

May 1990

Texas EMS Messenger



Frank Bryant, Jr., M.D., F.A.A.F.P. Chairman, Texas Board of Health

Robert Bernstein, M.D., F.A.C.P. Commissioner of Health

Texas EMS Messenger

May 1990 Volume 11, Issue 4

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COVER PHOTO: Little Courtney Rodgers looks overwhelmed by the huge bear given to her by Austin EMS paramedics Chuck Morrison and Carl Shropshire. Rick Deel of North Channel EMS won the bear at TDH's 1989 EMS Conference and he donated the bear back to Brackenridge Children's Hospital in Austin. Photo by Lynn Dobson, *Austin American Statesman*.

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From This Side

One of the many exciting aspects of working in the central office here in Austin is the opportunity to see statewide EMS in action. That is certainly true of the current development work by the Trauma Technical Advisory Committee. We have a great opportunity in Texas to develop an efficient and effective statewide trauma system, and this committee is making excellent progress on this project. The members of this committee are to be commended for their efficiency and productivity in working to develop a statewide trauma system for Texas. We are also very appreciative to this committee for the many positive comments they have had for the work of Kathy Perkins and Gene Willard.

Dr. Robert Bonham of the Texas Board of Health recently assisted the Bureau in making a presentation to the Texas Highway Commission. During this orientation we had the opportunity to update the Highway Commissioners on previous EMS projects that our two agencies have worked to develop. We were favorably received in our request for their support in developing a statewide trauma system. Dr. Bonham is to be commended for his efforts to schedule us on their agenda. Dr. Bernstein recently noted that to the best of his knowledge this is the first time anyone from the Health Department has ever been on the agenda to make a presentation to the State Highway Commission.

We were recently amused at a couple of rumors that are going around the state. One is that the certification level of ECA will be eliminated. Instead of eliminating any level of certification we are suggesting the possibility

of adding another level of certification which will be strictly for first responders.

The other rumor is that legislation is being written in secret to allow EMS personnel to work in hospitals. Not only is this not true, but when was the last time you knew of anything in EMS being done in secret? The issue of EMS personnel working in hospitals does seem confusing in various locations around the state. We plan to present this issue at our conference in September. We hope we can present some up to date information regarding the legality of this issue along with suggestions that will be beneficial to EMS personnel that may have the opportunity to secure employment in a hospital.

For those of you who are continually trying to find adequate sources of funding for your EMS service, this issue could be most beneficial. Eddie Callendar, the Director of Gonzales EMS, has written an excellent article on how to implement an Emergency Services District. He offers you some simple and easy to understand points that should lead to a successful Emergency Services District for your area.

Congratulations to Jamie Farrell, R.N. for her expanded role in Amarillo. It is reported that Jamie is now the clinical director of the Emergency Department for Northwest Hospital, Amarillo Medical Services, and the Panhandle Emergency Medical Services. This is a large and varied responsibility and we wish her success. The panhandle has long been a model for regional EMS service, not only in Texas but has been identified by federal agencies a model for the regional development of emergency medical service.



*Gene Weatherall
Chief
Bureau of
Emergency
Management*

Thank You from the Texas EMS Education Program to these committee members and Region 1 staff for providing valuable assistance in developing the upcoming set of State Certification Examinations.

Examination Review Committee

R. Donovan Butter, D.O., Carol Goodykoontz, Rod Dennison,
Donna Pleasant, Jerry Rhodes, and David Rives

Certification Review Committee

R. Donovan Butter, D.O., Michael P. Wainscott, M.D., Mark Reger,
Carla Cantrell, Donald J. Gordon, M.D., James M. Atkins, M.D.,
J. Thomas Ward, M.D., and Salvador Robles

Region 1

Gail McNeely, and James Davis

Local and Regional EMS News

Halo Flight crew rescues stranded crash victims

The crew on a Halo Flight EMS helicopter stationed at South Padre Island for Spring Break rescued a pilot and two passengers after the Cessna 172 made an emergency landing on Laguna Madre Island. According to an article in Harlingen's **Valley Morning Star** the Halo Flight craft had just finished airlifting a cardiac patient from South Padre Island to Valley Baptist Medical Center in Harlingen. None of the three people was injured even though the plane landed upside down on its wing and minus the tail.

The Halo Flight crew members were paramedics Jim Dempsey and Jay Garner and pilot Kim Page. Halo Flight is based in Corpus Christi.

PHR 5 staff teach pediatric CPR classes to teenage parents

Elliot Ralin recently taught infant CPR to teenagers participating in what turned out to be an award-winning health promotion program. Ellis County Vocational Education for Single Parents was one of five winners of the 1990 Texas Community Health Promotion Awards announced by the Texas Board of Health in February. We announced earlier that the Austin EMS/STAR Flight DWI Awareness Program also won one of these awards.

Nursing Program and Communicable Diseases personnel from PHR 5 also participated in teaching the CPR class.

Corpus Christi agrees to pilot Texas CISD team concept

Texas Department of Health, Corpus Christi Fire Department/EMS, and the U.S. Navy are working together to develop a state critical incident stress debriefing (CISD) system. Ernie Rodriguez and James Mitchell of Corpus Christi Fire Department/EMS and Frank Buie with the Naval Air Station in Corpus Christi met with Joe Stone and Jay Garner March 23 to organize the first of what is hoped will be a statewide network of CISD teams and capability.

"We feel that Texas needs an organized network of CISD teams that will meet the needs of our EMS, fire, and law enforcement personnel," said Stone, who is the administrator of the Bureau of Emergency Management's Disaster Response program in Austin. "We know that some teams have already been developed or are developing this capability locally." Stone said the state CISD program design includes existing local teams with the agreement of local CISD leaders.

PHR 8's Garner got his CISD baptism by fire soon after the state officials met with the local group when two EMS personnel, EMTs Javier Ochoa and Tomas Mata, were killed in an ambulance crash as they returned from a transport to a San Antonio hospital. Part of a CISD team from east Texas, Dr. Ron Beals of Tyler and Longview's Tres Terry, conducted sessions with Catalina Ambulance Service personnel within three days after the crash.

MedStar paramedic part of 9-1-1 commercial in Tarrant County

With a firefighter and police officer from Irving, MedStar's paramedic Liz Bailey starred in a 9-1-1 video produced by Tarrant County 9-1-1

officials. The commercial will teach kids how and when to call for help and will be shown in the Metroplex area on a children's television program.

Whitewright EMS chief saved by crew

James Shiplet, the administrator of City of Whitewright EMS, knows first-hand his EMS system is outstanding and he is thrilled about it.

On December 17 Shiplet, a paramedic, began having trouble breathing and recognized that he needed help quickly. Responding to Shiplet's call for help were Paramedic Wyatt Spurgeon who was filling in for Shiplet that day and EMT-Intermediate Brad Stone, Shiplet's next-door neighbor. The crew followed ALS protocols on Shiplet, who was suffering from Haemophilus influenza and acute epiglottitis, and rushed him to the hospital where he coded in the ER. Immediate surgery including a tracheostomy and cryochoyrotomy saved Shiplet's life and he was out of the hospital in time for Christmas.

According to Shiplet, I.A. Sarvis M.D., Whitewright's medical director, told the crew that several things worked together to make the call a success: Shiplet's being a paramedic allowed him to recognize the emergency; the crew was ALS and was able to perform invasive procedures; Shiplet's wife, a Whitewright EMT, was able to drive the ambulance so both crew members could stabilize Shiplet; and the ER team was able to perform the cryochoyrotomy immediately.

Whitewright EMS has been an ALS system since 1985, and employs seven EMTs, 1 EMT-SS, and 2 paramedics. The service runs about forty calls each month and transports emergencies to Sherman, Denison, and Bonham.

Harlingen EMS awarded grants

The Harlingen, San Benito, South Padre Island EMS received \$10,000 from Hasbro Childrens Foundation of New York to develop a bilingual 9-1-1 television public service announcement. Harlingen's KGBT-TV 4 station is donating \$10,000 of air time for the spot.

Harlingen EMS director Bill Aston said

Local and Regional EMS News

that the Harlingen-based system is making every effort to educate the public about EMS and about how to access the system through their enhanced 9-1-1 system. "The spots are designed to teach children not to call 9-1-1 or report a false alarm if there is not a need to activate the system," said Aston.

Harlingen also received \$20,000 from Amon G. Carter Foundation of Fort Worth to purchase two Life Pak 10 monitor/defibrillators. Aston said one of their Life Pak 5 units will be donated to a local volunteer EMS organization.

San Saba trains for AEDs

San Saba County EMS is purchasing automatic external defibrillators and has set up a training program for its members which Scott and White Hospital's Donna Pleasant will conduct. "The purchase and implementation of these devices and the associated training program is one of the most ambitious programs we have undertaken," said John Earl McPherson, president of the San Saba volunteer group in Code 3 San Saba's EMS newsletter.

Thanks to the Bureau

Brooks County Commissioner Gustavo Barrera, also a member of TEMSAC, recently praised some EMS Division staff members in a letter to Bureau Chief Gene Weatherall:

"When I was looking for help in streamlining the operation of our rural hospital, Jerry Lester and Pam West of your office helped me contact the Texas Hospital Association. Mr. Joseph F. Sloan, Administrator of Decatur Community Hospital and Mr. Lynn Heller, Administrator of Bowie Memorial Hospital, recommended 44 ways in which to streamline the operations of our hospital and save us thousands of dollars. I certainly know that without your staff assistance none of this would have taken place."

Commissioner Barrera said that implementing some of the recommendations at Brooks County Hospital in Falfurrias had already saved money. One recommendation alone saved \$10,216 when the hospital took

over operation of the pharmacy rather than continue its operation by a management company.

