's Day flower.*

It is easy to see that involvement in the community in positive activities such as this is beneficial to the image of your EMS organizations. Beyond that, however, and on a much deeper, much more personal plane, projects such as the Uvalde EMS flower power project help the self-esteem of a group of older citizens who may remember when they were active in families and in community life but who now spend their days comparatively isolated and unproductive. And Lee, Ann, and Jim can tell you what it did for them on that deeper, more personal plane.





# Ask the Messenger

## Code 2 – Is It Legal?

by Tom Ardrey

There is currently discussion in Texas EMS concerning Vernon's Civil Statutes Article 6701d, Section 24 (b)-(d). This reads:

- (b) The driver of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this section, but subject to the conditions herein stated.
- (c) The driver of an authorized emergency vehicle may:
  - 1. Park or stand, irrespective of the provisions of this chapter;
  - 2. Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;
  - 3. Exceed the maximum speed limits so long as he does not endanger life or property;
  - 4. Disregard regulations governing direction of movement or turning in specified directions.
- (d) The exemptions herein granted to an authorized emergency vehicle shall apply only when such vehicle is making use, at the discretion of the driver of the vehicle, in accordance with policies of the Department or the local government, of audible or visual signals meeting the requirements of Section 124 of this Act, except that an authorized emergency vehicle operated as a police vehicle need not be equipped with or display a red light visible from in front of the vehicle.

We contacted the state agency responsible for enforcing vehicle laws in this state. Our question was: "Is it illegal for an ambulance, while involved in an emergency, to run Code 2, that is, with flashing lights only?" We asked about the wording in (d) "...of audible or visual signals." The response:

- 1. In statutory language, "or" means "and" unless otherwise stated.
- 2. The phrase "at the discretion of the driver" leaves the decision up to the driver. The driver should take into consideration the circumstances prevailing at the time of the run.
- 3. In the past, the courts have held that a legitimate emergency run is not occurring unless both visible and audible warning devices are operating.
- 4. The Department of Public Safety has in the past

lost some cases when a police vehicle was using only flashing lights.

- 5. It is not illegal for an ambulance to run Code 2. However, it is not defensible in court.

At least one Texas EMS provider has suffered financial losses because of legal liability associated with running Code 2.

In a recent case, the ambulance was doing a hospital-to-hospital transport and running Code 2, lights but no sirens. The vehicle ran through a red light and was involved in an accident which injured one individual. The EMS organization was found liable and at least part of the issue was that the driver had not warned other drivers by using the vehicle's siren.

EMS organizations should obtain legal counsel regarding this issue in their respective areas of operation.

Has Code 2 operation been a problem for your service? Our Public Health Region offices want to know. Call or write Tom Ardrey at (512) 458-7550 or Bureau of Emergency Management, 1100 W. 49th Street, Austin Texas, 78756-3199 to let us know if Code 2 operation has been a problem, or if you have a protocol for Code 2 operation.

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## CONTRIBUTING AUTHORS

**Thomas J. Ardrey, Jr.**, on the staff of the Bureau's Public Information Program, is a 20-year veteran of EMS as an educator and a state official. Tom developed the recently published packet, "Preventing Injury and Illness: EMS Public Information and Education."

**Jan Brizendine**, Administrative Technician in the Information Program, has been with TDH for 5 years. Her background is marketing and meeting planning.

**Mary S. Campbell, R.N.**, is a member of the Department's EMS legislation task force and program administrator of the Bureau's EMS Development Program.

**Alana S. Mallard** is an EMT and directs the Bureau's Public Information Program. She has worked on the **EMS Messenger** since its beginning in 1975 and is currently writing an historical novel based on Texas EMS.

**Janet Satterthwaite** is the former Public Education Director for Alamo Area Rape Crisis Center in San Antonio.

**Billy Sladek**, manager of the EMS Division's EMS Development Branch, came to EMS in 1987 with experience in the health department's planning group and the Governor's Office of Budget and Planning.

**Gene Weatherall**, Chief of the Bureau of Emergency Management since 1985, divides his time between EMS and his rodeo arena on his place near Bastrop.

**Jim Zukowski, Ed.D.**, is the TDH consultant to the EMS Testing and Education Program. "Dr. Jim" developed the EMS testing process and is Assistant Director of the Department's Hospital and Professional Licensure Division.



