March/April 1990

Texas EMS Messenger

TEXAS DEPARTMENT OF HEALTH • BUREAU OF EMERGENCY MANAGEMENT

Texas EMS Messenger

March/April 1990 Volume 11, Issue 3

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COVER PHOTO:
David Byram, a photographer with Georgetown's Williamson County Sun, entered this photograph in the 1989 EMS Week Photo Contest. See page 25 for entry information for the 1990 EMS Week Photo Contest.

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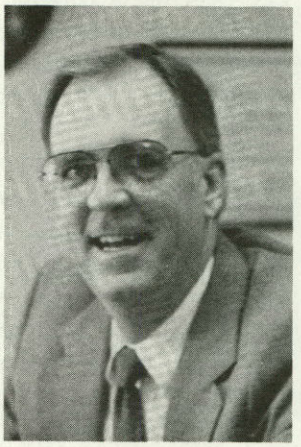
From This Side



by Gene Weatherall, Chief Bureau of Emergency Management

Recently I had the pleasure to visit Mitchell and Cindy Whitehouse, my daughter and son-in-law, in northwest Arkansas. During my visit I overheard a conversation they were having with one of their friends who serves their local community as an EMS first responder. It was extremely gratifying to hear them discuss the positive merits of an advanced life support in their part of the state, even to the point of having their taxes raised to support the service. It was really something to see my daughter get excited talking about their local EMS service, and especially to see how proud she was that they had 9-1-1 for local emergencies.

People who think EMS has become boring or stagnant should spend just a little time around our office. There seems to be a great deal of activity and progress in almost all areas of EMS. One of the major areas of growth at the present time is the development of the Bureau's EMS and Trauma Development Program. As I am writing this column, our staff is preparing for the second meeting of the Trauma Technical Advisory Committee. There are other changes and improvements going on in the Bureau, and I did want to address some specific changes you will be observing in the Texas EMS Registry Program and the EMS Education Program.

Pam Price and her staff in the Texas EMS Registry are working on some major changes to the rules and regulations, particularly in the area of Provider Licensing. They have been very busy revising many of their forms and procedures in anticipation of the final adoption of the rules for Provider Licensing.

Along with these changes Pam has done some innovative work in the area of quality control. We are currently attempting to put in place a statewide quality control program. To fully realize what a major effort this will take just think of the tremendous areas to be covered by EMS in this state along with the fact that we have EMS staff stationed in 15 separate locations.

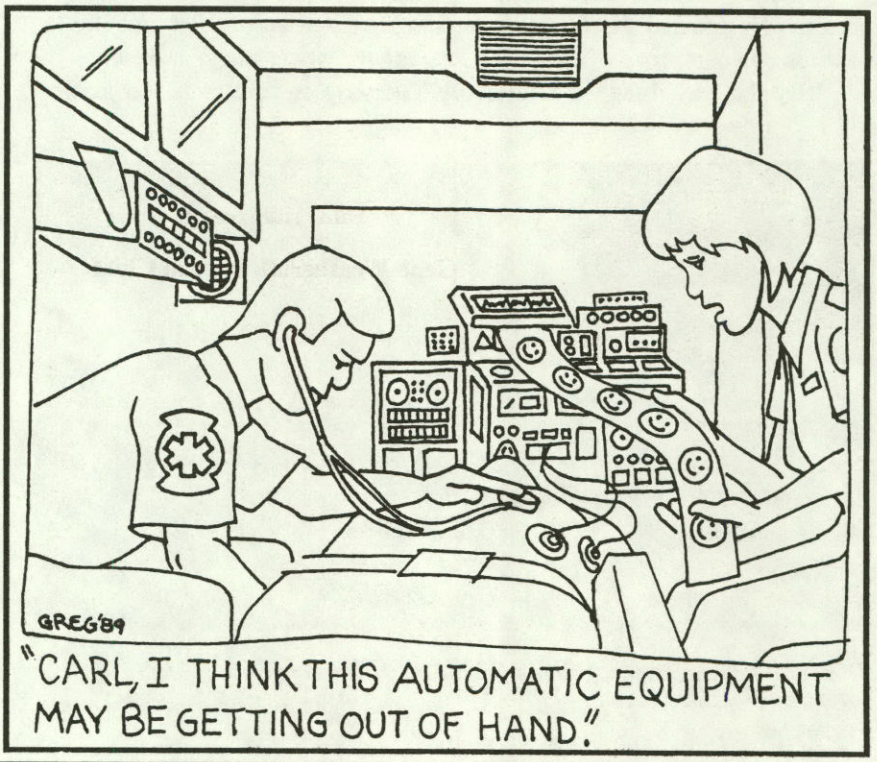
Pam has also succeeded in getting laser-printed EMS certificates. These certificates are definitely suitable for framing -- 8x10s, beige parchment type paper, and script lettering. The Registry staff hope to begin mailing those out to personnel this summer. with the new ID cards and provider licenses.

Debbie Bradford is off and running with her new responsibility as Program Administrator of the EMS Education Program. Since joining the Education Program last year, Debbie, who has a Masters degree in allied health education, has become a welcome asset by using her experience and background as a respiratory therapist and university-level allied health educator.

Some of Debbie's plans to improve the Education Program include assembling individuals from around the state to identify appropriate test items for each certification examination. The primary purpose of this effort is to insure that the certification examinations have the proper content to measure minimal proficiency. Debbie has already developed a streamlined procedure for insuring that students receive their grades as soon as possible, even when our computer finds answer sheets difficult to grade. The medical review of the testing data base will continue with the physicians' review to insure that only medically valid questions are retained.

You can read more about Debbie's new goals for the Education Program on page 16.

Although it seems like a long time until September, it will be here before we realize it. Therefore you should do like we are and start thinking about the EMS Conference in September. Alana Mallard and her staff are organizing the conference again this year with help from almost everyone in the Bureau and Regions. The conference will be September 13 to 15 at the Doubletree Hotel in Austin. Please plan to attend. This conference is our annual salute to those of you who provide emergency medical services to the people of Texas.



Local and Regional EMS News

Chico volunteers save heart attack victim

On November 24, first responders from Chico Community Volunteer Fire Department performed CPR on a 53-year-old female who suffered a heart attack while driving her pickup truck. EMT/Firefighters Danny Price and Robert Richey discovered the woman without a pulse and not breathing as she lay in a parking lot after her pickup ran into a fence and a fire hydrant. Price and Richey began BCLS immediately, and Wise County EMS West arrived within five minutes. Paramedic Michael Strachan defibrillated the woman unsuccessfully three times. After field intubation and medication, Strachan defibrillated the patient sucessfully.

In a letter to the **Texas EMS Messenger**, Strachan credits Price and Richey with saving this woman's life so that she was able to return to her family and friends for the holidays. "This is one example of just how important a good first responder system is," said Strachan. "I was the responding paramedic on this call and would like to commend the Chico Community Volunteer Fire Department volunteers on their quick action in saving the life of this patient. Thanks for a job well done."

Nueces Canyon EMS bingos

The EMS of Nueces Canyon in Camp Wood, which is an all-volunteer basic life support service that provides treatment and emergency transportation free of charge and is funded mainly by donations and fundraisers, recently began sponsoring weekly bingo games to help fund the organization. In the first six months of bingo games, Nueces Canyon netted nearly $4,800. EMT Jolyn Haggerton and Winnie Whidden head up the bingo operation.

NCEMS' Susie Jechow said, "We are grateful to the anonymous person who donated the funds to get bingo started and to Pat and Bea Milliron, owners of the Old Timer Restaurant, where bingo is held.

"By the way, bingo is held every Thursday at 7:30 p.m. and as we always say, it's for a good cause." You can contact Jechow at (512) 234-3247 for questions about starting bingo in your community. NCEMS plays bingo under license number 1-741944001-5.

Bingoers Maxine Hicks, Winnie Whidden, Jolyn Haggerton, Malinda Bischoff, James Greer, Bubba West, Pat and Bea Milliron, and Yolanda and Butch Wells are pictured here.

Gonzales goblins raise funds for EMS

According to EMS Director Eddie Callender, "Trick or Treat for EMS has been a Gonzales tradition among first graders for over ten years. A counselor with the elementary school originated the idea, it caught on, and now folks wait for and look forward to the kids coming by for money."

First graders from Gonzales' East Avenue Elementary collected almost $500 this past Halloween and donated $2ll.52 to EMS and $211.53 to Rescue and Recovery. When Callender and other EMS crew members Ken Hedrick and Jimmy DuBose took the EMS and rescue vehicles to the school to accept the money, forty little trick or treaters posed with the vehicles for newspaper pictures.

Trauma guides available

A few copies of the "Guidelines for the Prehospital Care of the Trauma Patient" are available from the Bureau of Emergency Management. The 110-page manual was developed in 1984 by the Texas EMS Advisory Council's ad hoc Trauma Committee. Committee members included physicians Jack Peacock, Red Duke, Sally Abston, Peter Fisher, Harlan Root, Francis Jackson, Curtis Clogston, Clarence Temple, Don Patrick, Kemp Clark, and Compton Broders. Mary Campbell provided staff support to the committee.

Order this free book from the Bureau of Emergency Management at (512) 458-7550. Chapters include Triage, ABC's, Scene Evaluation and Management, Shock, Central Nervous System, Chest Trauma, Abdominal Trauma, Trauma to the Extremities, Vascular Injuries, Facial Injuries, Eye Injuries, Near Drowning, SCUBA, Environmental Injuries, and Animal Bites and Stings.

These guidelines can be used by field personnel as they are, or adapted by local protocols.

Local and Regional EMS News

PHR 6 EMS staff promote EMS at San Antonio rodeo

Steve Hannemann spent February 9 and 10 at the San Antonio Livestock Show and Rodeo where he gave out nearly 3,000 brochures on EMS. Hannemann and regional personnel from Zoonosis and Dental represented the Texas Department of Health at the Livestock Show during County Fair Days held Friday and Saturday. Fair officials said the previous one-day attendance record of 65,000 was exceeded Saturday, February 10 when attendance topped 102,000.

EMS Week
September 16 - 22, 1990

Tarrant county EMS of the year goes to Eagle Mountain

The Eagle Mountain Volunteer Fire Department and Ambulance Service was recognized by Tarrant County Firefighters Association as EMS of the Year at their February 8 meeting. Eagle Mountain has 7 paramedics and 8 EMTs who respond and transport patients in two ALS modular EMS vehicles.

Eagle Mountain Volunteer Fire Department took over emergency medical service in 1977 after a back-injured victim lay in the road for 45 minutes waiting for the local private ambulance service. EMS Coordinator Mike Barton, a paramedic and firefighter, said the service provides firefighting and emergency medical service to a district of 4,000 people and to the rural area of three surrounding departments. Phillip Able, M.D., is Eagle Mountain's medical director.