Texas Tech and UTSA receive five-year accreditation

The paramedic training program of The University of Texas at San Antonio Health Science Center recently received full five-year accreditation from the national Committee on Allied Health Education and Association (CAHEA), which is affiliated with the American Medical Association. Medical Director Don Gordon, M.D., said the five-year accreditation is the longest period of accreditation given to programs.

In February the Joint Review Committee recommended to CAHEA that Texas Tech University Health Science Center's paramedic training program in Lubbock also receive full accreditation for five years. This takes Tech's program through May 4, 1995 with national accreditation. Tech received initial accreditation in 1984.

Paramedic program director Neil Coker said that during its on-site visit, the inspection team from the Joint Review Committee cited five areas of exceptional strength in the Tech program, including the open-ended competency-based curriculum.

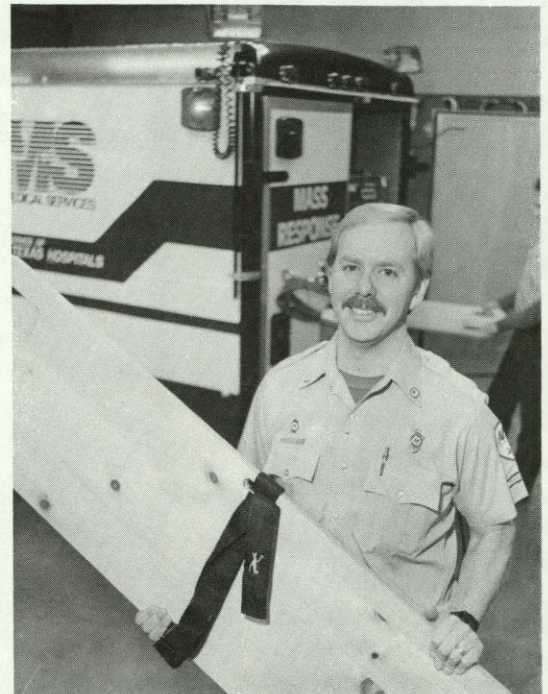
Only sixty-seven paramedic training programs in the nation are nationally accredited by CAHEA. Over five hundred paramedic training programs are in operation in the United States, said Coker.

Amarillo sets up Mass Casualty Response Unit

Amarillo Medical Services has developed and put into service a new Mass Casualty Response Unit which will be used to transport equipment and supplies to the scene of emergencies with multiple patients. Director Mark Nickson said the unit could be used for apartment fires, tornadoes, or airplane crashes.

The trailer unit holds backboards, cervical collars, bandaging and splinting supplies, wool blankets, burn sheets, oxygen tanks, and an emergency generator.

"The Mass Casualty Response Unit will allow us to use our manpower in the treatment of the injured rather than making repeated trips for supplies," said Nickson. The unit was designed by fleet supervisor Jimmy Carducci.



Operations supervisor Richard Chucovich displays equipment from the mass casualty response unit.

Emergency Services District It may be just what your community needs

by Eddie Callendar

The story of this small-town Emergency Medical Service is like so many others which started in the early seventies. Enthusiasm ran high, certification requirements were low, and everybody wanted to volunteer to help. The first five years the service flourished.

Gradually the service began to struggle against higher standards, more classroom hours, and higher expectations of volunteers, lawyers and personal injury lawsuits. The economic recession and reductions in the workforce made it impossible for employers to continue letting employees off to make an ambulance call. More families had to have two wage earners just to make ends meet. The volunteer pool dried up.

When the headlines in the local paper read, "EMS To Quit March 1st", the newspaper writer told sad stories of efforts to enlist new volunteers with few results. The local EMS volunteers were frustrated. So, before these conscientious EMTs got a call they could not answer, they gave their community six months notice that their services would end.

The story could be true in any of hundreds of small towns in Texas, but this particular one is the story of Gonzales in south Texas. The story made those headlines on October 1, 1988. Just one year earlier Gonzales EMS made entirely different headlines when the organization was recognized by the National Association of EMTs as the nation's outstanding Basic Life Support system and was featured on the cover of the *Texas EMS Messenger*.

Jay Garner, the Public Health Region EMS 8 manager, urged Gonzales to do some research into ways to remain afloat. He suggested contacting Bill Aston of Harlingen EMS because of his expertise in building organizations, and that we investigate creating

an Emergency Services District (ESD) to provide funding for paid full time people to plug the holes during the day when volunteers are not available.

When it became apparent that local officials had no plans to continue the quality of prehospital emergency care that the Gonzales EMS provided, the group got serious about finding ways to put new life into their organization.

Here is what we did.

1. Explored other forms of organization.

Bill Aston suggested that we relieve the volunteers of the burdens of running the financial aspects of the ambulance service by appointing a Board of Directors and hiring an administrator. The approach was very appealing to the volunteers, who wanted to help the sick and injured, not run a business.

2. Obtained copies of the Emergency Services District legislation.

3. Approached the volunteers and city and county officials with Emergency Services District.

4. Acquainted the public with Emergency Services District concept.

County citizens, public officials, and those interested in the future of EMS attended a public meeting in the Courthouse, and Garner explained some EMS history and outlined the costs involved in maintaining a good system. He told us frankly about the lack of funding at the State and Federal level, and urged the local citizens to demand quality EMS.

Billy Sladek who works as resource coordinator for the Bureau of Emergency Management in Austin reinforced the need for quality

Eddie Callendar, a paramedic, is Director of Gonzales EMS. He served as training officer during the time the service received National Association of EMTs award as BLS service of the Year in 1987.

EMS and introduced the concept of the Emergency Services District to fund EMS. Citizens and officials were given an overview of the legislation and Sladek and Garner answered their questions. TDH officials were clearly there to help provide information and guidance, but there was no doubt the community had a problem that it would have to fix on its own. Knowing that helped the public to focus on the situation and to view it as a county-wide emergency that we had to address and correct.

5. Appointed a spokesman, and started talking and writing. Endorsement of the creation of an ESD for EMS was sought and received from Gonzales County, the cities in the county, and the Gonzales Chamber of Commerce, which previously had never endorsed anything.

The following components are absolutely key in any bid to create an Emergency Services District, and certainly invaluable in our situation.

1. Learn the legislation. EMS folks should determine which Act is most suitable and go for it. Become an expert!

Good resources are: Billy Sladek and Jerry Lester with TDH in Austin; Public Health Region Managers; and people who have been through the process. These are very important persons who can help you avoid costly mistakes.

2. Get thoroughly organized.

If you fail to organize, you will fail.

Select the most logical and suitable legal election date, and create a timetable of events which, according to the legislation, must take place within certain minimum and maximum time frames.

Select key people (preferably not associated with EMS) to initiate the petition.

Exceed by far the required number of signatures on the petition. Voters who never will understand what is going on will vote the way they think the majority will vote.) Headlines such as "Four Times the Required Number Sign the Petition" will secure many votes.

3. Get out and tell and sell the story.

Attend every meeting in every corner of the proposed district that you can get invited to, from ladies' quilt clubs to Lions and Rotary to sororities, extension service clubs, everyone.

Accentuate the positive aspects of an Emergency Services District for EMS.

- Dedicated tax used only for what is stated in the petition;
- Legislated ceiling;
- Stable, reliable funding source for EMS;
- Equal taxation for city or county residents; and
- If the district becomes a monster, it can be dissolved just like it is created.

4. Avoid strife from EMS providers within the proposed district

Before ever proposing district boundaries, be sure each service to be affected wants to be included. Nothing will kill an Emergency Services District attempt faster than EMS in-fighting.

The two EMS providers in Gonzales County (Gonzales Volunteer Ambulance Corps and Nixon-Smilely EMS) worked hand-in-hand from start to finish. Representatives of each service attended the public meetings sponsored by the other to show unity and mutual support.

The result of our work was an easy 88% margin of victory for creation of the District on May 6, 1989. On November 15, 1989, both services received their first checks for the Emergency Services District. Both services are in better shape than they probably ever have been, and not a single complaint has been heard so far.