# EMS New Year's Resolutions

by Jan Brizendine

I asked several EMS people to tell me their resolutions for the New Year. Gene Weatherall wrote his in his column. The rest are below. They said I could jazz them up if I wanted to – but I didn't need to; here they are:

Have more fun in EMS in 1989 – we'll do some new programs that we've never done before. And do a better job with the programs that we have done in the past and by doing this we'll have more fun.

Rod Dennison  
PHR 1, Temple

In 1989 we resolve to develop programs which will inspire and maintain a high degree of motivation among EMS personnel. We want to try to save our most valuable asset – the EMS veteran.

Gail McNeely  
PHR 1, Austin

The Public Health Region 2 EMS staff resolves to encourage and assist volunteer EMS providers in developing volunteer recruitment programs. The programs are needed to replace volunteers "retiring" from EMS.

Terry Bavousett  
PHR 2, Canyon

To remember to recognize the achievement of my staff and the region EMS workers.

To bring a couple of the Region's ambulance services back to life and back to good patient care.

To stop dreaming about additional staff and money.

Tom Cantwell  
PHR 3, El Paso

To work to promote better representation for West Texas in TEMSAC.

Doit Lee  
PHR 3, Midland

To try to revise skills criteria and skills testing process.

Wayne Morris  
PHR 4, Houston

Promote increased education and certification standards and procedures in an effort to improve patient care and professionalism in EMS.

Jimmy Dunn  
PHR 5, Arlington

We in PHR 5 Abilene office resolve to work closer with our ambulance providers in order to assist them in providing prehospital emergency care.

Andrew Cargile  
PHR 5, Abilene

My primary resolution for the coming year is to try not to get as frustrated when we cannot accomplish all the tasks that need to be accomplished due to lack of time and resources.

Lee Sweeten  
PHR 6, Uvalde

I resolve to bring more hope and joy to EMS.

Joe Horsley  
PHR 6, San Antonio

I resolve to instill the values and integrity of good Emergency Care into every dimension of EMS in Texas in the hope that the field will come one step closer to becoming recognized as a significant component of the health profession.

Jim Arnold  
PHR 7, Tyler

To facilitate the continuation of improvements of patient care thru higher quality education of students, currently certified personnel and the general public.

Don Reeves  
PHR 7, Nacogdoches

To make a renewed effort to promote community and local government support for the provision of quality prehospital patient care. The recruitment, training and retention of EMS personnel is a nationwide issue that must be addressed at the community level, with Texas Department of Health taking a leadership role in the information and education process. I see Texas Department of Health as a support and advisory group not a panacea.

Jay Garner  
PHR 8, Harlingen

To try to help as many communities and groups as possible with their EMS decision-making and quality assurance. To talk to them about how they can help to insure that they have the kind of EMS they want and need in their community.

Rothy Moseley  
PHR 8, Corpus Christi

## HAPPY NEW YEAR



(Subscription continued)

ever needed at no additional cost other than this fee. The subscription program is in essence an insurance policy.

**Legal Considerations**

All insurance in the state is regulated in some manner by provisions of the Insurance Code. The State Board of Insurance is the state agency responsible for the enforcement of the Insurance Code. Because subscription plans offered by emergency medical services providers are considered to be a form of insurance, there are state mandated laws and regulations that effect the offering of subscription services.

The Emergency Medical Services Act, Article 4447o, VTCS, Section 3.10A, exempts city, county, or hospital districts, or a group of cities, counties, or hospital districts, or any combination of those entities from the Insurance Code:

“Sec. 3.10A. (a) A city, county, or hospital district, or a group of cities, counties, or hospital districts, or any combination of those entities, may create and operate a nonprofit subscription program to fund an emergency medical service for providing emergency medical services vehicle services within the jurisdiction of the entity or entities for which the program is created and operated. A group of cities, counties, or hospital districts, or any combination of those entities, may create and operate a nonprofit subscription program under this section by contract, joint agreement, or any other type of legal mechanism as provided by The Interlocal Cooperation Act (Article 4413(32c), Vernons Texas Civil Statutes) or any other law of this state authorizing local governmental entities to provide joint programs.

(b) A nonprofit subscription program that is created or is operating under Subsection (a) of this section, that is under the direct control and supervision of the entity or entities creating or operating the program, and that funds an emergency medical services vehicle service that meets the standards and requirements of this Act is exempt from the Insurance Code for the sole and limited purpose of providing the emergency medical services vehicle services.”