The school district and several homeowners associations nominated Eagle Mountain for EMS of the Year. In his letter of support Eagle Mountain Fire Chief B.G. "Red" Barton called Eagle Mountain a "fine example" of what EMS should be.

Eagle Mountain EMS Top row from left: Shane Pifer, Brad Fowler, EMT, Chris Connelly, EMT, Paul Krause, EMT, Brennan Bryant, EMT-P, Phil Roberson, EMT-P, Allen Blaheman, EMT-P, Jeff Whaylen. Bottom row: Lee Godbold, EMT, James Close, EMT-P, Thomas Terbay, EMT, R.N., Kris Carr, EMT, Mike Barton, EMT-P.

Leslie Thorp honored as Sutton County EMT of the year

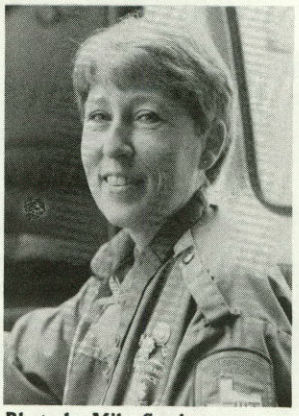


Photo by Mike Snyder Devil's River News

When Sutton County EMS had its annual Christmas Party and Awards Banquet, the surprise winner of the EMT of the Year award was Leslie Thorp. Thorp is a Sonora native who joined the EMS in 1984 as an ECA and was certified as an EMT in 1984. She is serving her second term as president of Sutton County EMS, and besides being on call many hours each week, she teaches CPR classes for CE and twice each year in the Sonora schools.

Sutton County EMS was formed in 1984 and the active members who were involved in writing the original bylaws were also honored at the banquet. Those charter members are Lenora Pool, George Keese, Tim Thorp, Karen Fincher, Leslie Thorp, Treva McReynolds, Donna Keese, and Eddie McReynolds. The organization currently has 28 members.

Sonora's **Devil's River News** said, "More than anything, Leslie exemplifies the ideal of a caring person, who is always available to serve her patients, and to help her fellow volunteers. Sutton County EMS is lucky to have a member like Leslie Thorp, and any patient that she is called upon to care for can be assured of receiving the best care possible."

EMS Expo moves to Texas in 1991

The folks who produce EMS Expo have announced that the 1991 meeting will be in Dallas. EMS Expo '89, held in Atlanta last Spring, attracted over 1,200 EMS personnel. Show officials estimate that after the 1990 meeting in Atlanta this April, the 1991 show will attract nearly 3,000 people.

This will be an excellent opportunity to attend sessions taught by nationally prominent lecturers. We will advertise EMS Expo '91 in the **Texas EMS Messenger** when details are available.

National accreditation of training programs, ensure quality and consistent minimum standards in the graduates of those programs across the country.

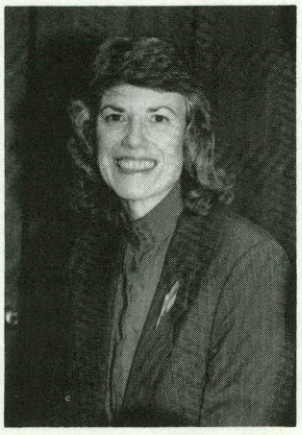
Accreditation!

by Jane Montgomery

Accreditation for EMT-Paramedic programs was a "buzz word" of the 80's. I have a strong feeling that it will continue to be with us in the 90's. In fact, I would like to see it become a regular part of the vocabulary when talking about paramedic education in the state of Texas. Why do I care? More importantly, why should you care? I hope to answer these questions in this article.

The purpose of national accreditation of any training program, be it nursing, respiratory therapy, or medical technology, is to ensure quality and consistent minimum standards in the graduates of those programs across the country. I think I am safe in stating that when you go to a hospital you want to know that the nurse caring for you has had a good education and is competent, or that the medical technician analyzing your bloodwork is doing accurate work. Part of the reason you and I can believe this is because of the required national accreditation of these training programs. The programs must meet certain minimum standards that have been set by professionals in their fields across the country.

I have been in EMS since 1972, and have seen many things change and grow. It is difficult for many of you to imagine that EMS was very different such a short time ago. Training often consisted of an eight hour American Red Cross (ARC) course followed by a forty hour ARC course and, in some areas, a twenty to forty hour EMT course. In my first EMT course, I learned less than is currently taught in an ECA course. Throughout the 70's, it was recognized that more and more knowledge was needed by EMS personnel working in the field and training programs developed and expanded rapidly. This development and expansion of EMS training programs is still occurring.



Jane Montgomery is the director of paramedic training at Austin Community College. She is also a member of the TEMSAC Educators Committee.

National Accreditation is a step toward professionalism

What does all this have to do with accreditation? I believe that regular national accreditation of our paramedic training programs is the next step forward in providing better training and establishing professionalism in the field of EMS. I am sure that those of you who are educators believe that you are already providing quality education and training for your paramedics. If so, it should be relatively easy for you to obtain accreditation. Are there areas in your program that you feel could be improved? Applying for national accreditation may give you that extra push it takes to make those improvements. How can you verify that you are providing the best possible education for your students? When you are awarded accreditation, you have the knowledge that your courses meet the high standards that have been set by your peers and other professionals.

So far, I have talked about why the educators should want national accreditation for their programs. I believe that there are two other groups who should be even more concerned with the education EMT-Paramedics receive. First and foremost, our consumers. The problem is that, in most instances, the public already believes that paramedics have consistent quality education. Perhaps this is true; but if all programs were nationally accredited, I think the public would have a better foundation for their beliefs. The second group, of course, is the EMS providers. It is their responsibility to insure that everyone in their system is well-trained and capable of providing quality care on every call. As providers and educators, we have a tremendous responsibility and I believe that it is up to each of us to work toward delivering the best possible EMS training.

CAHEA

National accreditation is granted by the Committee on Allied Health Education and Accreditation (CAHEA) in cooperation with the Joint Review Committee on Educational Programs for the EMT-Paramedics (JRC). For EMT-Paramedic training programs, the organizations represented on the Joint Review Committee include: American Medical Association, National Registry of Emergency Medical Technicians, American College of Emergency Physicians, American Society of Anesthesiologists, American College of Surgeons and National Association of Emergency Medical Technicians. Perhaps "granted" is not the correct word to use, as national accreditation is truly earned by the program and bestowed by CAHEA.

One other point needs to be made before going into the actual procedure for obtaining accreditation. National accreditation for EMT-Paramedic training programs is not just for those programs located in colleges and universities. Texas state law requires that all EMT-P courses have adequate supplies and a medical director as well as clinical and field affiliations. Every course must have means of evaluating the knowledge a student gains in the classroom, the student's abilities in the clinical setting and the student's performance in the field. These are the essential elements that are looked at by the national accrediting body. CAHEA does not require training programs to be located in specific institutions, but it does require training programs to meet certain standards. I believe that all EMS course coordinators in Texas owe it to the public and their students to provide the highest quality education for their students. The best measure of this quality is national accreditation.

Begin by requesting an application

How does a program earn national accreditation and why does it strike fear in the heart? The first step is the easy one. As course coordinator or program director, you simply write or call Mr. Phil von der Heydt, Executive Secretary, JRC; 1701 Euless Blvd, Ste. 200; Euless, Texas 76040 and ask him to send you information and an application for EMT-Paramedic program accreditation. Mr. von der Heydt is prompt and helpful and you will have the information in your hands before you are quite ready to deal with it!

Along with your application, you will receive a copy of the **Essentials and Guidelines** that you are to follow in writing your Self Study. Next, you fill out the application and send it back to the JRC office with a check for $100.00. At this point, I would like to mention that cost is the only valid stumbling block I see for national accreditation. In addition to the application fee, the program must pay $500.00 at the time the Self-Study is sent in, plus half of the site visit expenses and $300.00 per year annual fee once accreditation is received.

Complete the Self Study

From here on, it gets a bit harder. The Self Study is where the fear strikes! Where to start and how to follow the **Essentials and Guidelines**? Having done it, I think the answers are "At the beginning and one step at a time!" Actually, you don't even need to start at the beginning, just start with an area that looks fairly simple and straightforward. (I must admit that the availability of a word processor is a big help, though not essential).

Once you start preparing your Self Study, you will find that certain areas simply require a few phone calls or a bit of legwork.

Examples include:

- What is the background of your training program? (college, hospital, fire department, 3rd service, private EMS system?)

- What qualifications do you and those who are teaching for you have? (Most people have a personal resume or a curriculum vitae. Usually they just need updating.)

- What CE have you and your instructors attended in the last few years? (TDH wants to know that also.)

- What equipment and supplies are available for your students? (It's good to do an inventory anyway.)

- What type of learning objectives do you utilize in your program? (All Texas programs are required to utilize Department of Transportation learning objectives. Do you have a copy and do your students have access to the information?)

"I believe that all EMS course coordinators in Texas owe it to the public and their students to provide the highest quality education for their students."

"An active, interested, knowledgeable Medical Director is ESSENTIAL to a paramedic training program and desirable in all others."

- How are student and course records kept? (Probably shouldn't be in your basement)

Next, you begin to get to some of the more complex areas that will require a bit more thought:

- Are there any library resources available for your students to use and what are they? (Most course coordinators have access to various texts and TDH films.)

- Where do your students do their clinical rotations and what type of affiliation agree ments do you have? (If you haven't already researched what a good affiliation agree ment is, you should do so for the protection of you, the students and the program.)

- How are your students observed and guided during their clinical rotations? (Who are your preceptors and what are their roles?)

- What type of learning objectives do you have for your students in clinical and field settings? (If you don't have any, you should be able to call other coordinators for information.)

- What evaluation tools do you use in the classroom and lab? (You already have written tests and perhaps you use TDH evaluation tools for skills.)

- How is student feedback provided for your program? (TDH is now assisting in this.)

Finally, the areas that will require a lot more thought and perhaps more research and rewriting:

- How are your students evaluated during their clinicals? (Now is the time to look closely at your evaluation tools. Can they be improved?)

- How are your students guided on their ambulance internships? (Who does it, and is it sufficient?)

- What type of evaluation tools are used for the ambulance internships? (Do they give you and the student sufficient information as to their progress toward becoming street paramedics?)

- Who is your Medical Director and what in volvement does he/she have in your training program? (Good question to ask. I shall return to this subject later.)

- What are the strengths and weaknesses of your training course? (Shouldn't we be asking this all the time?)

"It is a long, and sometimes frustrating, process. Is it worth it? YOU BET IT IS!"