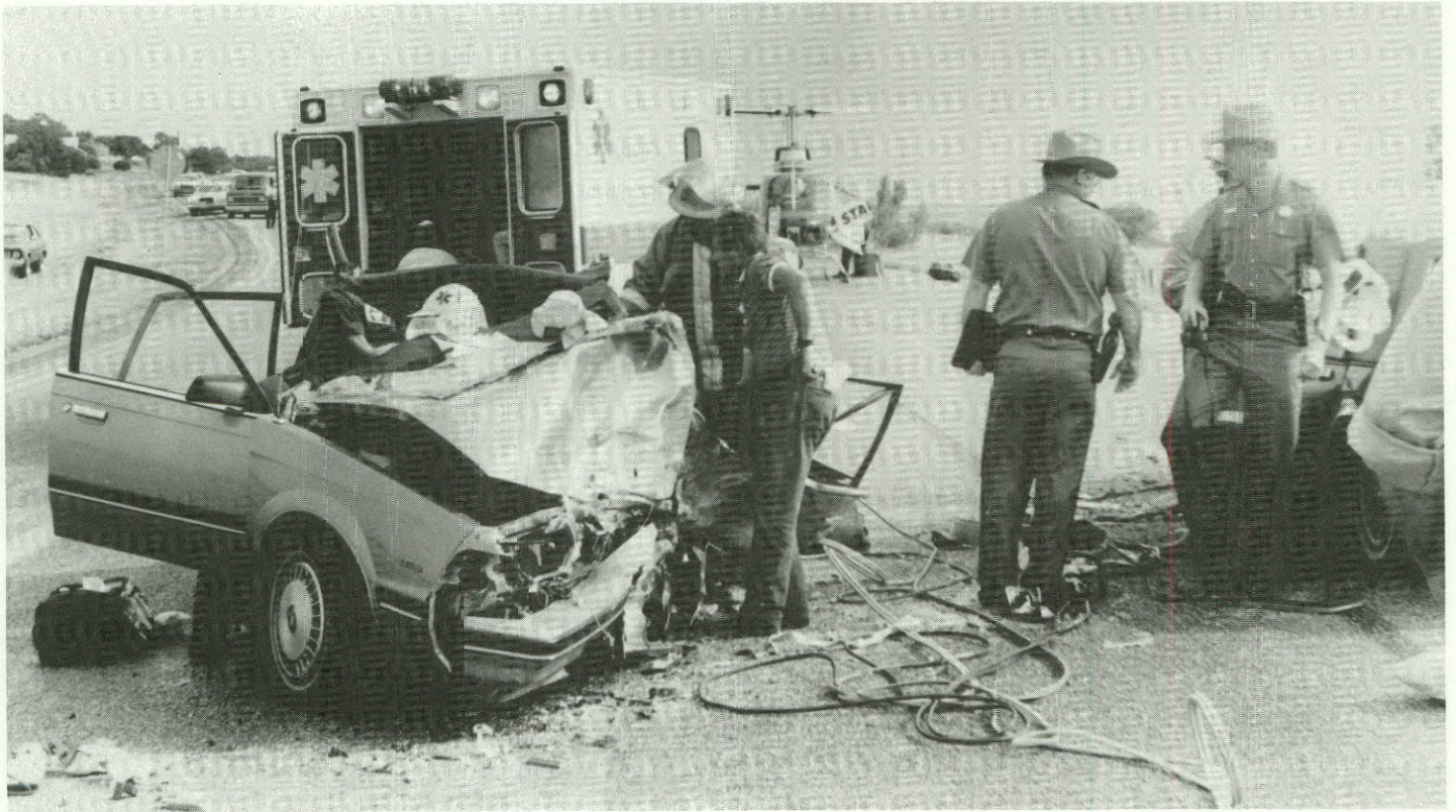
The call volume in Gonzales increased more than 11% since the district's creation. Changes in the organization eliminated the volunteers' worries of running the organization, and volunteers are putting in more hours than ever before.

In fact, volunteers are still making every call, and paid staff provides administration and field support. General interest in EMS has increased, and 21 new people have been certified in the county. Nine have recertified since the creation of the district.

There was no doubt the community had a problem that it would have to fix on its own.

An 88% margin of victory created the Emergency Services District on May 6, 1989.

Volunteers are putting in more hours than ever before.



Texas Safety Belt Survivors' Club

Carla Baker is statewide coordinator of Safe Riders Program and Texas Safety Belt Survivors' Club. Baker is with Public Health Promotion Division of the Texas Department of Health. Contact her at (512) 458-7403.

Q. What is the Texas Safety Belt Survivors' Club?

A. This is a special club to honor persons who because they were wearing a safety belt or were buckled in a safety seat, survived a serious traffic accident that otherwise would have caused disabling injuries or death.

Q. How does a person become a member of the club?

A. Usually, the emergency medical services personnel, police or highway patrol officer at the scene of the accident will nominate a person to become a member of the club.

However, anyone who has been in a serious, life-threatening crash and feels they survived

because of wearing a safety belt (or, for young children - being buckled in a safety seat) may request membership in the club by calling the Safe Riders Program at 1-800-252-8255.

Q. Who sponsors the club? ...How much does it cost?

A. The Texas Safety Belt Survivors' Club is sponsored by the Texas Department of Health's Safe Riders Program and the Emergency Medical Services Division, as well as the Texas Department of Highways and Public Transportation.

There are no meetings, fees or dues. Members are awarded a certificate, pin, and a special safety packet to honor them for wearing safety belts (or for children, for being buckled

in a safety seat). All members are asked to continue buckling up - and are requested to remind their friends and family to do the same!

Q. Will there be any publicity for members of the club?

A. The Safe Riders Program will ask local newspapers to run a story about members of the club, in order to encourage others to buckle up. However, if a member does not want publicity, that request can be written on the application for membership and will be honored.

Q. Who do I contact to learn more about the club?

A. Contact the Emergency Medical Services Office at your public health regional office, or call the Safe Riders Program at the Texas Department of Health in Austin. The Safe Riders toll-free phone line 1-800-252-8255 is in operation 24 hours daily, seven days a week. A bilingual operator is available. You can learn more about the club, or about safety seats and safety belts.

Q. Is there a way for EMS organizations to be involved in the Texas Safety Belt Survivors Club?

A. Brochures and application forms are available from Safe Riders for EMS personnel to distribute at health fairs and at community presentations. This way, community members are aware of the club and will nominate themselves if they have been "saved by the belt."

Q. How many lives are saved by safety belts and child safety seats?

A. The National Highway Traffic Safety Administration estimates that safety belts saved 4,500 front seat passenger occupants' in 1988 and prevented about 119,000 injuries. If all front-seat occupants wore safety belts, about 15,900 lives would have been saved in 1988.

Buckle Up!

Safety belts (or child passenger safety seats used correctly) provide the best protection on the road.

It's the law.

Texas law requires children under 2 years of age to be buckled in a safety seat when they ride in a car, van or pickup. The law allows children from 2 to 4 years of age to be restrained by a safety belt or in a safety seat. However, because of their size and body structure, young children of this age are much safer when they are buckled in a safety seat. Safety seats must be used correctly if they are to protect children!

All drivers and front seat passengers are required to buckle up when they ride in a car, van or pickup that is equipped with safety belts.



Seat Belt Survivor and Child Safety Seat Loaner Programs Available to EMS

In 1989 almost a hundred children who were four and younger died in auto crashes. One of Texas' goals is to reduce to three per 100,000 the number of young children killed in motor vehicle crashes, and in Texas and nationwide child safety seats are promoted as lifesavers for children in car crashes.

SafeRiders

Texas Department of Health operates the SafeRiders Program to educate the public about the importance of buckling up. Besides providing free brochures and other materials to promote the correct use of child safety seats and seat belts, the SafeRiders Program also purchases child safety seats for programs in local communities to loan to parents.

Carla Baker, statewide coordinator for the SafeRiders programs said, "There are several EMS locations that are operating child safety seat loaner programs statewide. One such program is the South County Response Team located in Huntington, Texas."

"The Loaner Program in our town has been successful and worthwhile," said Trudy Miller, captain of the team. "As an EMT, all the wrecks that I have ever been called to where a baby was properly strapped in, there were no serious injuries.

"All our seats have been loaned out to low-income families. We publicize the program through the local police, an article that was placed in the HZ News, and word of mouth. We can certainly use more seats in our community."

Over 5,000 child safety seats have been purchased by the Texas Department of Health for the 225 local loaner programs.

Saved by the Belt

The EMS Division of the Bureau of

Emergency Management has cosponsored the Texas Safety Belt Survivors' Club since 1985. There are 556 survivor members statewide. "The Survivors' Club is open to any driver or passenger who has survived a wreck, was not at fault in the wreck, and escaped death or serious injury through the use of a lap belt, lap/shoulder belt, child seat, or belt/air bag combination," said Baker, who also coordinates the Survivors' Club.

"Each survivor into the club will receive an official survivor's pin, a hand-lettered certificate, and a grab bag of novelty items carrying traffic safety messages," said Baker. She also said there is a special survivors' program for senior citizens 55 and older, called the Elite Survivors' Club." Many of the members of the survivors' club are referred by EMS personnel.

The Bureau of Emergency Management and Public Health Region EMS offices will cosponsor National Child Passenger Safety Week in Texas with the SafeRiders Program in February 1991. Special posters, stickers, and brochures will be available for local EMS organizations to promote child passenger safety in their communities during that week.

If your EMS organization is interested in sponsoring a loaner program or nominating someone for the survivors' clubs, contact Baker at the toll free number for SafeRiders, 1-800-252-8255 or (512) 458-7403.

Safe Riders Program Materials Available

Safe Riders Program provides information and educational materials on child passenger safety, safety belt use and anti-DWI. Call 1-800-252-8255 or use this form for bulk orders.

Brochures

- Are You and Your Child Safe Riders (English) (4-94) _____
- Are You and Your Child Safe Riders (Spanish) (4-94A) _____
- Child Safety Seats for Your Automobile (4-90) _____
- Texas Safety Belt Survivors' Club (4-150) _____
- Three Ways to Help a Friend (anti-DWI) (4-105) _____
- Family Shopping Guide to Safety Seats (4-110) _____
- Protect Your Baby/Buckle Up (English) (4-111) _____
- Protect Your Baby/Buckle Up (Spanish) (4-111A) _____
- One Head Injury Can Change Your Mind (4-115) _____
- Kids-N-Cars (4-140) _____
- Airbags in Cars Now (4-133) _____
- Elite Texas Safety Belt Survivors Club (4-173) _____

Bumper Stickers

- Drive Friendly (4-116) _____

Posters

- Protect Yourself and Your Baby (4-112) _____
- I Can Handle It, I Thought (Anti-DWI) (4-106) _____

Miscellaneous

- Bookmark: One Head Injury Can
Change Your Mind (4-118) _____
- Bookcover: One Head Injury Can
Change Your Mind (4-119) _____

**Mail to: Literature and Forms, Texas Department of Health,
1100 West 49th Street, Austin, Texas 78756**

Ship To:

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

San Antonio Child Safety Program offers CE Credit for EMS Personnel

KidSafe-Texas, a statewide child passenger safety program sponsored by the University of Texas Health Science Center at San Antonio, offers a self-teaching child passenger safety lesson for EMS personnel.

Two hours of CE credit can be earned in conjunction with a KidSafe presentation or can be completed independently on an individual basis.