**Recommendation**

If an EMS provider is offering a subscription plan and does not fall under one of the above exemptions from the Insurance Code, that provider should consult an attorney to determine the legal standing of the subscription service.

(Alzheimer's continued)

the caregiver. One of the greatest burdens of the caregiver is the lack of knowledge of community resources and the ability to utilize these resources.

An effective family support system is essential, since most Alzheimer's disease patients live outside a nursing home for many years before final admission for the latter phase of the illness. Families can learn from the progress that has been made in understanding the special needs of these patients. The sooner this effort begins, the better.

The Texas Department of Health Alzheimer's Disease Program has assembled an Alzheimer's Kit containing a wealth of information on the disease, its phases, and forecasts for a cure. If you desire any of this information contact Morris H. Craig, Coordinator, Alzheimer's Disease Program, Bureau of Chronic Disease Prevention and Control, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199.

**How Old Are EMS Personnel?**

Age breakdown of EMS Registry Personnel

AGE	EXEMPT	NON-EXEMPT
18-29	3,153	11,402
30-44	4,672	13,353
45-54	1,357	2,227
55-64	516	583
65+	143	82
TOTAL	9,841	27,647

Law enforcement category is not included in this breakdown. Information compiled September 29, 1988, by Susan Kollath.

An explanation of "Exempt" and "Non-Exempt": This is another classification used by TDH. "Exempt" are those who do not pay fees, i.e. volunteers. "Non-Exempt" are those individuals who pay a certification fee.



# Letters from the Front

## Patch Collector

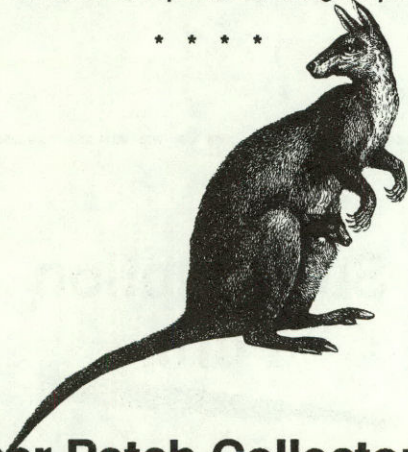
I am an ambulance officer here in Western Australia and also a collector of different Emergency Service insignia throughout the world and was hoping you could help me in obtaining insignia worn by emergency service personnel in the United States.

My main interest is in Fire Department/Paramedic Ambulance insignia.

**Gary Cooper, Ambulance Officer**  
 Western Australia Ambulance Service  
 145 Forrest Road  
 Hamilton Hill 6163  
 Western Australia

*We'll send Mr. Cooper some articles on Texas EMS. Can you send him some patches, badges, pins, caps?*

\* \* \* \* \*



## Another Patch Collector

I am a trooper in the Pennsylvania State Police, stationed at Huntingdon, Pennsylvania. As a hobby I collect patches and insignia from law enforcement and related agencies throughout the United States. I would like to add your shoulder patches or cloth department insignia to my collection, if possible.

All patches in my collection are used only in a secured and respectfully displayed manner and are used for display and educational purposes.

**Robert L. Davis**  
 Route 1, Box 424 B  
 Alexandria, PA 16611

*Well??*

\* \* \* \* \*

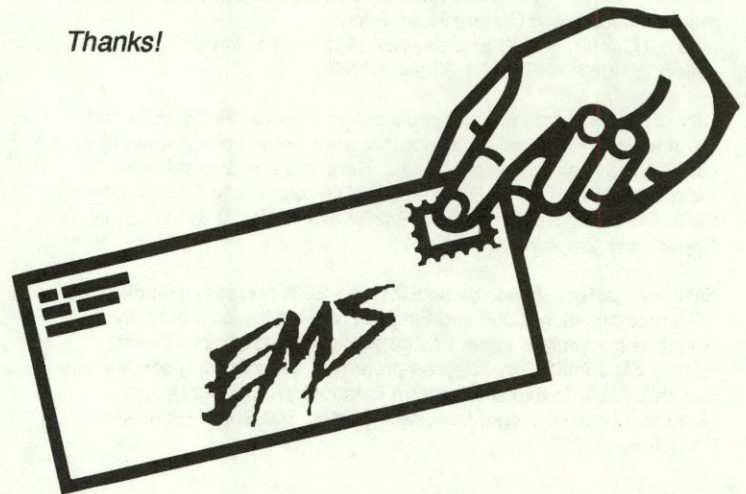
## They like the Messenger

All our members look forward to receiving your publication and it is read by so many that by the time that I receive it the pages are ragged and dog-eared. I would like to take this opportunity to enclose an item for your "Local and Regional EMS News" section.