Not many of us like to do so much soul-searching. Perhaps this is why it strikes fear in our hearts. (Actually, the time spent writing it down doesn't help those feelings either!) It is especially important to remember that you are simply being asked to state what your program is all about. You do not have to come up with the "right" answers, whatever they may be. What is "right" for one program may not be "right" for another. For those of you who know me, you know that I am program director for an Associate Degree program at Austin Community College. Interestingly, the other programs that have received national accreditation in the state are not two-year programs. Additionally, one course coordinator I know with a volunteer system followed the Self-Study process to obtain state approval for a course and it proved to be an excellent Self-Study. He did not send it in for national accreditation, but I am certain that he could have done so with pride. He did it while setting up his course and it helped him set his course up properly with the knowledge that it was meeting national standards.

If, as you address different areas of your program, you find aspects that you are not pleased with, you can take the time to change it right away or identify it as an area to work on. For me, it was important to make the changes as soon as possible and, therefore, it took me over a year to complete my Self-Study. Each must deal with findings in your own way.

Use your medical director

Now, for your Medical Director. Where does that person fit into this scheme of things? If your educational program is part of an advanced EMS system, or if your program is associated with a medical school, you are probably lucky enough to have an active, helpful, concerned Medical Director. If you have a program that doesn't fit into the above situations, you may or may not have an active Medical Director. An active, interested, knowledgeable Medical Director is ESSENTIAL to a paramedic training program and desirable in all others. It is important for

our paramedic students to understand from the beginning that they are part of a team, and the physician is the lead partner on that team. CAHEA and the JRC feel strongly that the Medical Director of an educational program is equally as important as the Medical Director of an EMS system. Share the national accreditation process with your Medical Director!

Referee recommends site visit

Once your Self-Study is complete, including samples of all your objectives and evaluation tools, everything should be sent to Mr. von der Heydt - in triplicate. He then sends a copy to a person that has been designated as your "referee." It is this person's responsibility to read your Self-Study and recommend to the Joint Review Committee whether or not your program is ready for a Site Visit. This is a very helpful step, as your referee will talk with you and share any areas of concern that you might need to work on prior to the acceptance of your Self-Study or prior to your Site Visit. Once your referee recommends to the JRC that your program appears to be ready for a Site Visit, Mr. von der Heydt works with you to schedule two days during which two people, a physician and a paramedic who have been trained to do site visits, can come to review your program. Surely, it is the site visit that strikes fear in your heart!!

The Site Visit is similar to any final exam you have ever taken. It even gives you that same knot in your stomach. If you have read all your lessons, done all your homework and prepared well, there's not much you can do at that stage of the game, but try to make sure everyone gets everywhere on time. You will receive a sample two-day schedule which will give you an idea of where the site visitors will want to go and with whom they will want interviews. Before the site visitors arrive, you will want to make appointments for them with all the program, school, clinical and field personnel that they will be interviewing. They will also want to interview some of your graduates as well as your current students. Try to remember that the site visitors simply want to verify that your program meets the **Essentials** as stated in your Self Study. At the end of the second day, there is an exit interview during which they will share their findings with you, your instructors and other program officials.

JRC considers site visits reports twice each year

After the site visit, you will receive a report which states which **Essentials** your program has met. If there are any **Essentials** that have not been met, you will be given a period of time in which to correct them.

The JRC meets twice a year to review programs that have had site visits. The JRC then recommends to CAHEA or does not recommend that these programs receive national accreditation. CAHEA meets after the JRC has met and acts on the JRC recommendations.

It is a long, and sometimes frustrating, process. Is it worth it? YOU BET IT IS!

National accreditation supported by state, not required

"When Austin Community College received CAHEA accreditation without qualifications for its paramedic program this past fall, it was a first for Texas," said Gene Weatherall, "because it was the first of Texas' two-year schools to receive EMS accreditation. National accreditation of a training program means that the program is professionally run and that its students can expect excellence in the program."

Four EMS training programs in Texas have national accreditation, and several others are working towards it. The nationally accredited programs are The University of Texas Health Science Center in San Antonio which was recently recertified for another five years; Southwestern Medical Center in Dallas; Lubbock's Texas Tech University; and Austin Community College.

Although the state supports efforts toward national accreditation, there is no requirement for a paramedic program to be accredited. "We would like to develop a program of state accreditation for all training programs to eliminate the need for approval of each course, but that has to be pretty far down the road," said Gene Weatherall. Currently, each EMS training course must be approved by the Public Health Region EMS offices as to coordinator, medical director, curriculum, clinicals, and several other factors.

"Try to remember that the site visitors simply want to verify that your program meets the Essentials as stated in your Self Study."

Accredited paramedic training programs in the state of Texas include:

UT Health Science Center, San Antonio

Southwestern Medical Center, Dallas

Texas Tech University, Lubbock

Austin Community College, Austin

Did You Read...?

"80% of all emergency room patients are not emergencies. People go to the ER facilities because they have no regular doctor or for convenience."

...in the December, 1989 issue of **ACEP News** that it is projected that 8,000 children will have been killed and that 5,000 more will have been permanently disabled by preventable injuries? To stem this tide of tragedy, an effort is being made to proclaim 1990 as "The Year of the Child in EMS."

... the quote from the **San Jose** (California) **Mercury News**, dated March 26, 1989 by Michael Dorgan? He said, "Like circling airplanes, ambulances filled with sick and injured, cruised the streets of Santa Clara County (California) one recent evening, with no place to unload their suffering cargoes. Thirteen of the county's 14 emergency departments were either temporarily shut or operating on a restricted basis." Has your community made any contingency plans for just this sort of occurrence? It seems to be happening in many locales.

...about the teenage DWI video produced by Senior Police Officer, William R. Jones of the Des Moines, Iowa Police Department's Alcohol Enforcement Unit? The film features 16- and 17-year-olds talking to their peers about DWI. It was recently shown at the Iowa Governor's Traffic Safety Conference, where it was reported that viewer's were overwhelmed. To find out more about this video for local educational programs, contact **Video Programs**, 116 West Burlington, Suite #303, Fairfield, Iowa, 52556 or call (515) 472-7118.

"alcohol abuse is currently costing $120,000,000,000.00, one hundred and twenty billion dollars every year."

...in the November/December, 1989 issue of **The EMS Leader,** that about 80% of all emergency room patients are not emergencies? People go to the ER facilities because they have no regular doctor or for convenience, according to the publication. This is creating a problem which contributes to the national problem of ER overcrowding.

...in the January, 1990 issue of **Government Technology** that alcohol abuse is currently costing $120,000,000,000.00? Yes, that's right! One hundred and twenty billion dollars every year. This includes medical costs, property damage, and lost human resources.

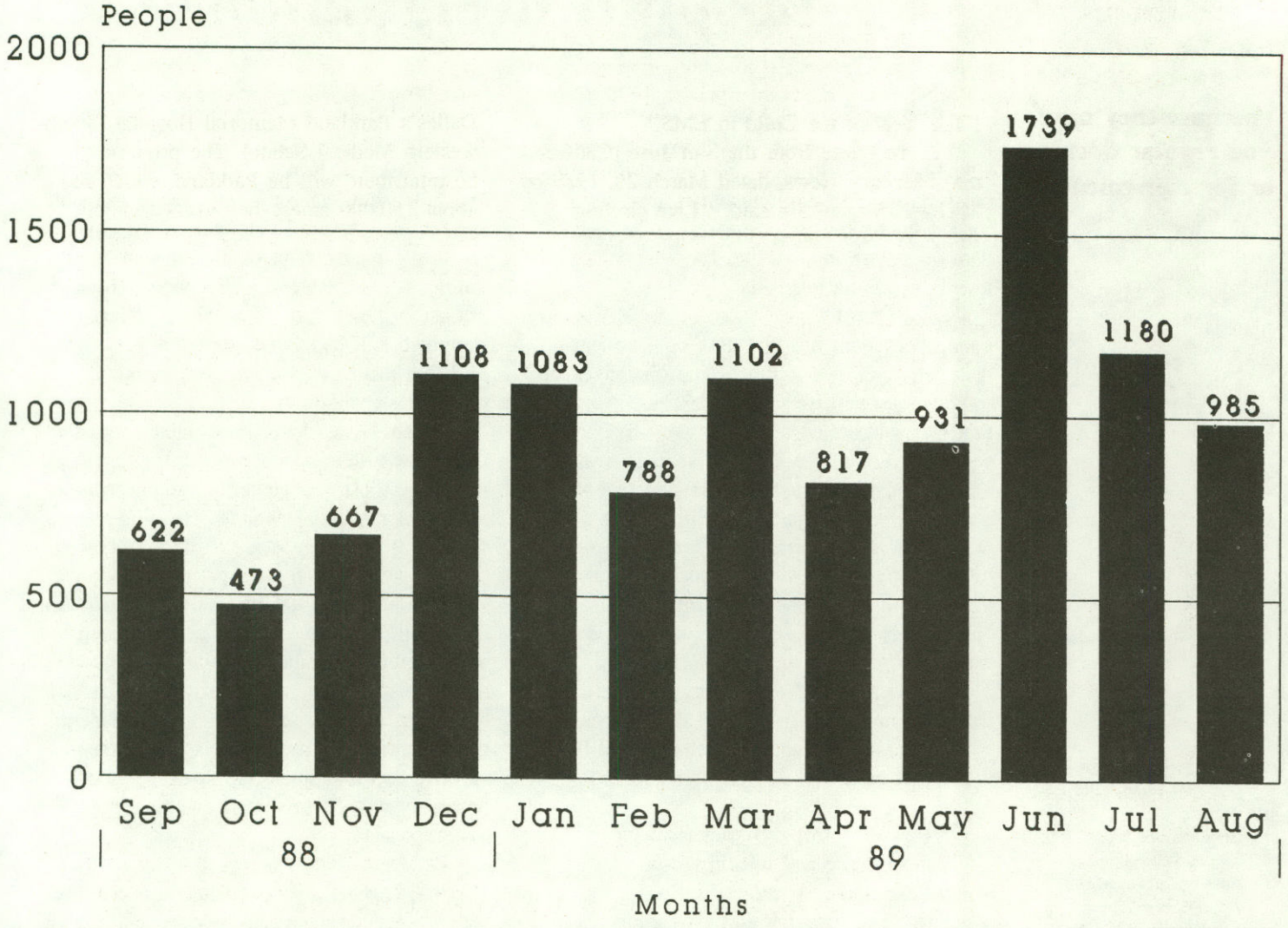
...in the January, 1990 issue of **EMphasis**, published by the Texas Chapter of the American College of Emergency Physicians (ACEP) that Texas is to have two new Emergency Physician residency programs? Both are subject to the approval of the Residency Review Committee of ACEP. One of the programs is to be at the U.T. Medical School in Houston. Rotations will be at Hermann Hospital, a 700 bed, Level I emergency center and at the new 309 bed LBJ General Hospital. This is a Level II facility. The other residency program is planned at Dallas's Parkland Memorial Hospital, Southwestern Medical School. The primary hospital there will be Parkland, which has about 150,000 emergency visits annually. Rotations will also include the Children's Medical Center of Dallas, Baylor University Medical Center, Methodist Hospital of Dallas, and Presbyterian.