Topics in the lesson include statistics illustrating the high risk of death and injury for unprotected children, state laws on restraints, events occurring in a collision, types of child restraints, myths and facts related to child passenger safety, suggestions as to how EMS personnel can promote safe transportation for children, and emergency removal and transportation of children in safety seats.

To obtain a copy of the 15-page Emergency Medical Technician Self-Teaching Child Passenger Safety Lesson contact KidSafe, the University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive, San Antonio, Texas 78284-7792 or call (512) 567-5473. You will receive a certificate from KidSafe upon completing the lesson.

T E M S A C

Medical Directors meet in Austin

The Medical Directors Committee of Texas EMS Advisory Council met March 9 to work on statewide medical protocols, to review rules on EMS certification and recertification, and to discuss recommendations made by the recent National Highway Traffic Safety Administration review. The group also heard reports on statewide EMS communications and on review of the paramedic exam data base.

Medical Protocols

Work on medical treatment guidelines by Doctors Michael Wainscott and Jim Atkins was presented to the committee for discussion. Once published, these guidelines are designed to be used by local medical directors as a framework for development of local EMS medical protocols. Atkins and Wainscott are medical director and deputy medical director for Dallas EMS. Draft trauma protocols developed by Dr. Paul Pepe, medical director for Houston Fire Department EMS, were also presented.

Protocols for trauma, cardiac, medical, behavioral, OB, and pediatric emergencies will be covered in the document. Besides using these protocols for the design of local protocols, they will also function as a resource document and as standards for the state test, said committee chair, David Prentice, M.D.

A final draft of the protocols will probably be completed late in 1990.

EMS Communications

Henry Nevares, Bureau communications specialist, described Texas EMS communications as a "fruit salad of systems," an amorphous situation which is not a state EMS system. He said that although some areas have regional communications systems, the closing of hospitals is worsening the communications problem in Texas.

Nevares, whose background is military communications and who has developed communications systems in Honduras and other places, plans to inventory communications resources in the state with a survey of

providers and will update the **Directory of Hospital Radio Communications** over the next two years.

By 1992, said Nevares, even the rural areas will have 9-1-1 systems in place, as compared to about twenty percent of the state which now has 9-1-1 capability. However, that twenty percent of the geographic area of Texas with 9-1-1 translates to almost ninety percent of the population.

When Dr. Bill Moore, Medical Director of East Texas EMS in Tyler, asked about interference on MED channels, Nevares suggested this action:

1. Contact the interferer.
2. If that does not solve the interference problem, contact Nevares and he will work with both parties through IMSA, the International Municipal Signal Association which assigns frequencies.

Atkins warned the group that some users of the MED channels, such as school buses and veterinary services, which EMS might consider interference, are perfectly legal now.

NHTSA Review of Texas EMS

Committee members expressed support for most of the recommendations in the review by the National Highway Traffic Safety Administration (see list of recommendations March/April **Texas EMS Messenger**, pages 20 and 21), particularly the suggestions that there be a state medical director, that EMT be adopted as the minimum standard for transporting, and that BLS services be required to have medical direction.

The committee was hopeful that any funding for trauma systems in Texas would also improve EMS, particularly EMS communications.

Paramedic Exam Data Base

Donovan Butter, D.O., reported that his group was well on its way to reviewing the paramedic exam data base, and had a work meeting scheduled for May 3. He expects the group to review nearly two hundred questions at the May 3 meeting. (see *TEMSAC* next page)

Medical Directors Committee

- James M. Atkins, M.D., Chair
Dallas
- R. Donovan Butter, D.O.
Canyon Lake
- Donald J. Gordon, M.D.
San Antonio
- James E. Hayes, M.D.
Dallas
- William L. Moore, M.D.
Tyler
- Paul E. Pepe, M.D.
Houston
- Kenneth W. Poteete
Georgetown
- David Prentice, M.D.
Houston
- Thomas J. Ryan, M.D.
San Antonio
- Wayne E. Schuricht, D.O.
Fort Worth
- Michael P. Wainscott, M.D.
Dallas
- J. Thomas Ward, M.D.
Plano

Trauma committee considers four levels of hospital designation

A subcommittee of the Trauma Technical Advisory Committee suggested at the March 30 meeting that the Texas trauma system have four levels of designated hospitals: Regional Resource Trauma Centers, Community Trauma Centers, Trauma Receiving Facilities, and Rural Trauma Receiving Facilities. The preliminary recommendations track the guidelines in the 1990 **Resources for Optimal Care of the Injured Patient** published by the American College of Surgeons.

Erwin Thal, M.D., and chair of the subcommittee on hospital designation, said his group's main objective now is to consider the ACS guidelines "line by line and see how they would apply to the Texas system." He said also that his subcommittee's preliminary work included three-year designation if recommended by a site visit group to the applying hospital, and annual status reports from the designated hospitals to the Bureau of Emergency Management.

At its May 16 meeting the hospital designation subcommittee will review requirements for Rural Trauma Receiving Facilities, write footnotes on desired and essential elements, and develop triage protocols. Besides Thal, subcommittee members are Jack Peacock, Russell Thomas, Jamie Farrell, David Dildy, and Tommy Jacks.

TEMSAC (from bottom of page 12)

In view of all the work his group has committed to improving the paramedic data base, Butter expressed concern over rumors that Texas was planning to adopt National Registry for state testing and certification. Division Director Pam West said that a national exam service has contacted the Bureau, but that any move to a testing service would be several years down the road.

David Prentice, M.D., chair of Texas EMS Advisory Council, appointed Atkins to serve as chair of the Medical Directors committee beginning with the May 3 meeting. Prentice has served as Medical Directors Committee chair in addition to chairing TEMSAC for the past year. - ASM

Highway funding requested for trauma

In his report to the Trauma Technical Advisory Committee, Bureau Chief Gene Weatherall said that he and Texas Board of Health member Robert Bonham, M.D., appeared before the state highway commission to request approximately \$300,000 for trauma system development. They requested that the Traffic Safety Division of State Department of Highways and Public Transportation continue funding for the study on the cost of trauma which this year is approximately \$150,000 and that the highway department also fund a pilot study for the system trauma register.

A total of \$800,000 has been requested from the 1991 Highway Traffic Safety Plan for trauma projects.

Weatherall told the trauma committee that the trauma program is the highest priority in the Bureau of Emergency Management budget. He noted that nationwide highway deaths outnumber AIDS/HIV deaths three-to-one, but three times as much money is spent on AIDS/HIV as on trauma.

Data requirements for state trauma register considered

Dr. Ken Mattox, chair of the trauma committee's subcommittee on trauma registry, said that his committee was considering the possibility of different data sets for different level of trauma hospitals. His committee will define the trauma patient who triggers a trauma registry report form and will develop a minimum data set on major trauma patients, said Mattox.

EMS/Trauma Registry administrator Gene Willard is currently developing a report form based on data sets from other states, according to Mattox.

Members of the trauma registry subcommittee are Mattox, Raj Narayan, Ronald Hellstern, Antonio Falcon, Vayden Stanley, and Tim Philpot.

The next meeting of the Trauma Technical Advisory Committee is scheduled for May 17 at 8:30 a.m. in Austin. Subcommittees will meet the evening of May 16. - ASM

T
T
A
C

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

Excellence in EMS

Texas EMS Conference '90 It's h-e-e-ere

When we read in one of last year's conference evaluations, "You people are in contact with planet earth," we knew we were doing some things right. Then we read, "Give us tables at lunch to eat on," and we knew there were some things we could improve.

Our fifth annual Texas EMS Conference, September 13 - 15 will be the conference that changes and stays the same. We will have the same kind of excellent faculty and lectures, the same kind of low registration cost, and the same kind of Valsalva Bowl excitement, but we changed how we eat lunch (as well as how many times), we brought back the golf tournament and the volleyball competition, and we have scheduled Valsalva Bowl for one day.

The 1990 Texas EMS Conference is September 13-15 at the Doubletree Hotel in Austin. Preconference activities such as the golf tournament and hazardous materials workshop are September 12. Vendor exhibits open at 8 a.m. Thursday, September 13; the conference starts at noon with an Opening Luncheon.

Lt. Mark Warren from the Texas Department of Public Safety Training Academy and MedStar's Doug Key return to do General Session presentations, what Gene Weatherall refers to as "the big room." David Rives from Public Health Region 4, who gave an excellent talk last year on setting up a CE training program, comes back this year to do a clinical talk on management of sports injuries. Rives is a paramedic and an ex-coach.

Kendall County's Jeff Fincke, a newcomer to our faculty, will teach recognition

and identification of hazardous materials and another newcomer, Dallas' Sherrie Wilson, premieres her "Top Guns in EMS" talk and will also talk on trench rescue. Both Wilson and Fincke are paramedics and firefighters.

Plan to attend lectures on the drug ice, mandatory drug testing for EMS, universal precautions, ethical management, trauma in pregnancy, quality assurance from the perspective of good patient care, facial trauma, spinal cord injuries, setting up an Emergency Services District, hospital transfer issues, emergency department staffing issues, and prescription drugs. We will have two clinical tracks, a rescue track, an administrative track, and two preconference workshops. Our most popular workshop presenters return, and we have added several who are new to the Texas EMS Conference. Look for the bravest lecturers on the side of the hotel during the Faculty Rappel on Thursday evening.

This year the first-place team in the Valsalva Bowl Competition wins \$100, and Joe Tyson and Debbie Bradford have come up with some other new twists. The \$10 team registration fee is waived if the team submits ten multiple choice questions for Valsalva Bowl. Here's the biggie: teams that submit ten questions get ten hours of CE credit for the work that goes into developing the questions and studying for Valsalva Bowl. Twenty percent of the questions used in Valsalva Bowl this year will be advanced level.