Additionally, I will see that you are added to our mailing list for our newsletter as well as for other announcements.

**Christine Zavodney**  
 Harris County Emergency Corps, Inc.

*Thanks!*



## REGIONAL EMS STATISTICS

Of the 40,000 certified EMS personnel in Texas, the following shows how personnel are distributed around the state in Public Health Regions:

PHR	ECA	EMT	EMT-SS	Paramedic	TOTAL
1	4,692	2,966	135	451	8,244
2	650	1,539	141	289	2,619
3	932	1,540	225	294	2,991
4	2,776	4,473	458	1,172	8,879
5	1,786	5,264	198	1,888	9,136
6	413	1,519	198	567	2,697
7	623	1,877	282	356	3,138
8	622	1,266	100	350	2,338
Statewide Totals	12,484	20,444	1,737	5,367	40,042

Compiled November 1, 1988



**POSITIONS AVAILABLE**

**EMT/EMT-Special Skills:** Corsicana, excellent benefits, \$16,000 to \$18,000 annual salary. Contact Faye Rainey-Thomas, (214)872-6595, East Texas EMS, P.O. Box 1695, Corsicana, Tx 75110.

**EMT-SS/Paramedic:** Texas Department of Corrections is hiring EMTs with Special Skills, Choice of location in Texas, excellent benefits, \$1545/month. Requires Texas certification as EMT-SS/Paramedic or TDC certification as EMT-Additional Skills. Prefer administrative or supervisory experience. Contact Hugh Robb, Medical Recruiter, Texas Department of Corrections, P.O. Box 99, Personnel Annex, Huntsville, Texas 77342 or call (409) 294-2755.

**A note of Immediate Importance to RN's and LVN's.** Discover our competitive salaries, improved benefits pack and innovate management style. 100% tuition reimbursements for critical care training. \$2000. sign on bonus for critical care. Professional opportunities in: ICU, telemetry, PD, PDIU, Level 3 NICU, medical, surgical and more. Contact Rori Cantu RN, McAllen Medical Center, 301 W Expressway 83, McAllen, Texas 78503, call collect (512)632-4673 or 1-800-633-3658.

**City of Marfa** is updating its applicant pool for certified EMT's and Paramedics, advanced life support operations, excellent working conditions in beautiful West Texas. Send resume and salary requirements to: Darren Blankenship, Director, Marfa City/County EMS, PO Box 787, Marfa, Tx 79843 or call (915)729-3151. Equal Opportunity Employer.

**EMT Instructor:** Teach basic EMT and ECA courses. Handle EMT-ECA recertification, CPR and First Aid training for local Industry. Requires minimum 5 years EMS experience and eligible Texas Paramedic certification. Degree preferred. Need strong communication skills, able to explain program to Industry. Contact Dr. Joe Hendrix, Kilgore College, Longview Center, 300 South High Street, Longview, Tx 75601.

**Paramedics:** To work offshore oil and gas platforms; State or National Registry; 3 years working experience; prefer ACLS background. Send resume to Medic Systems, P.O. Box 3184, Port Arthur, Tx 77642.

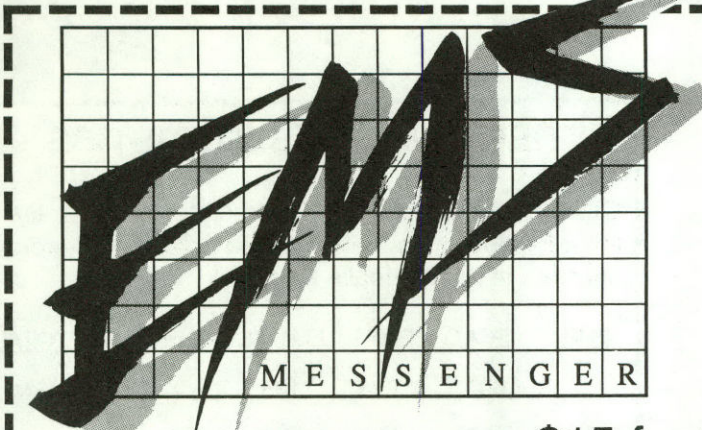
**Paramedic Instructor Needed,** the University of Texas Southwestern Medical Center has an opening for full time paramedic faculty. PA or RN registration required. Minimum salary \$25,000. Send cv to Debra Cason, Department of Internal Medicine, 5323 Harry Hines, Dallas, Texas 75235-9030 or call (214)688-3131. The University of Texas Southwestern Medical Center is an equal opportunity employer.