...the excellent article titled,"How to Beat Hysteria", in the Jan/Feb, 1990 issue of **Rescue Magazine**? The author is the well known EMS writer Kate Dernocoer. In this article, Doernocoer lists five important principles for controlling the hysterical patient. Those principles are: 1. In an effort to calm the person, use repetition, such as, "I can help you when you calm down, Mr. Smith, "repeated several times, as needed. 2. Use the patient's name. 3. Use positive phrasing, as opposed to what you can't do. 4. Be patient. 5. Be tolerant. Hysterical persons have lost control and are in reality asking for attention and help, says Doernocoer.

...in the December, 1989 issue of the **EMS Insider**, that the National Association of State EMS Directors and the American College of Emergency Physicians recently endorsed a plan to move National EMS Week from the fall to the spring of 1991? More on how this affects Texas later.

...in the same publication, the article, **Building Leadership for the Future**? The writer, James O.Page, uses the analogy of the EMS organization being much like a family. In the article he says, "Being the boss in the emergency services organization can be risky no matter how you play it. One of the risks is delegating authority. Since it is risky, some bosses in EMS organizations don't do it. They hold all authority to their positions close to their chests. Quickly they become overwhelmed, inefficient and terribly stressed. But that's not the worst part. By failure to delegate authority, they deprive the organization's future leaders of opportunities to develop their own skills, to make honest mistakes, and to benefit from those mistakes." - T.A.

Texas Registry Report
Personnel Registered FY 89



A total of 11,495 people received EMS certification or recertification in FY89.

On November 1, 1989 a total of 38,329 individuals were listed on the EMS Registry:

10,185	**- ECA**
20, 552	**- EMT**
1,921	**- EMT Intermediate**
5,671	**- EMT Paramedic**

Compiled by EMS Registry Program staff, Pam Price, Program Administrator.

Trauma committee tackles trauma register, hospital designation

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With a little help from a California physician, the Trauma Technical Advisory Committee held its first rolled-up shirtsleeves meeting, divided into subcommittees, and started laying out its design for collecting data on severe injuries and for designating levels of trauma hospitals.

Dr. Richard Cales talked to the advisory committee about hospital data sets, system data sets, quality assurance, and objectives of trauma registers. He emphasized to the group that major trauma amounts to only five to seven percent of the calls in an EMS system. "EMS and trauma systems are developed to serve the needs of patients with critical medical problems and that is where we need to concentrate our efforts," said Cales as he urged the technical advisory committee to collect only the trauma data it needed and to produce reports on that data.

Cales called the trauma register the evaluation component of the EMS/trauma system when he said the trauma register should be developed with four objectives in mind:

* Injury control and epidemiology
* Acute care and rehabilitation
* Resource cost and utilization
* Medical research and evaluation

Many states are embarking on trauma registers right now, said Cales, or they are reevaluating their existing trauma registers. He mentioned Georgia, Nevada, West Virginia, Missouri, Kansas, Florida, Pennsylvania, and Maryland, and said with the new trauma systems legislation Texas was in the enviable position of setting out to do a system-wide trauma register right the first time. Although trauma systems have been talked about, designed, and legislated since the 70s, Cales said that problems with system trauma registers are common.

When Texas develops a trauma register, it will be collecting trauma information from hospitals, those designated as trauma centers and nondesignated hospitals. Hospital trauma register information is a part of the hospital records collected on each patient.

Although hospital trauma register records include information such as names, practitioners, quality assurance, complications, and reimbursement, the state register will collect only non-confidential issues such as patient demographics, prehospital care, diagnoses, severity and outcomes. All issues of confidentiality will be protected on the state trauma register.

Dr. Ken Mattox serves as chair of the Trauma Register Subcommittee and chair of the Hospital Designation Subcommittee is Dr. Erwin Thal. The next meeting of the Trauma Technical Advisory Committee will be March 30. The subcommittees will meet March 29.

Trauma Technical Advisory Committee

Ray Mason, Chair
Levelland
Antonio Falcon, M.D.
Rio Grande City
Jamie J. Farrell, R.N., B.S.N.
Amarillo
Ronald A. Hellstern, M.D.
Dallas
Tommy Jacks
Austin
Ken Mattox, M.D.
Houston
Raj K. Narayan, M.D.
Houston
Jack Peacock, M.D.
El Paso
M. Tom Philpot
Fort Worth
Vayden F. Stanley, M.D.
San Angelo
Erwin R. Thal, M.D.
Dallas
R. Russell Thomas, Jr., D.O.
Eagle Lake
David Dildy, ex officio
Tyler
Jay Johnson, ex officio
Tulia

Legislative Forum

sponsored by

Texas Emergency Medical Services Advisory Council

May 4, 1990 - 9:00 a.m.

Texas Department of Health Auditorium, Austin, Texas

EMS public invited - Bill Donahue, Moderator

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see January, 1990 Texas EMS Messenger for tag description

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Disaster Response Program, Bureau of Emergency Management

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Fund 001
Remittance
No._____

Enclose payment with this request form and send to:

Texas Department of Health
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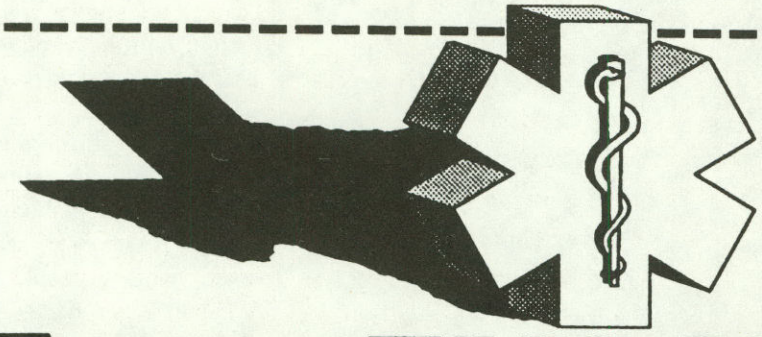
Austin, Texas 78756

Attn: Remittance Enclosed



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Streetsense

Communication, Safety, and Control

by
Kate Dernocoeur

published by Brady

Reviewed by Tom Ardrey

Contact Tom Ardrey at (512) 458-7550 if you have recently read a book you think our readers should know about.

This is a book for people who want to learn about field medicine, who want to take what they have learned from the books and apply it to the patients they care for. This is for people who realize that they have "book knowledge," but also realize that what they need is some "streets-marts." According to Dernocoeur, who has been associated with EMS in numerous capacities for about ten years, "What people need first of all is to understand themselves." The book does not delve into the black and white of the technical text, but "talks" about how to apply that academic black and white in the real gray world of Emergency Medical Services. The author emphasizes real caring and help for real people, the people who call for help. There are three components of being streetsmart, says Dernocoeur. Those three components are communication, safety, and control. About each of these the author writes:

This book contains down to earth practical stuff. As you read, you find yourself saying, "Hey, that's right," and "Sounds like a good idea to me."

Communication: "You may not be in a postion to say a single word, However, just wiping your shoes as you enter, demonstrates a sense of consideration." The importance of understanding that EMS is a team effort and learning how to get along with the other team members is pointed out. The author says it's vital.

Safety: "Heeding the principles of safety, no matter where you deliver prehospital care could save an important life-yours!"

Control: "You aren't in charge , so you have no control, right? Wrong! For starters, you need self-control, and that's not always easy."

The book has 16 chapters and contains 342 pages of "down to earth" practical stuff. As you read, you find yourself saying, "Hey, that's right," and "Sounds like a good idea to me."

A sampling of the chapter titles gives a good insight into the variety of useful information presented here. Chapter 1, "The Human Component" talks about developing street-sense and the challenge of working with ever-different, ever-changing people. Chapter 2 is "Know Yourself." The subject here is developing a sense of self awareness. Then on to Chapter 6, "Special Populations, Special Challenges." In this chapter, the author covers information from cultural and religious differences to children, the elderly, and the handicapped. Here also are prejudices and the "fakers," Further on we find whole chapters on "Guns and Ballistics," and "Knives and other Weapons," chapters 10 and 11. The final chapter, 16, is called "Total Patient Care." Here the author presents her ideas on the "EMS Team" and "Total Self Care."

The texts of Emergency Medical Services deal with the science of caring for the critically and chronically ill, as well as the victims of violence and trauma. This book, "Streetsense," deals with the art of applying that emergency medical care science. I think you'll find them useful, interesting, and very enjoyable!

Unraveling some of the mysteries of Medicare

by
Steven W. Hosford

Medicare was established in 1965 as a Health Insurance Program for the Aged and was amended in 1972 to include certain groups of disabled persons under age 65. The Health Care Financing Administration, HCFA, administers the federal program through intermediaries across the states. The Texas carrier is Blue Cross and Blue Shield of Texas, Inc.

Medicare's locality structure was implemented by HCFA. Localities are specifically defined geographic areas from which charge data is collected and compared. Medicare recognizes fourteen separate localities in Texas for the specialty of ambulance services. It is from this locality data that the reimbursement rates are calculated for each locality.

Medicare has established the "Reasonable Charge Concept" in determining the level of locality reimbursement. This concept involves collecting the charges submitted by each provider and comparing them to the charges of all other providers within the same specialty and locality. The allowable charge is then determined by the lowest of the following fee screens: submitted charge, customary charge or prevailing charge.

For ambulance providers, the submitted charge is the actual charge submitted on the claim form for each procedure, i.e. charges for BLS, ALS, oxygen, etc. The charges are then arrayed from the lesser to the greater for each procedure and the number of times each charge is billed by the provider. The median or middle-most charge becomes the customary charge for the provider. The prevailing charge is determined by the charge made 75 percent of the time after looking at all customary charges made for similar services of all providers within the same specialty and locality.

In order to bill Medicare and receive reimbursement, the provider must be enrolled in the program and have a provider number. Even the patient cannot submit a claim to Medicare without receiving the provider number. To obtain an enrollment application, providers should contact: Physician/Provider Services, Medicare Part B, P.O. Box 655924, Dallas, Texas, 75265-5924.