If you like food, our 1990 conference is the place to be. This year we start the conference at Noon on Thursday, September 13 with a luncheon. Then we eat all day Friday: Continental Breakfast, Awards Luncheon, Valsalva Bowl Finals Dinner and Dance. And Saturday we munch on another Continental Breakfast. Not too bad for a \$50 registration fee, you think?

Registration and order forms will be in the **Texas EMS Messenger**.

If you have questions about the conference and its activities, contact these individuals at (512) 458-7550:

Agenda and Program

- Alana Mallard

Exhibits

- Tom Ardrey

Registration

- Jan Brizendine

EMS Week Awards

- Steve Hosford

Hall of Fame

- Gene Weatherall

Valsalva Bowl

- Debbie Bradford

Golf Tournament

- Louis Hartley

Volleyball Tournament

- Bobbie Broadbent

Patch Board Collection

- Bill Baker

T-shirts, Caps, Mugs

- Vickie Sokol

Photo Contest

- Pam Price

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 Awards

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 sidebar for an explanation of the nomination process. Nominations are due June 1.

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, call: (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.

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, 1990. Only written nominations that follow the Nomination and Selection Procedures published in the March/April 1990 Texas EMS Messenger will be accepted.

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

1. EMS work history of the individual.
2. Achievements by this individual as relates to statewide EMS.
3. Benefits to Texas EMS as a result of the direct effort of the individual.
4. How this individual's contribution to Texas EMS was above and beyond the job performed by the majority of individuals.
5. A resume or vita for additional background 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, 1990.



Pam West
Director
EMS Division

Proactive Managing

The very nature of emergency medical services presumes a posture of crisis management. Perhaps because this is true of the day to day scene response, or perhaps because "street" personnel were thrust into the role of provider managers, much of the day to day operation of EMS firm business is carried on in a crisis mode. Gradually, this situation is changing.

The beginning years of EMS have been spent ironing out treatment and transport protocols, specifications for vehicle equipment, and certification criteria. As issues in these areas have become more stable, if not less controversial, there has been a movement toward upgrading management practices of the EMS firms themselves. As issues of increased liability, reduced resources and accountability for cost pose monumental hurdles for EMS, provider management takes its turn in the spotlight. Literature is replete with articles that offer suggestions for improving EMS administration. Because of rules recently proposed by the Board of Health (published in the February issue of the *Texas EMS Messenger*), I feel compelled to throw my guidance in the ring as well.

You will note in the proposed rules that there has been a start at placing increased emphasis on quality assurance. It is no longer enough that an EMS vehicle and personnel are available in a given area. More concern is being directed at how effective the service is in prehospital care delivery. What happened to the patient? If the outcome was not successful how can it be handled in the future to effect a more positive outcome? It is no longer enough to say that the patient reached the emergency department alive. It is necessary to ask whether or not the patient was given every possibility within our power to enable a positive outcome once in the hospital. You will be hearing terms like standard of care and quality assurance. You will be asked to explain your run review process. All this has come about with the realization that management, and a firm's

operational policies and procedures, have a direct bearing on the quality of emergency response and patient care delivery.

In the following situations, would you or your staff know how to respond quickly and purposefully in order not to delay patient care?

- At the scene of an accident, a stranger approaches and advises that she is a physician and gives you orders regarding patient care.
- EMTs are working a scene when a vehicle from a nearby service approaches. Paramedics jump from the ambulance and assume control of the scene.
- A reporter interviews you following a particularly difficult call and advises that there is an Open Records Act which demands that you release the information requested.
- You approach a patient who has sustained a long fall and he absolutely refuses to allow appropriate immobilization procedures.
- You arrive at the home of a patient who has arrested and a relative requests that you do not initiate resuscitation techniques because the patient has terminal cancer.

Much time, agonizing, and second guessing can be prevented if management works through solutions to these and similar situ-

ations and prepares operational policies based on answers that are appropriate for a particular service area. This is what is meant by proactive management. Situations similar to those described above will not reach a crisis mode if each member of the service is familiar with written policies and procedures

The important thing is that you take action to get your service policies in writing for your protection as well as the patients'.

I can hear some of you responding, "Well, that may be okay for the career firms, but we're just volunteers!" Volunteers within EMS circles have never been **just volunteers**.

Great Administrators and Management

An article by Neal F. Bermas in the August 14, 1989 issue of **Healthweek** says that great administrators make the public the central focus of organization operations. Bermas, a managing partner for a management consulting firm in Los Angeles, California titled the article, "The Difference Between Good and Great Administrators."

While the article is directed at hospital administrators, the observations apply to managers and administrators of any health care organization.

The writer starts his article with a brief scenario of touring a Dallas hospital, noticing the quick response to a patient's call light, commenting on that response and finding out that the person responding was head of the department of radiology.

The writer comments, "I was impressed." Here was a health care facility run by someone that had impressed upon the staff that health care is a team effort and even busy staff responded to requests from patients for assistance. "Cooperation among staff is the difference between a

hospital run by a good administrator and one run by a great administrator," says Bermas. He also says, "Health care is a service and the customer takes priority." Is this not so with any service organization and especially so with health care and EMS?

Bermas characterizes great and outstanding administrators as "renaissance" men and women, who are competent in all phases of their organization and who excel at two-way communication. They know the people with whom they work by name and are able to easily discuss concerns in those persons' areas of responsibility.

Bermas also states that an indicator of the difference between good and great administrators is how much the employees know about what is going on within their organization and about the health care industry as a whole. This allows the "troops" to be aware that many of the "struggles" are not always some sort of "failure within," but many times are the result of a variety of pressures affecting the whole health care industry.

The author also encourages top management to allow other team members to develop to the full extent of their own personal potential.

Health care institutions that do not just survive, but thrive in the 1990's, Bermas concludes will be led by those managers and administrators who recognize the value of a professional team that works together and makes their customers, or patients, the central focus of operations. These "master administrators" will roll up their sleeves and get involved with their own organizations.

Tom Ardrey

that dictate what the response will be. Staff within the EMS/Trauma Systems Development Program is developing an EMS Management Guide to offer assistance to EMS providers. One module within the guide addresses operational policies. Some regional offices already have sample policies that you can use as guidelines. However, it should be remembered that samples developed by TDH staff are just that -- guidelines. Each service needs to consider the issues and decide what is most appropriate for that area. You will want to seek input from your medical director, legal counsel, and subsidizing agency.

They are very special people who give, and give, and give some more when the need requires because they are devoted to people and service. I am confident that the volunteer firms in the state of Texas are just as committed and dedicated to improving patient care as anyone else. The truly committed, both career and volunteer, will recognize the growing professional responsibilities surrounding prehospital care. They will understand that the 1990s will bring about many changes in EMS and they will welcome the opportunity to stand up and be counted as leaders in the health care system.

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 _____

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

Send Photographs to:

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

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.

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.

The photo on the cover of the February issue was taken by Daniel Byram, not David Byram as we reported. Our sincerest apologies to Byram who has had two photos on **Messenger** covers and is a regular competitor in the EMS Week Photo Contest.

Things we wish we hadn't said

In the January issue we credited Jeff Fincke with organizing the annual Wilderness Rescue Competition at Garner State Park, but we need to give credit to organizers Nancy Hare and Stan Irwin also. Hare is Region 3 Texas Association of EMTs chair and a member of New Braunfels EMS Fire Department. Irwin is with Leon Valley Fire Department.

In the February issue we referred to Graham Memorial Hospital's Kerry Craig

as a paramedic. Craig is an EMT, he called to tell us.

In that same issue in a story about TEMSAC we incorrectly referred to San Antonio's medical director as Bill Gordon. We know better. Dr. Don Gordon is San Antonio's medical director and a member of TEMSAC's medical directors committee. Gordon is scheduled to be the Keynote Speaker at Texas Association of EMTs' annual meeting in San Antonio this month.

Some people move so fast we just cannot keep up with them. No sooner had we reported in February that Ed Zwanziger had returned to Texas and was in Jefferson, than he left that clinic and went to work in a clinic in Newton. At any rate, Zwanziger is a great EMS resource and we are glad to have him back in Texas - where ever he is.

Texas industry supports local EMS

Quantum Chemical Corporation recently presented to Texas emergency medical services units the first of a series of contributions which will ultimately exceed \$75,000. Similar presentations are scheduled throughout Texas over the next six months. The program is part of Quantum's commitment to inform the public about the vital role of EMS, and to support local EMS units in communities where Quantum's Suburban Propane and USI Divisions are located.

Four Texas EMS providers -- part of local fire departments serving Suburban Propane districts in Denton, Kennedale, McKinney and Southlake -- received contributions of \$500 at ceremonies held November 30, 1989 in Dallas. EMS and city officials were on hand to accept the contributions from Suburban Propane officials and said the awards would fund equipment for CPR training and EMS equipment.

On February 8, a similar award ceremony was held in the Houston area when Quantum gave a total of \$40,000 to five EMS providers. LaPorte EMS, San Jacinto College-Central, Hermann Lifeflight, Clear Lake Emergency Medical Corps, and Danbury EMS will use their grants for equipment and education.

At the Dallas ceremonies, Suburban Propane Senior Group Vice President Carl C. Richardson said "Starting right here in Texas, where virtually half of EMS services are staffed by volunteers, we hope to increase public awareness about this humane activity in our communities. Greater public support could save the lives of thousands of Americans each year, and we hope this contribution will encourage others to volunteer, or otherwise support EMS."

"Every year, EMS units in Texas respond to more than a million calls for assistance," said Pam West, director of the EMS Division of Texas Department of Health. "We are deeply gratified by Quantum's recognition of the heroic efforts of our EMS personnel and the importance of EMS in the community, and believe that the additional training and equipment their contributions provide will help save many more lives."