**FOR SALE:** 1983 Ford Type II ambulance, asking \$10,000. Contact Don Floyd, Sinton EMS (512)364-4332.

**EQUIPMENT NEEDED:** South Anderson County Volunteer Emergency Corp. is looking for the following items free or at a reasonable price:

1. Portable two-way radio's
2. Bunker gear
3. Light bars

If you can help, please contact Randy McCoy, Elkhart, Tx (214)764-5566.



## Subscription Form

### \$15 for 2 Years

Technical Articles — Rules — Laws — Activities — Training — Conferences

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RETURN FORM AND \$15 TO:

Texas Dept. of Health  
1100 W. 49th Street  
Austin, Texas 78756-3199

AMOUNT ENCLOSED \$ \_\_\_\_\_

check \_\_\_\_\_

money order \_\_\_\_\_

2A284 — Fund 160



# EDITOR'S NOTES

## EMS Messenger Grows to 8 Issues in 1989

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One of our goals with the **EMS Messenger** is to bring you consistently educational issues of the magazine. This first issue of 1989 has several articles emphasizing our aging population, certainly an important factor in emergency medical services.

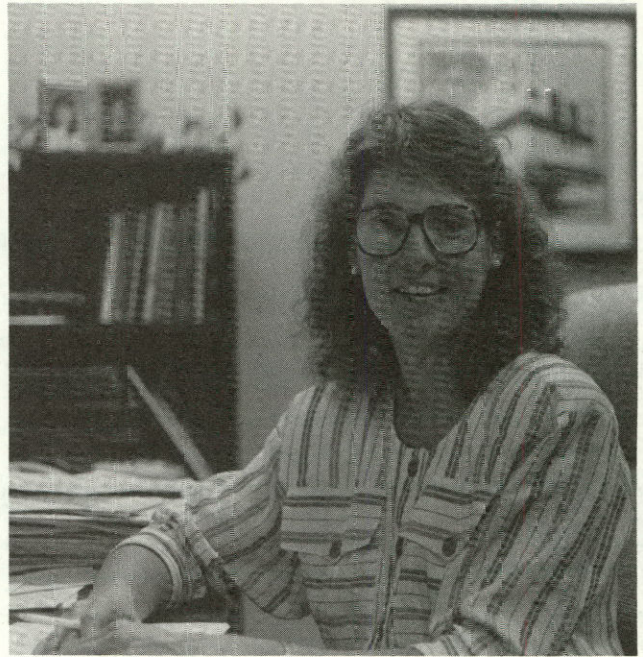
Tom Ardrey has researched articles on medications and the elderly and the growth of the elderly population. Susan Kollath did her computer magic and gave us an age breakdown of personnel on the Texas EMS Registry. And Jim Zukowski's article on Alzheimer's disease gives us some insight into a troubling condition affecting the elderly.

In other issues this year, you can expect to see editorial emphasis on "Training and Certifying the EMS Professional" (February); "Quality Assurance" (March /April); "Trauma Care" (May/June); "Community Awareness" (July); "Pediatric Emergencies" (August); "Dispatch" (September/October); and "Critical Incident Stress" (November/December). Contributions from our readers on these subjects are welcome.

Traditionally, the **Messenger** has been a bimonthly publication; but for the last two years we have added a "Special Issue" in August to promote EMS Week activities around the state. This year, in addition to the August issue, we will add a February issue so that there will be eight 1989 issues. And each year we will add another issue so that by 1992 your Texas EMS magazine will be a monthly publication.

This issue begins the 10th year of the publication of the **EMS Messenger**. It began in 1975 when Lawrence Parr was Editor. Lawrence is probably remembered by many long-time EMSers as one of that early group of EMS trainers that covered the state teaching ECA courses. After the December 1975 issue, the **Messenger** was not published again until September, 1978.

Some articles in that first year's issues included an explanation of TDH's regionalization (a new concept), a description of the Heimlich Maneuver (a new technique), a listing of the 9-1-1 systems in Texas (only 9 - Alice, College Station, Galveston, Huntsville, Irving, Lamesa, Odessa, Quanah and Sherman), and a report that Galveston EMT's Joe Garcia and Randy Orchid had



Jan Brizendine

delivered twins aboard the Galveston Ferry (their first, the mom's first, and probably the ferry's first).