Medicare accepts claims filed on the Request for Medicare Payment-Ambulance Form (HCFA 1491) or the general Health Insurance Claim Form (HCFA 1500 (1-84)). Medicare prefers ambulance providers to use the HCFA 1491 claim form due to specific information which does not appear on the HCFA 1500 (1-84) form. The HCFA 1500 (1-84) is a universal claim form accepted by most private insurance carriers, however, all necessary information is required. Both forms indicate what type of claim is being filed - assigned or nonassigned.

With an assigned claim, Medicare will reimburse that provider directly at the allowed rate minus a 20 percent co-payment and any portion of the $75 deductible remaining for that calendar year. The provider agrees to accept Medicare's allowed rate and can only bill the patient for the co-payment and any deductible that Medicare has deducted. The patient may also be billed for any charges which are disallowed by Medicare as medically unnecessary or inappropriate as long as the patient has been made aware of such and has signed a statement of financial responsibility.

With a nonassigned claim, the patient remains responsible for the total bill for services that are medically necessary and any unnecessary or inappropriate services as long as the patient has been informed as above. Medicare will send the allowed amount minus any deductions to the patient. It is up to the provider to collect any reimbursement from the patient.

When billing the patient, it is advisable to complete a claim form with all of the appropriate patient information, procedure codes, itemized charges, and provider information, etc. The patient then only has to sign the claim and submit it to Medicare. This will reduce delays in processing and requests for additional information. If the patient has signed the provider's transport/run report which contains a disclosure statement of any services not covered by Medicare, the claim can be submitted directly to Medicare with "Signature On File" in place of the patient's signature.

Claims should be filed at: Medicare Part B, Ambulance Claims, P.O. 660159, Dallas, Texas, 75266-0159. The claims should be processed between fourteen and twenty-five days of receipt. Claims can be filed for services rendered during the current year, the previous year, and the last three months of the year prior to that. When services are provided during the first quarter, some providers wait to bill Medicare until later in the year so that the patient's deductible will have been met.

Electronic claims submission is also available to ambulance providers. For additional information on paperless billing, contact the Provider Automation Department at (214) 669-6304. Free software and assistance with electronic billing is available.

Steven W. Hosford, who has a master's degree in Health Care Administration from San Antonio's Trinity University, worked in administration at Scottish Rite Hospital in Dallas from 1983 to 1985. He is currently an EMS development specialist with the Bureau's EMS/Trauma Development Program. Contact him on financing and billing matters at (512) 458-7550.

Outside review of state education program to increase

As one of her first priorities, new EMS education program administrator Debbie Bradford will increase the use of content and education specialists to validate test questions and review EMS exams. Bradford, who took over as program administrator February 1, is working with a committee chaired by Texas EMS Advisory Council member Donovan Butter, D.O. Butter's committee has reviewed five hundred twenty-five paramedic exam questions, half the data base.

"An exam review committee will also be initiated for the purpose of reviewing and revising the draft version of the new exam series," said Bradford. "The committee will be composed of four to six members with regional staff, paramedic educators, and a physician." Bradford said the exam committee membership will rotate, and she expects the first working session to be late in March.

Other goals in the education program include setting priorities on DOT EMS knowledge objectives to redefine occupational relevance, reviewing exam blueprints, surveying course coordinators to identify concerns and problems in all levels of exams, and visiting EMS training sites.

Besides Bradford, other EMS Education Program staff members include Saleem Zidani, Kaylene Farthing, and Richard Harris, who transferred into the program from the Bureau's emergency run recordkeeping program.

Top 10 EMT Classes

November and December, 1989

Includes only initial and refresher testing of classes of ten or more.

Coordinator/Location	Average Grade	Number Tested
1. **Montgomery**/Austin	91.8	12
2. **Ginn**/Freeport	90.9	11
3. **Peacock**/Haltom City	90.7	17
4. **Rogge**/Abilene	90.5	12
5. **Duggan**/McKinney	90.4	22
6. **Hatch**/Galveston	90.2	14
7. **Hamilton**/Richmond	90.0	14
8. **McMullen**/Dallas	89.8	32
9. **Washburn**/Austin	89.1	13
Vansant/Denison	89.1	16
10. **Burchett**/El Paso	88.9	14

A total of 1463 classes tested; average grade was 84.3.

Paramedic and Intermediate Exam Subscale Averages
November and December, 1989

These test results include initial and refresher training testing for groups of five or more.

The paramedic subscales are: **Subscale 1**: Assessment, Airway, Shock, Pharmacology (30 questions); **Subscale 2**: Trauma, Burns, Rescue (30 Questions); **Subscale 3**: Cardiovascular (60 questions); **Subscale 4**: Medical (45 questions); **Subscale 5**: OB/GYN, Pediatrics, Geriatrics, Behavorial (25 questions); **Subscale 6**: Prehospital Environment (10 questions). The critical subscales are 1 - 5. Subscale 6 is non-critical. The test has 200 questions; no more than 15% are basic level questions.

The Intermediate subscales are: **Subscale 1**: Patient Assessment and Initial Management; **Subscale 2**: Airway Management and Ventilation; **Subscale 3**: Assessment and Management of Shock; and **Subscale 4**: Prehospital Environment. The critical subscales are 1 - 3.

Paramedic Courses

PHR City	Coordinator	Class Type	Class Size	Class Average	Averages by Subscale 1	2	3	4	5	6
PHR 1										
Killeen	Southerland	Initial	19	89.84	92	91	87	89	95	92
PHR 2										
Amarillo	Croy	Initial	08	87.00	90	90	86	85	85	89
Lubbock	Coker	Initial	05	91.30	95	93	88	89	96	94
PHR 3										
El Paso	Brown	Initial	07	91.29	89	93	92	91	92	90
PHR 4										
Houston	Gaines	Initial	08	90.00	92	89	91	88	88	95
PHR 5										
Denison	Vansant	Initial	10	86.40	88	89	81	87	92	93
Ovilla	Pickard	Initial	10	86.05	84	90	82	88	90	92
PHR6										
Boerne	Rakowitz	Initial	15	88.63	90	92	87	85	92	95
San Antonio	Gordon	Refresher	16	87.00	88	91	84	85	90	92
PHR 7										
Tyler	Cress	Initial	07	89.14	87	90	89	88	94	89
PHR 8										
Raymondville	Robles	Initial	08	87.44	89	90	85	84	93	93
Statewide Averages				**89.01**	**89**	**91**	**87**	**88**	**91**	**93**

Intermediate Courses

PHR 1								
Waco	Michalski	Initial	13	90.46	88	91	92	91
PHR 2								
Amarillo	Croy	Initial	20	88.35	91	88	86	90
PHR 3								
El Paso	Brown	Initial	05	89.60	89	95	87	85
Lamesa	Lewis	Initial	08	82.75	84	83	82	82
San Angelo	Butler	Initial	15	89.33	84	92	92	88
PHR 4								
Houston	Gaines	Initial	23	86.00	85	85	88	87
Baytown	Voskamp	Initial	06	90.83	88	94	90	91
PHR6								
Bandera	Hickman	Initial	05	95.20	95	93	95	99
Bandera	Hickman	Initial	13	93.23	94	91	95	93
PHR 7								
Tyler	Gandy	Initial	13	87.15	87	87	87	88
Lufkin	Tankersley	Initial	08	86.50	88	87	85	85
Longview	Lanier	Initial	12	79.76	81	81	77	81
Livingston	Anderson	Initial	11	79.18	82	78	76	82
Statewide Averages				**81.66**	**81**	**81**	**84**	**81**

What do you do when your patient has been raped?

by Cecelia McKenzie, SWA

15,000 sexual assaults reported in 1988

The number of sexual assault reports in this state has increased dramatically since Texas' first sexual assault program, Austin Rape Crisis Center, opened its door in 1974. This, of course, is to be expected since traditionally we meet a need after the fact rather then with foresight.

In 1988 with only 40 rape crisis programs reporting, the number of sexual assault victims in the state was over 15,000. FBI reports estimate that only one out of ten sexual assaults is ever reported. Translated, this means that in the service areas of these 40 programs alone there could be 150,000 victims of sexual assault.

Only 51 Texas counties currently have some form of sexual assault services available to them. The 54 programs in these counties are responsible for the needs of 13,466,816 Texas citizens. One hundred thirty-eight counties have limited resources available to them. Population in these counties total 2,388,445. And sixty-three counties have no services available at all. There are over 1,134,200 citizens residing in these communities.

What all of these statistics mean, among other things, is that you may at some point in your EMS career encounter a victim of sexual assault. With more and more people reporting the crime, the odds of this encounter will increase.

The following guidelines were written by Judy Edwards a paramedic who is executive director of the Abilene Rape Crisis Center.

Response to Sexual Assault Victims: General EMS guidelines

Be aware of your own safety in any crisis/assailant situation.

At initial contact with sexual assault victim: TAKE TIME TO ESTABLISH RAPPORT, (if physical injuries do not preclude this).

Identify yourself and maintain calm, sincere, open demeanor. REMEMBER: Gender of responder is unimportant: Demeaner is all important.

Preserve PRIVACY of patient as much as possible.

Allow patient to retain control, and make simple choices. Learn to LISTEN to what a victim is really saying.

Your opinion as to whether a crime was committed or not is irrelevant. Your support and non-judgement are all important.

Allow yourself to experience your own feelings when appropriate. There is a difference between how you come across and your own personal opinion or feelings. Patients deserve your support, but you have a right to your own reaction later.

Try not to be ultra-professional (distant) or patronizing.

Don't be afraid of questions, answers, truthful explanations of what to expect, discussion of the sexual assault victim's feelings, doubts, etc. Be honest.

Document carefully what you observe. Protect crime scene evidence: defer to law enforcement at all times. If officers are unavailable, protect evidence and document custody of said evidence (times, dates, who you gave it to, etc.)