In addition to funding EMS units in

Texas, Suburban Propane launched a volunteer campaign encouraging its employees to become involved in local EMS units, either as certified EMS personnel or in other ways. According to Suburban Propane's David Randolph, the response to the volunteer campaign was excellent, and a number of Suburban Propane employees will be trained as EMS personnel with training being paid for by the company. These employees will then volunteer their time with local EMS units.

Suburban Propane districts are also sponsoring various fundraising events with donations being made to the local EMS unit. These fundraisers are being held by Suburban Propane employees and will continue through June, 1990.

The Bureau of Emergency Management and Texas Department of Health will continue to work with Quantum and Suburban Propane on other EMS projects. Quantum officials have said they hope their efforts will encourage other businesses and industries to follow their lead in community involvement and support. Billy Sladek, resource coordinator for the EMS Division of the Bureau of Emergency Management, helped the EMS program administrators in PHR5 and PHR4, Jimmy Dunn and Wayne Morris, coordinate these contributions.

The Critical Difference

Earlier this fall, Quantum launched its nationwide EMS public awareness program with three television public service announcements, one of which was filmed in Hockley, Texas. Quantum also co-sponsored an EMS documentary, "The Critical Difference," which premiered as part of the Emmy Award-winning Public Broadcasting System's science and health series, **Innovation**.

Suburban Propane will sponsor EMS fundraising activities in these 19 Texas communities in 1990.

Lufkin	McKinney
Longview	Sulphur Springs
Kennedale	Castroville
Mt. Pleasant	Houston
Corsicana	Helotes
Meridian	Nacogdoches
Southlake	DeKalb
Fate	Decatur
Sherman	Hainesville
Denton	

TAKE VINCE AND LARRY'S CRASH COURSE IN SAFETY BELTS.



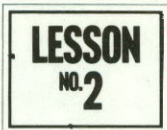
"Hey guys, there's some smashing news about safety belts that you should know. And Larry and I want to be the first ones to break it to you."

"But Vince, we like to break everything."



"As you know, Larry, pretty soon all cars will come with automatic safety belts or air bags — and I don't mean your mother-in-law!"

"That's right, Vince, but these new automatic gizmos only do part of the job to keep you from being a windshield warrior. You've still got to make sure your safety belt is buckled up."



"Larry, do you know what works best when they fit tightly?"

"My Uncle Berrie's false teeth?"

"No Larry, safety belts. You've got to always make sure that yours is snug and that whatever safety belt system your car comes with is in a-ok-working order."



"No matter if you're on the road to Rio or going just around the corner, without a safety belt my friend you're on the road to ruin!"

"Ruin, is that a small town in France, Vince?"

"No, dashboard breath, what I'm saying is whether your trip is short or long, you should be buckled up."



"And Vince, folks should remind others to wear their safety belts too. Remember there could be a dummy in your car."

YOU COULD LEARN A LOT FROM A DUMMY. BUCKLE YOUR SAFETY BELT.

A Public Service Message  

SAFETY BELT CAMPAIGN

Volunteer Agency: Leo Burnett USA, Campaign Director: Michael Ryan, Northern Telecom

Did You Read...?

...in the January 1990 issue of *jems* in the article titled, "Dialysis and Other Special Needs" that "due to the increasing availability of treatment, approximately 50 % of all dialysis patients in the world reside in the United States?"

...in the same article that prehospital care personnel are warned not to use a patient's arm that has been surgically prepared for kidney dialysis for blood pressure determination or for the starting of I.V. fluids?

...in the article, "Prehospital IV Therapy" printed in the January 1990 issue of *jems*, that patients in emergency departments have been shown to have almost twice the risk of complications from IV therapy as patients in whom therapy was initiated in other departments? However, the risk factor for prehospital venipuncture is even greater due to environment and the traumatic catheter insertion in a moving vehicle, says author David Lawrence, M.P.H., REMT-P

...in the January 1990 issue of the *EMS Insider* the comment on management? "Would you buy a car with a speedometer that only gives your speed every ten minutes, or a gas gauge with twice a day readouts? Ludicrous, you say, but isn't this what we do when we only give performance feedback once or twice a year?"

...in the November 1989 issue of *EMS Insider* that the Emergency Nurses Association (ENA) has decided to revise its 1984 position regarding their opposition to employing EMTs and Paramedics in the Emergency Departments of hospitals? The association surveyed a number of hospitals and found that 26% used or planned to use prehospital personnel. This is due to the nationwide shortage of professional nurses.

...in the same publication that the National Association of EMTs is announcing the formation of the NAEMT Foundation? Their purpose will be to further EMS education and research, and to encourage financial support for families of EMTs and Paramedics killed in the line of duty. For more information or to make a contribution, write Bess Tluscik at the NAEMT Foundation, 9140 Ward Parkway, Kansas City, Missouri, 64114 or call (816) 444-3500.

...about the National Clearinghouse for

EMS vehicle problems? Chairman of that organization, Ben Hinson of Mid-Georgia Ambulance Service in Macon, Georgia, says, "If ambulance services had been talking to each other, we would have been able to solve the problem with ambulance fires a lot earlier." For information contact Ben Hinson at P.O. Box 2710, Macon, Georgia 31203 or phone him at (912) 741-4141. This information was in the November 1989 *EMS Insider*.

...the story in the February 1990 issue of *Government Technology* concerning the computerization of the Brazoria County justice system's records? John Dorey, their processing director, talking about the change-over process said, "The first year I had a staff of five people doing seven years of programming in five months. There were people practically sleeping here. And they did it for no additional pay. It was their opportunity to be a pioneer." Shades of EMS!!!

...the quote from Donna Cronkhite, Chief Flight Nurse for Mother Frances Hospital's Flight For Life program concerning physical fitness? Cronkhite says, "The relationship between an individual's physical and emotional well-being and peak job performance is undisputed." This appeared in the Fall 1989 issue of *Flight For Life*, that organization's publication. What formal physical fitness program does your organization have? Many high stress organizations are now setting specific physical fitness goals and requirements for the benefit of their employees, organization and subsequently for the benefit of their patients. Many physiologists believe that there are far fewer accidents when personnel are in top physical condition.

...in the *British Journal of Accident Surgery: Injury 1989*, the article titled, "Reduction in Accident Injury Severity in Rear Seat Passengers using Restraints?" The authors, M. S. Christian and D.W. Bullimore, both physicians practicing in England, studied 3987 patients who had been involved in road accidents while riding in motor cars. Of that number, 441 (18%) were rear seat passengers. Say the authors, "Comparison of the injury severity score between restrained and unrestrained subjects shows the protection provided by the restraints (lap belts and shoulder straps). Of the 441, there were only eleven

due to the increasing availability of treatment, approximately 50 % of all dialysis patients in the world reside in the United States.

If ambulance services had been talking to each other, we would have been able to solve the problem with ambulance fires a lot earlier.

The relationship between an individual's physical and emotional well-being and peak job performance is undisputed.

The National Registry will no longer classify EMTs and paramedics by experience. Registration will be based on verification of skills and knowledge.

The city of White Bear Lake, Minnesota, population 23,000 banned cigarette vending machines. Also, selling cigarettes to a person under the age of 18 is a gross misdemeanor punishable by up to one year in jail and a \$3,000.00 fine.

fatalities, all unrestrained passengers." In conclusion, the authors stated, "the use of such restraints by rear seat passengers should be compulsory and that such legislation would greatly reduce the severity of injuries suffered in road traffic accidents."

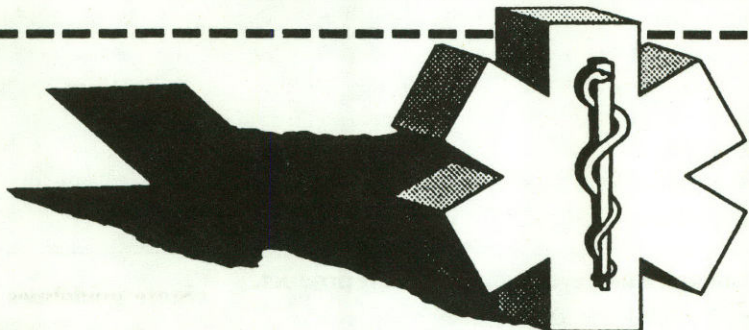
...the **EMS Insider** for February 1990? There were a number of interesting articles, such as the story about a new book, **A Procedural Guide: In the Event of Death in the Line of Duty of a Member of the Volunteer Service.** The book reportedly contains vital information for survivors of those persons killed in the line of duty, while performing fire and ambulance work. This is for paid and volunteer workers. According to the article, survivors are due a monetary death benefit. The book costs \$8.25 and contains all the necessary forms. To order, send a letter on business stationery and a check to PSOB Guide, National Volunteer Fire Council Resource Center, P.O.Box 25215, Alexandria, VA 22313-5215, or call Carolyn Perroni at (703) 823-1593.

...that the National Registry of EMTs has announced two policy changes? There is now no provisional status. Those persons meeting entry level requirements become fully registered. William F. Brown, Executive Director

of the organization, states, "It was too difficult to quantify six months experience." The National Registry will no longer classify EMTs and paramedics by experience. Registration will be based on verification of skills and knowledge.

...that Tucson Arizona Fire Department EMS recently conducted a study using cellular phones to transmit 12-lead ECG strips from mobile units to receiving hospitals? This proved so effective that they have decided to put this type equipment on all of their ALS units. Elizabeth Chriss, R.N. the program analyst, described the transmissions as "crystal clear." Tucson F.D. is also considering placing the drug tPA (tissue Plasminogen Activator) on all paramedic-staffed units.