Here in the Bureau of Emergency Management, we are looking forward to our tenth year of publication and to improving even more the magazine about Texas EMS, the **EMS Messenger**. Our goal, like yours, is to provide quality patient care to the citizens of Texas.

Alana Mallard  
Editor



# Around the State

January 13, 1989, **Texas EMS Advisory Council** regular quarterly public meeting, Austin. Contact Harold Broadbent (512) 458-7550.

January 30-February 1, 1989, **6th Annual Trauma Management '89 Conference**. Marriott Hotel & Marina in San Diego, California. Contact Tami McConnell at (619)481-5267.

January 31-February 3, 1989, **14th Annual Tulane "Pre" Mardi Gras Course**. Update your pediatrics in the Royal Sonesta Hotel in New Orleans, Louisiana. Registration fee \$475. For further information contact: Office of Continuing Education, Tulane University Medical Center, 1430 Tulane Avenue, New Orleans, Louisiana 70112.

February 16-18, 1989, **Advanced Vertical Rescue**. Ascending, haul systems, rough terrain/cliffs, rappelling, night exercises and rescue organization. \$100. per person, contact Renee Michalski at McLennan Community College, Waco, Tx, (817)756-6551 ext 212.

February 27-28, 1989, **Texas Firemen's Training School**. Brayton Firemen Training Field, Texas A & M University Campus, College Station. Tentative tuition \$210. Sponsored by State Firemen's and Firemarshals' Association of Texas. Contact Fire Protection Training Division (409)845-7641.

March 1-3, 1989, **Texas Firemen's Training School**. Brayton Firemen Training Field, Texas A & M University Campus, College Station. Tentative tuition \$210. Sponsored by State Firemen's and Firemarshals' Association of Texas. Contact Fire Protection Training Division (409)845-7641.

March 8-11, 1989, **7th Annual EMS Today Conference and Exposition**. Town and Country Hotel in San Diego, California. Contact Tami McConnell (619)481-5267.

March 31 - April 2, 1989, **Annual Texas Emergency Care Symposium**, Stouffer Hotel, Austin, sponsored by TAEMT, TAA, ACEP, and ENA.

April 14-16, 1989, **EMS Expo '89**, Georgia World Congress Center in Atlanta, Georgia. Sponsored by Emergency Medical Service Magazine (203)852-0500.

April 22, 1988, **Modern Challenges Facing EMS**, Hilton Hotel in College Station. Sponsored by Texas A & M Emergency Care Team. For more information contact Kelli Bobbitt, Symposium Coordinator, Texas A & M University, A.P. Beutel Health Center, College Station, Texas 77841-1264 or call (409)845-4321.

April 26-28, 1989, **8th Annual Modern Concepts in Trauma Care Symposium**. Disneyland Hotel, Anaheim, California. Earn 17 continuing education credits. Sponsored by The Orange County Trauma Society. For further information call (714)937-5030.

April 29-30, 1989, **Basic Vertical Rescue**, Waco - \$55 per person; fundamentals of rappelling and an intro to patient packaging and vertical lower for the Stokes basket; Contact Renee Michalski, McLennan Community College, (817)756-6551, ext 212.

May 20-21, 1989, **Basic Vertical Rescue**, Waco - \$55 per person; fundamentals of rappelling and an intro to patient packaging and vertical lowering for the Stokes basket; Contact Renee Michalski, McLennan Community College, (817)756-6551, ext 212.

June 15-17, 1989, **Advanced Vertical Rescue**, Waco - \$100 per person. Ascending, haul systems, rough terrain/cliffs, rapelling, night exercises and rescue organization. Contact Renee Michalski at McLennan Community College (817)756-6551 est. 212.

July 8, 1989, **Vertical Rescue "Problems" Course**, Waco. Explores a single topic in depth, areas for consideration are tyroleans, minimal equipment systems and cave rescue field trips. Contact Renee Michalski at McLennan Community College (817)756-6551 ext. 212.

August 15-18, 1989, **Global Health Care Development**. Hyatt Regency Crystal City, Arlington, Virginia. Contact Tami McConnell (619)481-5267.

SECOND CLASS RATE PAID  
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TEXAS DEPARTMENT OF HEALTH  
AUSTIN, TEXAS 78756-3199