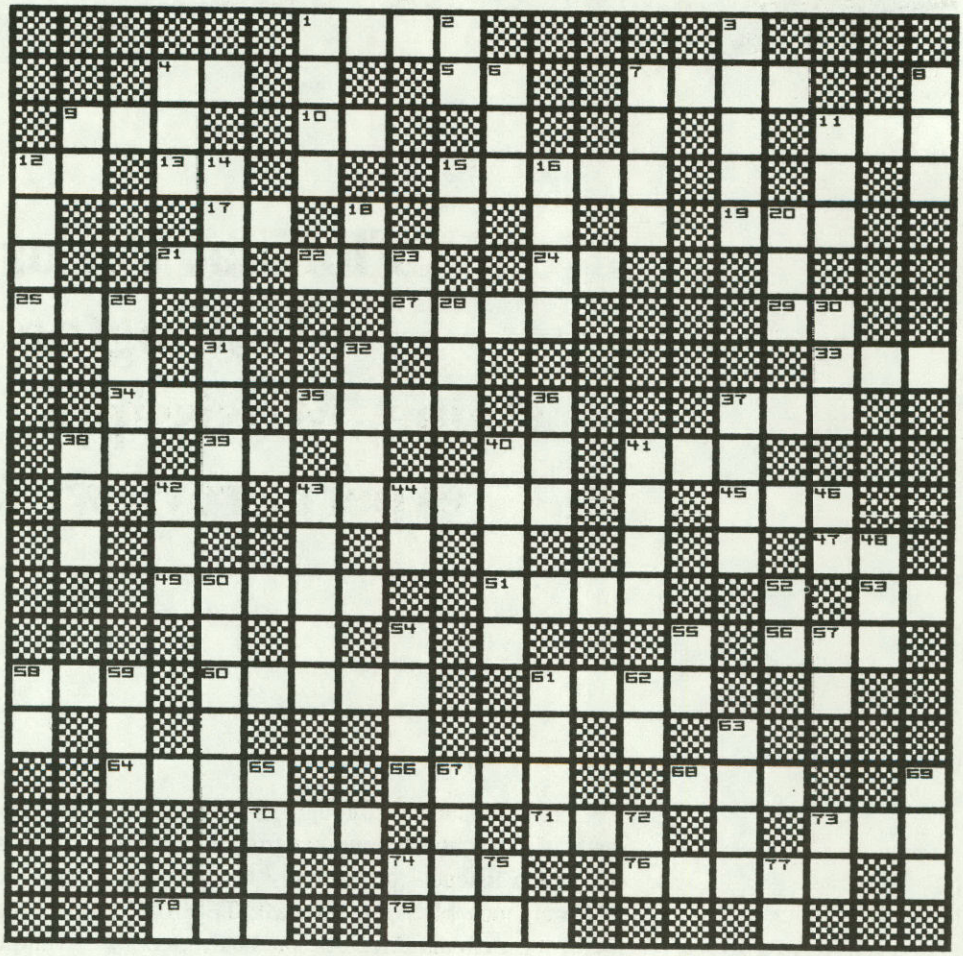
Call your local sexual assault program (rape crisis center or victim advocate) for more information on policies and procedures in the counties you cover.

If you would like more information or training about sexual assault or "how - to's" on working with victims of crime contact your local sexual assault program (rape crisis center) or Texas Department of Health, Emergency Management Services, Sexual Assault Program Crisis Center, 1100 W. 49th Street, Austin, Texas 79756, (512) 458-7550.

Cecelia McKenzie, a Social Work Associate, is administrator of the Bureau's Sexual Assault Prevention and Crisis Services Program. She chairs the Committee on Stress and Violent Behavior for TDH's Year 2000 Objectives.

ABCs of EMS

by Alana S. Mallard



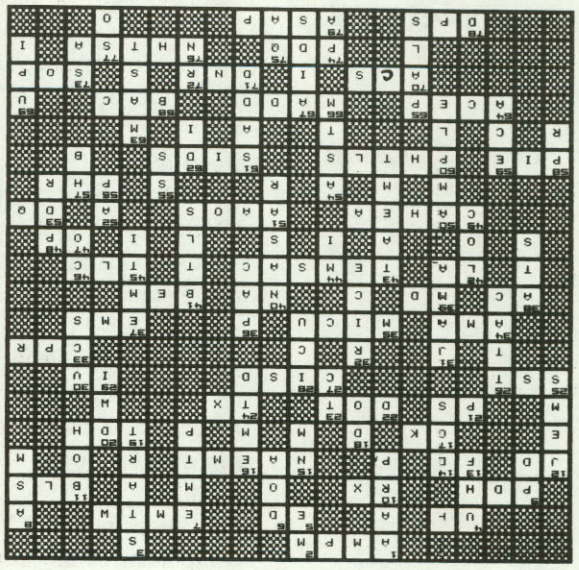
ACROSS

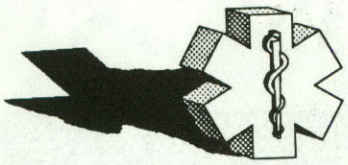
1. 24 hours
4. Army's dustoff chopper
5. Knife and Gun Club meets here
7. Wilderness medic
9. Disaster hospital
10. This will fix you right up
11. ABCs
12. Call him if you don't go by SOP
13. Some EMS organizations
15. National professional group
17. They have a panhandle too
19. State agency
21. And another thing
22. EMS training guidelines group
24. Don't mess with it
25. They're fast but they don't have red lights and sirens
27. Stress care program
29. EMT-Is and paramedics start this
33. Breath of life
34. National docs
35. ER around town
37. System to save a life
38. Damages nerves
39. Directs EMS
40. __Cl: stroke out with too much of it
41. They license your vehicle
42. Home of "Emergency"
43. This group advises the Bureau
45. Grandma and EMS give it
47. Post-__
49. School accreditation group
51. They wrote the orange book
53. You might go 10-7 here for a burger
56. Rod, Wayne, Jay, and Andy work here
58. One of the components of an EMS system
60. NAEMT course
61. Baby problem
64. These fellows act in an emergency
66. Older version of 61 Down
68. Don't have this if you drive
70. This college is on the cutting edge
71. No heroics
73. These guidelines will help you operate
74. Hurry
76. Safe roads feds
78. They'll bust you for 20 Down
79. See 74 Across

DOWN

1. Senior group
2. Homicide doc
3. Mass casualty choices
4. Radio band
6. Not alive
7. Highest level of EMS certification
8. Messenger editor
9. They control the scene
11. They adopt rules
12. Page's pages
14. Pronounced
15. Neighbors to the west
16. Special cardiac or dispatcher training
18. Physician
20. . 10 behind the wheel in Texas
23. Major trauma hospital
26. New trauma advisory group
28. Critical patients go here
30. Lawbook
31. Read research here
32. Treat fractures with this acronym
36. These groups carry clout in the Legislature
37. Old special skills
38. Injury preventers
40. Lost and found national group
41. Not ATLS
42. Ask "What day is today?" for this
43. State professional group
44. Heart attack
46. Lose consciousness with this poisoning
48. Find meds here
50. Acronym for secondary survey
52. Newswire
54. Standards setters
55. Old certification
57. __18: Texas rural health care legislation
58. Community EMS awareness campaign
59. Some first responders
61. Teen alcohol awareness group
62. Army's answer to a Course Coordinator
63. Mattox doesn't like these
65. Care for kids course
67. Disease of the 80s
69. See 52 Down
72. He can challenge EMT
73. Alamo city
74. Sometimes you need it to quiet a crowd
75. Improves patient care
77. Some dispatchers

Answer





Florida, Pennsylvania, Washington D.C., Maine, Mississippi, and Vermont experts review Texas EMS

The NHTSA group compared Texas against a standard of excellence, not against any other state

From January 16 through January 18 a team of EMS and trauma experts from around the nation listened to testimony from Bureau of Emergency Management staff, TEMSAC members, systems directors, medical directors and educators on the status of EMS in Texas. This five-man group was empaneled by the National Highway Traffic Safety Administration to compare Texas EMS to a "standard of excellence."

These recommendations were termed "critical" by the panel of reviewers, and many of the recommendations, particularly in the area of trauma, are already Bureau and Texas Department of Health action items.

Regulation & Policy

Adopt the comprehensive package of EMS rules currently pending before the Texas Board of Health (TDH Rules and Regulations Document 157.2 - 157.20).

Resource Management

Establish the Bureau of Emergency Management as an organization level reporting directly to the State Commissioner of Health.

Adopt basic EMT certified personnel as a component of the minimum staffing level for prehospital patient care. Recognize the unique and special requirements of rural EMS by incorporating necessary "Grandfather" and variance provisions.

Require the state EMS office to develop a legislative budget request that reflects total implementation requirements for all assigned program responsibilities. Require the Board of Health to submit the full budget request to the legislature for consideration.

Manpower and Training

Develop standards and rules relating to the requirements for and the responsibility of course coordinators and instructors.

Implement standardized curriculum use statewide as well as audit of all levels of EMT training programs to ensure consistent delivery of the National Standard Curricula.

Consider use of a national examination service rather than state-developed examinations.

Transportation

Gain Board approval of the recommended rules and regulations for licensure of EMS providers.

Develop standards and regulatory requirements for interhospital ground and air transfers.

Increase the medicaid reimbursement rate commensurate with the cost of delivering prehospital and interhospital transportation.

Facilities

Designate Trauma Centers as soon as feasible.

Enhance the capability of the default hospitals to deal with prehospital firms and the EMS system. This applies to patients received as primary transports or interhospital transfers.

Establish a simplified system for transferring of patients from one hospital to another which is consistent with current federal or state legislation, i.e. COBRA.

Strengthen access-to-care laws to require hospitals to accept immediately all emergency patient referrals regardless of whether the referral source is an EMS provider or another hospital.

Communication

Develop a state EMS communications plan.

Establish either a new state agency or assign to an existing agency the coordination and management of all emergency communication matters including 911.

Require prehospital providers to have communication capabilities with hospitals and medical direction where indicated and available.

Adopt and implement statewide requirements for uniform EMS dispatching. These requirements should be applicable to any agency--law enforcement, fire service, or EMS--responsible for either receiving emergency telephone calls that are medical in nature or dispatching EMS vehicles or both.

Evaluation

Develop and implement a statewide system to achieve data collection sufficient to define the level and impact of prehospital and hospital care.

Develop a comprehensive trauma registry (as per Trauma System section).

Mandate use of a minimum data set by all prehospital care providers.

Achieve confidentiality protection of state agency acquired data.

Achieve a consistent quality assurance program.

Develop performance standards compatible with the level of care provided.

Achieve resources sufficient to enable statewide EMS data management.

Assure delivery of ambulance trip report with the minimum data set to the hospital at the time of delivery of the patient.

Public Information and Education

Link PI & E effort with other overall EMS system development activities.

Medical Direction

Achieve physician involvement in all aspects of EMS.

Appoint a board-certified emergency medicine physician in active practice as state EMS medical director.

Support and nurture the development of physician medical direction at the local level. At a minimum, this should include the provision of educational and technical resources sufficient to equip the local physician for the task.

Address liability issues germane to the provision of medical direction.

Adopt rules and regulations mandating medical direction for the BLS level of care.

Include rules and regulations defining the requirements for and responsibility of physician medical directors within EMS statues.

Trauma System

Policy makers must remember at all times that a good trauma system is only a small component of the EMS system in which it exists. If the EMS system is inadequate in any component so then will be the resultant trauma system.

Develop a funding mechanism for system management support. Examples used by other government agencies include DWI fines, license plate fees and/or tax on beer or alcohol.