...in the January, 1990 edition of **Governing**, about the city of White Bear Lake, Minnesota, population 23,000? They banned cigarette vending machines. Also, selling cigarettes to a person under the age of 18 is a gross misdemeanor punishable by up to one year in jail and a \$3,000 fine. This sort of law making may affect the incidence of fires and subsequently the need for emergency care services in that community. It may also affect the number of deaths due to lung cancer.
- Tom Ardrey



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Texas EMS Messenger

\$15 for 2 Years

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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

HazMat Self-Study

Knowing how to recognize and respond to situations involving hazardous materials is becoming increasingly important to EMS personnel and all first responders with the abundant manufacture, storage, and use of organic and nonorganic chemicals. Department of Transportation, Environmental Protection Agency, Federal Emergency Management Agency, and Texas' State Emergency Response Commission are involved in developing training curricula and setting training standards for hazmat response.

These questions are the first of several articles over the next months on hazardous materials recognition and identification. The answers to these question will be in June's Texas EMS Messenger or you can find the answers in **Hazardous Materials for First Responders** (Fire Protection Publications), **Hazardous Materials - Managing the Incident** (Fire Protection Publications), **Recognizing and Identifying Hazardous Materials** (FEMA Training Program), or **DOT Emergency Response Guidebook** (the "yellow book").

1. Responsibilities of EMS responders at hazmat scenes routinely include (more than one)

- (a) leak containment
- (b) protection of themselves
- (c) prevention of EMS vehicle contamination
- (d) patient care of victim in the "hot zone"

2. Which of the following are clues to the presence of hazardous materials? (more than one)

- (a) container shape
- (b) vehicle configuration
- (c) placards
- (d) location
- (e) shipping papers

3. All of the following are indicators of the presence of hazardous materials. Use of one, however, presents special risks to responders. Which is it?

- (a) placards
- (b) labels
- (c) markings
- (d) the human senses

4. In anticipation of a hazmat incident all EMS vehicles should have at least (more than one)

- (a) pair of binoculars
- (b) SCBA
- (c) DOT yellow book
- (d) encapsulation suits

5. You are called to the scene of a tank/truck roll-over. The truck's tank is smooth and cylindrical with rounded ends and is painted white.

A) You should suspect what type of product is being carried by the truck?

- (a) milk
- (b) acid
- (c) liquefied gas
- (d) gasoline
- (e) fertilizer

B) The placard on the tank is red with a flame symbol at the top. The wording on the placard is obscured by road grime but you can see the number "2" at the bottom of the placard. You now know the product is a (n)

- (a) explosive
- (b) flammable gas
- (c) oxidizer
- (d) combustible liquid

C) Under the red placard is an orange panel with the number "1978". The product can now be more specifically identified as

- (a) diesel fuel
- (b) propane
- (c) methyl peroxide
- (d) alcohol

D) The D.O.T. Emergency Response Guidebook would refer you to which Guide number for the product?

- (a) 12
- (b) 18
- (c) 22
- (d) 31

E) You now know even more about the product. For instance - (more than one)

- (a) It presents an extreme fire hazard
- (b) Medical care for those exposed includes thorough decontamination procedures.
- (c) The product reacts violently with water.
- (d) This material may cause corrosive chemical burns of the skin.
- (e) Product vapors pose a threat of suffocation

F) Immediate actions at the scene could appropriately include - (more than one)

- (a) allowing trained personnel to enter the area with only firefighter protective clothing and SCBA
- (b) keeping all non-protected personnel upwind and uphill of the product
- (c) setting up a decontamination area and initiating full decontamination protocols
- (d) in the absence of a local hazmat team, calling Chemtrec at 1-800-424-9300

State guidelines recommend ten to twelve hours of initial hazardous materials awareness and operations training for most EMS personnel. Topic areas include recognition and identification, patient handling, decontamination, and incident command. For information on training recommendations contact Louis Berry with the Bureau's Disaster Response Program at (512) 458-7550.

Paramedic and Intermediate Exam Subscale Averages January - March 1990

	<u>Paramedic Courses</u>						Averages by Subscale					
	PHR City	Coordinator	Class Type	Class Size	Class Average	1	2	3	4	5	6	
These test results include initial and refresher training testing for groups of five or more.	PHR 1	Temple	Moshinskie	Initial	15	87.97	91	89	86	85	91	93
	PHR 2	Dalhart	Heard	Initial	06	88.42	90	91	84	89	93	87
		Lubbock	Coker	Initial	08	91.31	93	95	89	90	90	95
	PHR 3	Midland	Davidson	Refresher	08	80.81	83	86	78	79	81	81
	PHR 4	Houston	Stevenson	Initial	11	93.18	95	94	91	93	95	95
		Houston	Hatch	Initial	09	89.06	91	91	87	88	91	90
	Subscale 1:	Port Arthur	Pitts	Initial	07	84.36	83	85	86	80	87	89
	Assessment, Airway, Shock, Pharmacology (30 questions);	Houston	Stevenson	Refresher	18	91.20	91	95	91	90	93	88
	Subscale 2:	Houston	Stevenson	Refresher	05	93.30	95	96	92	92	94	92
	Trauma, Burns, Rescue (30 Questions);	PHR 5	Farmers Branch	Jones	Refresher	14	89.89	92	91	88	89	92
Subscale 3:	Dallas	Goodykoontz	Initial	38	91.52	92	91	89	92	95	93	
Cardiovascular (60 questions);	Dallas	Edmonson	Initial	16	89.41	88	91	88	88	93	93	
Subscale 4:	San Antonio	Garoni	Initial	20	90.03	89	91	87	89	96	97	
Medical (45 questions);	San Antonio	Garoni	Initial	22	89.93	92	92	88	89	91	93	
Subscale 5:	PHR 7	Tyler	Elbert	Initial	09	88.50	87	91	90	89	87	80
OB/GYN, Pediatrics, Geriatrics, Behavioral (25 questions);	PHR 8	Corpus Christi	Gonzales	Initial	09	87.33	87	90	84	88	89	94
Subscale 6:	McAllen	Robles	Initial	09	87.17	86	89	86	85	89	94	
Prehospital Environment (10 questions).	Harlingen	Bolleter	Initial	09	85.61	84	86	85	84	88	90	
	Statewide Averages					89.48	90	92	88	88	91	93
	<u>Intermediate Courses</u>											
	PHR 1	Meridian	Moshinskie	Initial	07	83.71	81	81	88	86		
		Gatesville	Southerland	Initial	11	87.00	85	89	88	85		
	PHR 2	Canadian	Davis	Initial	08	90.25	90	87	92	93		
		Dumas	Crabtree	Initial	18	87.89	91	87	86	90		
The Intermediate subscales are:	PHR 4	Pasadena	Bowling	Initial	15	84.80	83	87	85	84		
Subscale 1:		Pasadena	Bowling	Initial	22	83.41	83	83	82	86		
Patient Assessment and Initial Management;		Houston	Brant	Initial	25	86.96	86	89	85	90		
Subscale 2:	PHR 5	Stephenville	Koonce	Initial	09	90.00	87	89	93	93		
Airway Management and Ventilation;		Sweetwater	Meeks	Initial	11	87.72	86	87	88	91		
Subscale 3:	PHR 6	San Antonio	Rakowitz	Initial	11	86.18	85	85	88	87		
Assessment and Management of Shock; and		Schertz	Chalk	Initial	06	90.33	88	89	91	96		
Subscale 4:	PHR 7	Livingston	Anderson	Initial	07	83.14	81	84	83	85		
Prehospital Environment.		Trinity	Manvel	Initial	07	87.00	88	90	84	87		
The critical subscales are 1 - 3.	PHR 8	McAllen	Robles	Initial	10	71.00	72	72	72	65		
		Harlingen	Bolleter	Initial	05	83.60	86	83	81	88		
	Statewide Averages					85.80	85	86	85	88		

- Compiled by
Saleem Zidani

Free materials are available from most of these sponsoring organizations.

National Health Observances May - December 1990

MAY

American Bike Month

National Safety Council
444 North Michigan Avenue,
Chicago, IL 60611
(312) 527-4800
Materials: pamphlets, posters.

Mental Health Month

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722
Materials: pamphlets

National Blood Pressure Month

National High Blood Pressure
Information Center
4733 Bethusda, Suite 530
Bethesda, MD 20892
(301) 951-3260
Materials: increasing awareness kit,
fact sheet.

National Physical Fitness and Sports Month

President's Council on Physical
Fitness and Sports.
Judiciary Plaza,
450 Fifth Street NW, Suite 7103
Washington, DC 20001
(202) 272-3424
Materials: posters, kits, pamphlets.

National Sight Saving Month

National Society to Prevent Blindness,
500 East Remington Road
Schaumburg, IL 60173
(708) 843-2020
Materials: pamphlets, news releases.

National Trauma Awareness Month

American Trauma Society
1400 Mercantile Lane, Suite 188
Landover, MD 20785
(301) 925-8812
Material: pamphlets; public awareness materials.

Older Americans Month

Administration on Aging
330 Independence Avenue SW
Washington, DC 20201
(202) 245-0058
Materials: pamphlets.

National Fetal Alcohol

Awareness Week, May 13-19
National Council on Alcoholism, Inc.
1511 K Street NW, Suite 926
Washington, DC 20005
(212) 206-6770
Materials: kit and pamphlets.

Safe Kids Week, May 14-20

National Safe Kids Campaign
111 Michigan Avenue NW
Washington, DC 20010
(202) 939-4993
Materials: pamphlets

Buckle Up America Week, May 21-28

Office of Occupant Protection
National Highway Traffic Safety Administration
U.S. Department of Transportation
400 7th Street SW (NTS-11)
Washington, D.C. 20590
(202) 366-9550
Materials: pamphlets and posters

JUNE

National Safe Boating Week, June 3-9

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611
(312) 527-4800

National Safety Week, June 24-30

American Society of Safety Engineers
1800 East Oakton
Des Plains, IL 60018-2187
(708) 692-4121
Materials: pamphlets and kit

*Reprinted from
Healthfinder,
National Health
Information Center,
U.S. Department
of Health and
Human Services*

Contact the
local offices
of these groups
to schedule
a speaker for
an inservice
session.