Conduct a study to evaluate the cost of undercompensated trauma care in Texas over the next six months. Use this data to develop a state mechanism for funding undercompensated trauma care. Evaluate the effect of current Texas auto insurance laws on the issue of undercompensated trauma care.

Develop and implement mandatory autopsy law.

Proceed with the development of the Trauma System Plan. Begin implementation of the plan immediately and irrespective of the status of funding support for undercompensated trauma care.

Develop a trauma registry for system use throughout the State. Be absolutely certain that prehospital data will be compatible and not require crossover programs. Hospital data should be collected from trauma centers as well as non-trauma centers.

Texas Technical Assistance Team

John L. Chew, Jr.
EMS Program Specialist
National Highway Traffic Safety Administration
Washington, D.C.

Norm Dinerman, M.D., FACEP
Chief, Emergency Services
Eastern Maine Medical Center
Bangor, Maine

Frank Ehrlich, M.D., FACS, FACEP
Professor of Surgery
Hahnemann University Hospital
Philadelphia, Pennsylvania

Larry S. Jordan
Director,
Emergency Medical Services Office
Department of Health and Rehabilitative Services
Tallahassee, Florida

W. Daniel Manz
EMS Director
Vermont Department of Health
Burlington, Vermont

Michael E. Shumaker
Administrator,
Grants/Planning/Evaluation
Division of Emergency Medical Services
Jackson, Mississippi

1990 EMS Week Awards

Hall of Fame

EMS Educator Award

EMS Medical Director Award

EMS Administrator Award

Public Information Award

Citizen Award

Private Provider Award

Public Provider Award

Volunteer Provider Award

Each year during EMS Week the Texas Department of Health recognizes outstanding achievement in the EMS field. Awards are divided into the following categories:

Hall of Fame - Recognizes an individual or individuals who have made a significant and dramatic contribution during their careers. See page 23 for an explanation of the nomination process.

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 either a BLS or an ALS service in Texas.

EMS Administrator Award - Honors an administrator, researcher, or manager on the local, city, county, COG, or State level who has made a positive contribution to EMS.

Public Information Award - Honors an EMS group or individual for outstanding achievement in public education, injury prevention, or health promotion.

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.

Recipients are chosen from nominations made by EMS personnel, organizations, or individual citizens. Nominations should be no more than 5 pages typed or printed. Each should have a cover letter which lists

1. Category for which nomination is being made;
2. The name of the individual or organization being nominated;
3. The name of the individual or organization submitting the nomination (include complete address and daytime phone number); and
4. The names, addresses, and phone numbers of two other people who know the nominee's accomplishments. The nomination should describe the significant accomplishment for which the nominee should be considered as a recipient.

Deadline for nomination is September 1, 1990. An EMS organization may nominate itself. You must submit 5 copies of your nomination.

Mail nomination to :

1990 EMS Week Awards
Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

If you have any questions, contact: (512) 458-7550.

Winners will be announced at the Texas EMS Conference '90 during the Awards Luncheon on September 14, 1990.

Deadline for nominations is September 1, 1990.

Texas EMS Hall of Fame

Nomination and Selection Procedures

Why?

The purpose of the Texas EMS Hall of Fame is to recognize individuals who have made a significant and dramatic contribution to EMS in the State of Texas during their careers. This award when bestowed upon an individual shall be presented during the Annual EMS Conference sponsored by the Texas Department of Health. This award may be presented annually, but should only be presented when deemed appropriate through the adopted selection process.

Individuals selected for this honor through the selection process are to be placed in an esteemed place of history for EMS in the State of Texas. They are to be permanently recognized by the Texas Department of Health and caused to be displayed to the EMS community of the state in a permanent and honorable fashion. This honor is intended to remain a permanent part of the history of EMS for the State of Texas.

How?

Nominations for individuals to be inducted into the EMS Hall of Fame are open to anyone residing in the State of Texas. These nominations should be mailed to the Bureau of Emergency Management of the Texas Department of Health to be received no later than June 1 of each calendar year. Only written nominations that follow this outlined and published form will be accepted. Any nomination received after June 1 of any particular year will automatically be considered for induction during the next calendar year.

Nominations for the Texas EMS Hall of Fame should contain the following components:

1. An historical perspective of the EMS work history of the individual.
2. A list of results achieved by this individual as relates to statewide EMS.
3. The short-term and long-term benefits to Texas EMS as a result of the direct effort of the individual being nominated.
4. A description of how this individual's contribution to Texas EMS was above and beyond the ordinary job that would have been performed by the majority of individuals had they been in a similar position.
5. A resume or vita for additional back ground information.

Nominations must contain the above five items in an explicit and detailed manner. Six copies of the nomination should be mailed to 1100 West 49th Street, Austin 78756 and postmarked no later than June 1 to be considered for induction during that calendar year. Nominations that do not meet these requirements will be returned to the individual from which they were received with a brief description of the deficiencies.

Who?

Copies of the nominations will be distributed to the following:

1. All living members of the Texas EMS Hall of Fame.
2. The Chief of the Bureau of Emergency Management.
3. The current chairperson of the Texas Emergency Medical Services Advisory Council.
4. The Commissioner of the Texas Department of Health.

The individuals identified above shall constitute the voting members of the Texas EMS Hall of Fame Selection Committee. A "no" vote by any member of the committee shall result in elimination of that particular nomination for that year. To be voted into the Texas EMS Hall of Fame an individual must receive a "yes" vote by all members of the selection committee. Votes should be returned to the Chief of the Bureau of Emergency Management no later than August 15 of the year in which they were received. Failure of any member to return their vote will automatically be considered and duly recorded as a "no" vote.

To insure total objectivity in the balloting for the Texas EMS Hall of Fame all actions regarding the votes by members of the selection committee will forever remain in locked files within the Bureau of Emergency Management. At no time in the future are these files to be considered public record so each member of the selection committee can be assured of their anonymity forever. In the voting process it will not be necessary for any member of the selection committee to list, identify, detail, or reveal the reason for their vote be it positive or negative.

The Chief of the Bureau of Emergency Management will only be responsible for notification of the disposition of the nomination to the individual from whom the nomination was received. The only response reported will be "yes" or "no." At no time shall the Chief of the Bureau of Emergency Management reveal anything other than a positive or negative response, with all other information to be considered confidential information. This confidential information shall include the votes of the individual members of the selection committee as well as any and all information that was discussed among the members be it positive or negative.

Texas EMS Conference '90

Sponsored by
the Texas Department of Health
and
the Texas Health Foundation

Doubletree Hotel - Austin, Texas
September 13, 14, 15, 1990

Ya'll Come!

Keynotes, demonstrations, prizes, competitions, exhibits, tracks for administrators, rescue, educators, street medics. And tables at <u>both</u> lunches!

It'll be an EMS good time!

For registration information mail to:

Texas EMS Conference
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (home) _____ (work) _____

1990 EMS Week Photo Contest

Entry Form

print or type

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Telephone: (work)_____ **(home)**_____

Photo Size:

5 X 7 **B/W** ☐ **Color** ☐

8 X 10 **B/W** ☐ **Color** ☐

Name of Photographer_____

Photo Contest Theme: **Excellence in EMS**
Deadline: **June 1, 1990**
Awards: **First, Second and Third place awards will be given for Black/White and Color categories.**
Cash prizes of $100, $50, and $25 will be awarded.

Send Photographs to:
Bureau of Emergency Management
Texas Department of Health
EMS Photo Contest
1100 West 49th Street
Austin, Texas 78756-3199

Contest Rules

Contest is open to anyone
Photographs must be either 5"X7" or 8"X10"
Photographs do not have to be submitted by the person that actually took the picture, but the name of the photographer must be submitted.
Winners will be announced in the September **Texas EMS Messenger** and displayed at the Texas EMS Conference '90.
Photographs will not be returned.

For Information Contact:
Pam Price,
Bureau of Emergency Management
(512) 458-7550.

Letter to the Editor

My January 1990 **Texas EMS Messenger** just arrived in the mail. I've never written you before concerning stories you have published, but I had to react to Linda Cypert's feature "Head-on Collision! Multiple Injured!"

In the spring of 1989, I completed my student teaching at Brazosport High School in Freeport, Texas. At the age of forty-two, I was finally changing careers from corporate management to English teacher. During that twelve weeks, I met Valerie Huffhines, a very troubled, weak English student and spent many hours tutoring her, hoping to be able to help her survive her sophomore year. On April 21, I finished my assignment and quickly slipped back into my three-year-old EMT-Basic/Firefighter harness and was "running the streets."

On Sunday, April 30, during the final stages of the Freeport Fire Department's annual barbecue cook-off and auction, a woman ran up to me shouting, "I need an ambulance. A kid's been run over by a boat and it looks bad." Sending a fellow firefighter to sound the signal to assemble a crew, I took off running for a waiting boat that would take me out into the Brazos River where my patient was reported to be still in the water.

On arrival, I found several civilians struggling to pull a young female out of the water. One of my co-workers had seen me running and also jumped on the boat. He was one of our newer members, so, when I saw the injuries were primarily at the patient's legs, I sent him to her head to stabilize her neck, keep her talking, and monitor her level of consciousness. Taking command, I got the bystanders to work as a team and we lifted the patient onto the boat. I began trying to stabilize her legs and cover her wet body with anything I could find to prevent further hypothermia. It was clear she was in profound shock; extremity bleeding had almost ceased.

In the space of about three minutes, we were docking at the pier. I saw my EMS lieutenant and shouted, "We need all the multi-trauma dressings you can find." There was no need to call for equipment, it was already there. I reached for the oxygen mask, pushed the hair out of my patient's face and screamed, "Oh, my God! It's Valerie!" My lieutenant asked me if I wanted to stand down; I looked her in the eye and said, "No way." From that moment on, I struggled with the adrenalin and the desire to do my job and scream. Valerie's life had already touched mine and neither of us would ever be the same again.

In sixty minutes, she was in the nearest trauma center undergoing major surgery to amputate her right leg above the mid-thigh. It was a long battle to save her left leg. Our EMS system was incapable of doing what we had done in the time we had done it, but, with the hand of God on our shoulders, the impossible was not only possible, it was done.

I spent the summer tutoring Valerie so she could maintain her class standing, despite her five week absence from school. I watched her take her first steps on crutches two months and ten days later. I cried with her as she came to grips with life as an amputee. I was often reminded by several fellow EMTs of the oriental philosophy which states "when you save a life, you become responsible for it."

Due to family difficulties, it became clear in November that Valerie would have to be removed from her guardians' home. She was eligible for foster care. Several well-meaning people reminded me that "we have agencies to take care of people like Valerie." Very few understand why, a forty-two year old woman with no children of her own, would open her front door and carry a seventeen-year-old amputee through the door. It is now clear to us both, that I will be "Valerie's mom" in every sense of the phrase from now on.