AUGUST

Leukemia Society Month
Leukemia Society of America
733 Third Avenue
New York, NY 10017
(212) 573-8484
Materials: brochures, posters, films, videos

SEPTEMBER

National Cholesterol Education Month
National Cholesterol Education Program
Information Center
4733 Bethesda Avenue, Room 530
Bethesda, MD 20814
(301) 951-3260

National Farm Safety Week
National Safety Council
444 North Michigan Avenue
Chicago, IL 60611
(312) 527-4800
Materials: program kit.

National Rehabilitation Week
Allied Services for the Handicapped
Public Relations Office
P.O. Box 1103
475 Morgan Highway
Scranton, PA 18501
(717) 348-1300
Materials: posters, brochures.

OCTOBER

Family Health Month
American Academy of Family Physicians
8880 Ward Parkway
Kansas City, MO 64114
(800) 274-2237; (816) 333-9700

**National AIDS Awareness
and Prevention Month**
Centers for Disease Control
1600 Clifton Road
Atlanta, GA 30333
(800) 451-5231
Materials: brochures, pamphlets.

**Sudden Infant Death Syndrome
Awareness Month**
National SIDS Foundation
8200 Professional Place, Suite 104

Landover, MD 20785
(301) 964-8000
Materials: pamphlets, posters, brochures.

Child Health Day
Department of Health and Human Services
Division of Maternal and Child Health
and Resource Development
Parklawn Building, Room 605
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2170

Mental Illness Awareness Week, October 7-13
American Psychiatric Association
1400 K Street NW
Washington, DC 20005
(202) 682-6000
Materials: fact sheets, reproducible art.

National Fire Prevention Week, October 7-13
National Fire Protection Association
1 Battery-March Park, P.O. Box 9101
Quincy, MA 02269-9101
(617) 770-3000
Materials: kit (fact sheet, home safety checklist,
handbook), posters.

**National School Bus Safety Week,
October 14-20**
National School Transportation Association
P.O. Box 2639
Springfield, VA 22152-2639
(703) 644-0700
Materials: booklets, posters, and pamphlets

NOVEMBER

National Alzheimer's Awareness Month
Alzheimer's Disease and Related Disorders
Association
70 East Lake Street, Suite 600
Chicago, IL 60601
(312) 853-3060
Materials: pamphlets

National Diabetes Month
American Diabetes Association
Public Relations
1660 Duke Street
Alexandria, VA 22314
(703) 232-3472
Materials: posters, buttons, brochures, cable
information program.

National Health Observances offer training, PR opportunities for EMS

From now through the end of the year there are no less than thirty national health awareness weeks or months sponsored by health and safety groups. In May the National Safety Council sponsors American Bike Month and Department of Transportation sponsors Buckle Up American Week, for instance.

EMS organizations can use these special emphasis times a couple of ways:

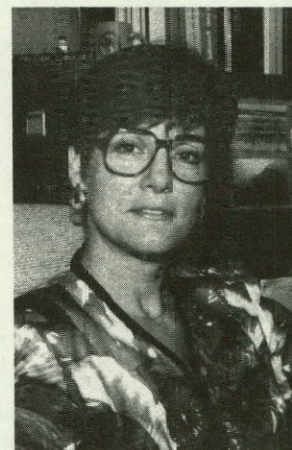
1. Sponsor an EMS in-service or CE training session on the topic so your people can improve care to a particular group or learn about emergency treatment of a particular illness, injury, or condition.
2. Use the materials available from the sponsoring associations and agencies to educate your community about prevention behavior.

Many of the organizations that sponsor special emphasis weeks or months have local offices and you may be able to schedule a speaker for your group through that office. The list starting on page 25 has addresses, phone numbers, and lists of materials available.

Older Americans Month, for instance, could be a time when you schedule an EMS continuing education presentation by a physician specializing in geriatric care or you could give a public presentation on fall-proofing the home. Older Americans Month might also be a time when you could kick off a community program such as Vial of Life or Morning Call.

Governor Clements has proclaimed May 20-26 as Sexual Assault Awareness Week in Texas and the sexual assault centers in communities all across Texas will be increasing their public education efforts. It might be a good time for your service to schedule an in-service training session with your local sexual assault prevention center. Education of professionals - doctors, EMS, police, and criminal justice - is an important part of the work of sexual assault programs.

If your service is looking for ways to improve its emergency medical care and to serve the community in more ways, consider selecting a special emphasis each month or each quarter and plan your EMS continuing education and your public information and education programs using those topics.



*Alana S. Mallard
Editor
Texas EMS Messenger*

National Hospice Month

National Hospice Association
1901 North Moore Street, Suite 901
Arlington, VA 22209
(703) 243-5900
Materials: booklet, fact sheets, pamphlets.

Great American Smokeout

American Cancer Society
National Headquarters
1599 Clifton NE
Atlanta, GA 30326
(800) ACS-2345; in Texas (512) 928-2262
Materials: flyers, pamphlets, media announcements.

DECEMBER

World AIDS Day

American Association for World Health
2001 S Street NW,
Suite 530
Washington, DC 20009
(202) 265-0286

National Drunk and Drugged Driving Awareness Week

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611
(312) 527-4800

AROUND THE STATE

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

May 15, 1990, **Resuscitation Issues for the 1990s**, Dallas, UT Southwestern Medical Center, 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 Rd., Texarkana, TX 75501, (214)838-4541.

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

May 24, 1990, **HazMat Recognition and Identification Seminar**, Texarkana Coll.eg.e, 2500 N. Robison, Texarkana, TX 75501, (214)838-4541.

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

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

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

June 15, 1990, **Death & Grief in the Health Care Setting Seminar**, Texarkana College, \$30 or \$5 student rate. Kathy Jordan, 2500 N. Robison Rd., Texarkana, TX 75501, (214)838-4541.

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

June 16 - 23, 1990, **National Cave Rescue Com-**

mission Annual Training Seminar, San Saba, TX and Colorado Bend State Park. Rod Dennison (817)778-6744 or Alana Mallard (512)458-7550.

June 22, 1990, **HIV/AIDS Requirements & Guidelines for Public Safety Officials**, Austin, sponsored by Texas Department of Health, Galco Service Consultants, P.O. Box 1414, Georgetown, TX 78626-1414, (512)863-2098.

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

August 2 - 4, 1990, **Sixth Annual Colorado Trauma Symposium**, Beaver Run Resort, Breckenridge, CO. Linda Metcalf, 777 Bannock St., 3rd Floor West, Denver, CO. 80204-4507, (303)893-6266.

September 7, 1990, **5th Annual Air Rescue Seminar**, Beaumont, Texas. Air Rescue, Baptist Healthcare System, P.O. Drawer 1591, Beaumont, TX 77704, (409)839-5620.

September 13 - 15, 1990, **Texas EMS Conference '90**, DoubleTree Hotel, Austin. Call Bureau of Emergency Management (512)458-7550.

September 16 - 22, 1990, **EMS Week**.

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

EMT-I/Paramedic: Texas Department of Corrections, choice of locations in Texas, excellent benefits, \$1622/mo. EMT-I/Paramedic Texas certification or TDC certification as EMT. Texas Dept. of Corrections, P.O. Box 99, Personnel Annex, Huntsville, TX 77342 or (409)294-2755.

Paramedic Director: Resume: Refugio Co. Hosp. Dist., 107 Swift St., Refugio, TX 78377, 2 years

EMS management preferred. Haskell Silkwood (512) 526-2321.

Associate Medical Director: Coordinate ALS training and CE programs for EMTs. Paramedic, RN or equivalent. ACLS certification. Experience in paramedic education and EMS operations. Dept. of Surgery, Texas Tech Univ., RAHC, 4800 Alberta Ave., El Paso, TX 79905. Sandra Mendez (915)545-6860.

Flight Nurse/Paramedic: Experienced ACLS certified nurses for part-time in Austin, Dallas, and Houston. Flight time available on Worldwide flights. Top Pay! Resume and picture to Ted L. Edwards, M.D., Medical Director, Air Ambulance America, P.O. Box 4051, Austin, TX 78765-4051.

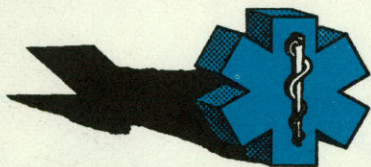
EMTs, EMT-Is, and EMT-Ps: West Texas location. Resume: Ann Andrus, Presidio EMS, P.O. Box 827, Presidio, TX 79845, or (915)229-3064.

Paramedics: EMT-Ps to grow with us. Will assist you in the development of your clinical evaluation skills. Work on offshore oil and gas production and drilling facilities. Texas or National Registry Certification. ACLS, BTLs, basic computer skills desirable. Resume: Medic Systems, P.O. Box 690928, Houston, TX 77269-0928.

Needed: Huatulco, Mexico urgently needs ambulance and equipment. Dr. Javier de Jesus Velasco, P.O. Box 4051, Austin, TX (512)479-8000.

For Sale: Thumper, Cardiopulmonary Resuscitator, soft pack case. Almost new. \$3000. Susan Shirley, Jersey Village Fire Dept., 16501 Jersey Dr., Houston, TX 77040, (713)466-6159.

For Sale: Liteguard 6-B, defibrillator/monitor, battery charger, 2 sets of batteries, carrying case, 2 sets of patient cables, never been used, back up only, \$2500. Mike Barton, (817)236-8044.



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

SECOND CLASS RATE PAID
AT AUSTIN, TEXAS