As part of my de-briefing with one of my EMS trainers, I was told to think about the situation, Valerie, and myself because God had a reason to put me in that river on April 30. Almost immediately I realized that our area needs a Critical Incident Stress Team. We almost lost several good people who were traumatized by Valerie's accident. I was shakey, but never considered not responding to the next set of tones.

"We've danced on the knife's edge because our patient happened to be one of our own."

Three weeks ago, I began to run on the roster regularly again. I sat Valerie down to explain to her that being on the roster meant I wouldn't always be able to be at home when she needed me and that sometimes our plans would go awry because I would be called out without warning for an unknown amount of time. She looked at me and said, "I understand what you have to do and that sometimes I'll be disappointed, but you have to go and do what you do because you save lives, like mine."

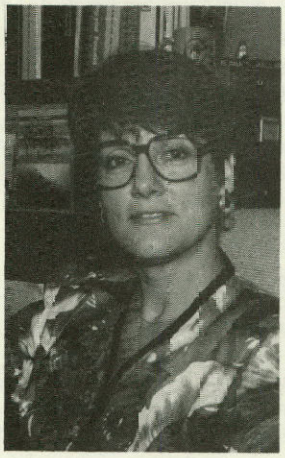
When I get myself removed from the emotional aspects of my own involvement, I hope to share my story and experience with the EMS community. I wonder how many EMSers have gone through similar experiences. I wonder how it has changed us. I wonder how we've begun to view our work and our personal lives when we've danced on the knife's edge because our patient happened to be "one of our own."

Thank you, Linda, for your courage. Thank you, **Texas EMS Messenger**, for letting the rest of us know that others, like me, have survived looking into the face of someone they love and have still found whatever it took to do the job they've been trained to do. I wouldn't wish the stress involved with the incident on anyone, but I would wish the special feeling Linda and I share on every member of our service. We do make a difference.

Excuse me for taking more than my one hundred words to respond to the article. I wanted to pass along a well deserved "Yes!" to you for a fine job. Please pass my prayers and good wishes on to Linda.

- Claudia Shirley, EMT-B
Freeport Fire Department

But will it improve patient care?



by
Alana S. Mallard,
Editor
Texas EMS Messenger

If you've read everything in this issue of the **Texas EMS Messenger** you've noticed by now that some changes have been made in program focus and staff assignments in the Bureau of Emergency Management.

1989's lawmakers gave us the responsibilities of developing trauma systems, setting up a poison control network, and licensing EMS providers. Any one of those is a big responsibility, but when the Bureau has to work with all three it takes some serious retooling.

Maybe you read Gene Weatherall's "if you think EMS is boring or stagnant, come see us" article on page 3. Gene is personally administering the Registry and Education programs now, while Pam West, the EMS Division Director, concentrates on EMS/Trauma Systems Development. Pam still heads up the development of EMS rules and she works with the Public Health Region EMS offices to ensure they implement Bureau EMS policy and rules in a standard manner.

Pam is also acting Program Administrator for the EMS/Trauma Systems Development Team. Other team members are Henry Nevares, whose area is communications networking and planning; Jerry Lester, who works on funding and disaster response; Steve Hosford and Paul Tabor, who are working on an EMS management guide to prepare for EMS involvement in systems; Kathy Perkins, who is working with the trauma committee to get the hospitals geared up for trauma designation; and Sue Capps, who provides administrative support for the group. You've seen several of these folks' names already as authors of **Texas EMS Messenger** articles.

The ambulance run recordkeeping program which has been called RDS, EMIS, and outstanding, has a new name and a new priority. Gene Willard, the program administrator, and his staff of Sharon King and Frances Kalinec are intensifying their efforts in the area of a statewide trauma register as part of the trauma systems work and their program's new name reflects that intensification -- EMS/Trauma Registry. ETR (they like initials in that program) will continue work on the computerized data collection program called TEXEMS (I told you they liked initials) and we will have more on TEXEMS in another issue.

Now, to the bottom line - will our trauma system development efforts improve patient care? Fifty studies have shown that in trauma programs preventable deaths can drop from 20 to 30% to as low as 2 or 3%.

Certainly Steve Hosford's information on collections, Jerry Lester's talks on Emergency Services Districts, and Rick Harris's suggestions to reduce response times make it possible for you to care for your patients. Without funding, services would not exist; a quicker response time gives your work more of a chance to make a difference.

Debbie Bradford's quality assurance efforts on exams tests the opportunity you've had to learn what a consensus of physicians deems important in prehospital emergency medical care, and, just maybe, your pride in that new laser-printed certificate of Pam Price's will make the difference in your decision to stay in EMS another four years.

Gene Willard's collection of trauma injury data will help us identify where we need to beef up prevention efforts, and I expect this magazine and our state conference to provide you with knowledge you use to care for your patients.

Our mission is to help organizations function professionally as EMS providers, to help individuals perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. Improve patient care? Sure. It's our job.

"Our mission is to help organizations function professionally as EMS providers, to help individuals perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it."

AROUND THE STATE

Call **Vickie Sokol** 512/458-7550 to place an ad.

March 30, 1990, **Trauma Technical Advisory Committee**, TDH, Austin. Harold Broadbent, Bureau of Emergency Management (512)458-7550.

April 7 & 8, 1990, **Advanced BTLS Course**, Rio Grande Valley Educators Society, Harlingen. M.C. Newland (512)423-8032.

April 14, 1990, **EMS in the 90's. Are We Ready?**, Hilton Hotel, College Station, Texas. Cynthia Webb, Texas A&M Emergency Care Team, A.P. Beutel Health Center, College Station, Texas 77943-1264.

April 21 & 22, 1990, **Basic Vertical Rescue Course**, $60. Renee Michalski, McLennan Community College, 1400 College Dr, Waco, 76708, (817)750-3512.

April 22, 1990, **Water Accident Management**, Conroe. Taught by Dive Rescue, Inc.; sponsor TEXSSAR. $50. Scott Springfield (409)756-1439.

May 4, 1990, **Texas EMS Advisory Council Meeting and Legislative Forum**, Austin. Harold Broadbent, Bureau of Emergency Management, TDH, (512)458-7550.

May 5 & 6, 1990, **Basic Vertical Rescue Course**, $60. Contact Renee Michalski, McLennan Community College, 1400 College Dr., Waco, Texas 76708, (817)750-3512.

May 15, 1990, **Resuscitation Issues for the 1990s.** Dallas, UT Southwestern Med. Cntr., CME, free for EMTs and paramedics. Diana Jester 214/688-3916.

May 18, 1990, **Current EMS Legal Problems in Emergency Medicine Seminar**, Texarkana College, $30. Kathy Jordan, 2500 N. Robison Road, Texarkana, 75501, (214)838-4541.

May 19, 1990, **START Triage & Extrication Course**, Rio Grande Valley Educators Society, Harlingen, Texas. M.C. Newland (512)423-8032.

May 24, 1990, **Haz - Mat Recognition and Identification Seminar**, Texarkana College, $10 or $5 student rate. Kathy Jordan, 2500 N. Robison Road, Texarkana, 75501, (214)838-4541.

May 24 - 26, 1990, **Advanced Vertical Rescue Course**, McLennan Comm. College. Renee Michalski, MCC, 1400 College Dr, Waco, 76708, (817)750-3512.

June 2 & 3, 1990, **12th Annual "Jaws of Life"**, $100. Joyce Wadle, Rescue/Hazmat Consultants, P.O. Box 20126, Waco, Texas 76702-0126, (800)433-2368.

June 14 - 15, 1990, **Eighth Annual Emergency Care Update**, Arlington Con. Cntr, Arlington, Tx. Kim Davies (214)946-7008 or Robin Scheffler 1-800-772-5840.

June 15 & 16, 1990, **State EMS Instructors Class**, Rio Grande Valley Educators Society, Harlingen. M.C. Newland (512)423-8032.

June 16-23, 1990, **National Cave Rescue Commission Annual Training Seminar**, San Saba, Texas and Colorado Bend State Park. Rod Dennison (817)778-6744 or Alana Mallard (512)458-7330.

July 29 - August 3, 1990, **28th Annual Industrial Texas Firemen's Training School**, College Station, Texas. (409)845-7641.

EMT-SS/Paramedic: Texas Department of Corrections EMTs-Special Skills, Choice of location in Texas, excellent benefits, $1622/month. Texas certification as EMT-I/Paramedic or TDC certification as EMT. Texas Dept of Corrections, P.O. Box 99, Personnel Annex, Huntsville, TX 77342 or (409)294-2755.

EMS Director for Lifecare EMS in Parker County. Texas Certified EMT/Paramedic. Management experience. Resume: Personnel director, Parker Co. Hosp. Dist., 713 E. Anderson, Weatherford, 76086.

Paramedics: MedStar, Fort Worth is interested in EMT-Ps with ACLS, National Registry and PHTLS. Competitive salaries and benefits. (817)927-4455.

EMTs: EMT, Intermediate, Paramedic for West Texas Ambulance Service. Resume: WTAS, P.O. Box 338, Alpine, TX 79831.

EMS Instructor: Current certification as EMT-P, EMS Instructor/Examiner, ACLS Instructor, PHTLS Instructor, three years EMS-related experience. 2 years teaching at paramedic level. Emergency Medical Programs, Texas Tech Univ. Health Sciences Cntr., 3601 Fourth St., Lubbock, TX 79430.

Paramedics: Offshore, Gulf of Mexico. Shifts vary, $795/wk. Prefer hospital ER and/or military experience. Resume: John Brady, Offshore Pipelines, Inc., 5718 Westheimer, Suite 600, Houston, 77057.

EMTs, EMT-Is, and EMT-Ps needed for state certified Instructor/ Examiner part-time positions in Houston area. Associate degree in EMS required. Resume: Jim Becka, P.O. Box 137, Rosenberg, TX 77471.

Paramedics, EMT-I: LifeLine EMS Prefer ACLS. Resume: Charles Grady, LifeLine EMS, P.O. Box 2160, Wichita Falls, TX 76301.

FOR SALE: 1980 Type III Ambulance/Ford Chassis. 94,000 miles. Good condition. John Buckley (713) 488-3078.

FOR SALE: 1983 Chevrolet Suburban Hi-top. Full wall cabinets, no rust or dents. Needs engine repair. $2500. Debra, American Ambulance (214)644-1444.

FOR SALE:New & Used EMS Equipment. For information & prices, T.L. Speed (713)495-9266 or write P.O. Box 1364, Sugar Land, Texas 77487-1364.

BUREAU OF EMERGENCY MANAGEMENT
TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS 78756-3199

SECOND CLASS RATE PAID
AT AUSTIN, TEXAS