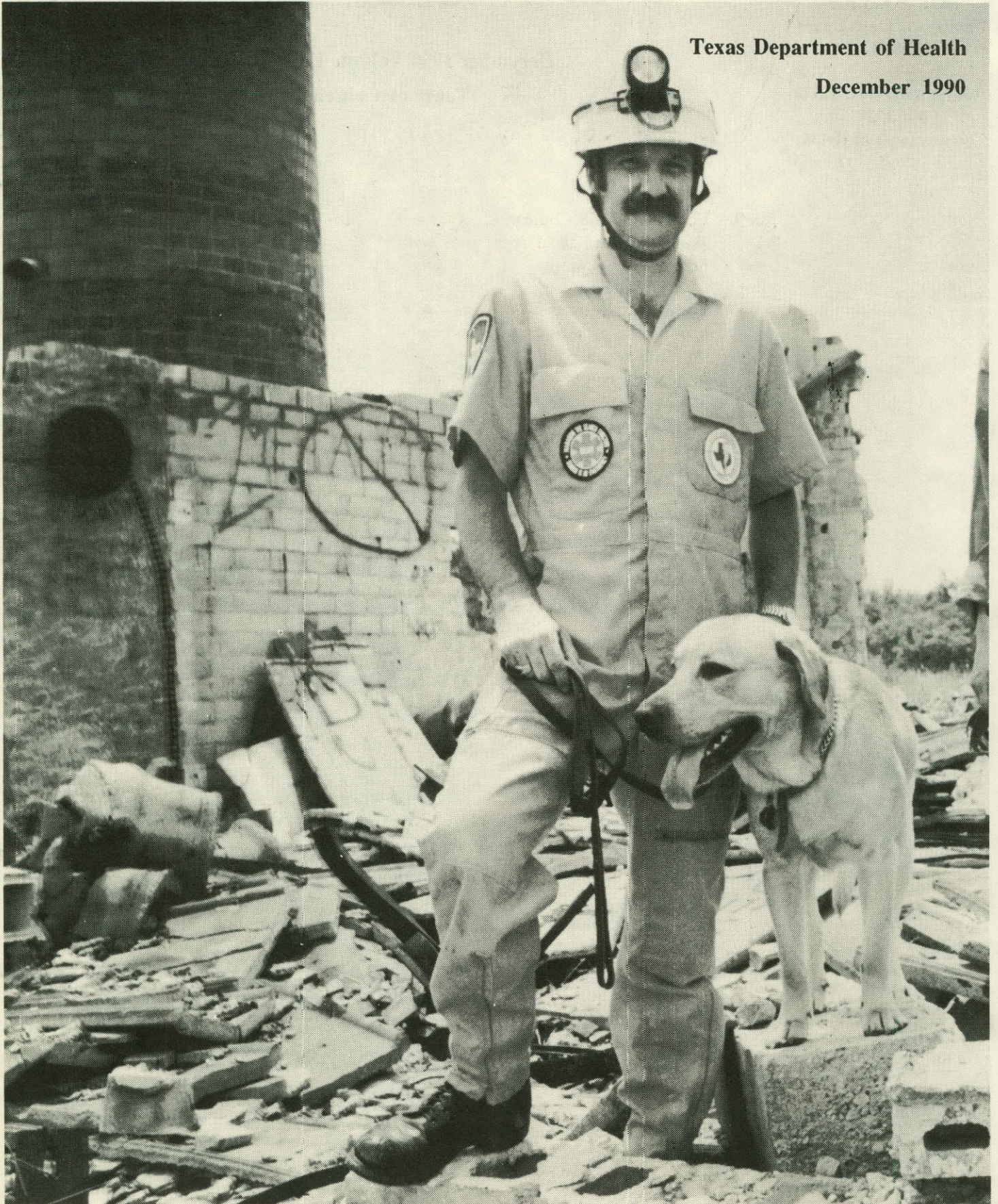


Texas EMS

M e s s e n g e r

Texas Department of Health

December 1990



Texas Department of
Health

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Texas EMS Messenger

December 1990 Volume 11, Issue 10

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COVER PHOTO: Ron Perry and his best friend Tucker recently found a 90-year-old man lost in the rough country near Paducah. See story on page 14. Photo courtesy of San Angelo Standard-Times.

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From This Side

No, this issue of the **Texas EMS Messenger** is not going to the dogs. Just another story about our own world-famous dog handler, Ron Perry, and his equally famous dog, Tucker. We are fortunate here in Texas to have individuals such as Ron Perry who spend so much of their time training and working their rescue dogs. We are pleased to be able to relay one of their rescue missions with such a positive outcome.

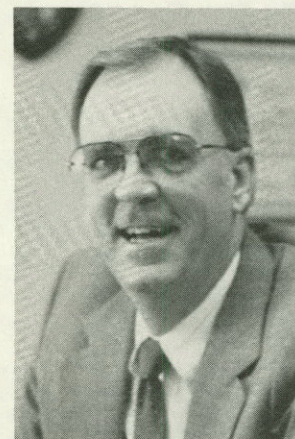
Humor has always played a large role in the delivery of emergency medical service. Many EMS professionals use humor as a release for the stress that comes with the many demands of emergency situations. Also in this issue is a request by Peggy Heathman of Fredericksburg for humorous stories for a book she is writing. That should be a really interesting book of EMS humor. I look forward to the publication of this book.

Please accept my thanks to the many people around the state who have made Ready Teddy such a success. We are extremely gratified at the immediate acceptance of our mascot and the coloring books. As of this writing we have distributed more than 80,000 Ready Teddy coloring books and 5,000 Ready Teddy posters. In 1991 we will have an additional 200,000 coloring books and 10,000 posters. We have included information in

this issue on how to request Ready Teddy and the coloring books. You may be interested to know that until a recent personnel move, Ready Teddy actually had an office space in our organization.

Under the heading of "This Is What EMS Is All About," I wanted to share a story with you from the local newspaper in Port Lavaca. Dispatcher Jo Higgins, officers Michael Balajka, Rusty Henderson and Gus Torres, assistant EMS Chief Carl King, EMS shift supervisor Mike Beard, and EMT-SS Laurie McDaniel all participated in a successful "save." This save involved a CPR situation and was only successful after multiple defibrillation attempts, IV drugs, and respiration assist. Doctors J. Pentecost and P. Bunnell called the EMS crew back into the room at the hospital after the patient arrested again. After successfully reviving the patient in the emergency room, Dr. Pentecost is reported to have told the patient's spouse, "I don't know what we did before EMS, lost a lot of people, I guess."

Since the above story pretty well says it all, let me close my column for this year by wishing each of you a happy and safe holiday season. All of us with the Bureau of Emergency Management look forward to working with you next year so that Texas EMS makes a lifesaving difference.



*Gene Weatherall
Chief
Bureau of
Emergency
Management*

Thank You from the Bureau's EMS Education Program to these committee members for providing valuable assistance in developing the new set of State Certification Examinations.

Examination Review Committee

R. Donovan Butter, D.O., Carol Goodykoontz,
Neil Coker, Jane Montgomery, Larry Clark,
and Steve Hanneman

Certification Review Committee

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Local and Regional EMS News

Firefighting footballer finds fame as television gladiator

...said the October 13 headlines in the **Fort Worth Star-Telegram**.

Wesley Keck, a 24-year-old Arlington firefighter and EMT, competed on the television show "American Gladiator." The show features contestants who accumulate points in events such as wall scaling and obstacle courses while being challenged by gladiator opponents. Keck, who plays fullback for the Arlington Broncos on his off-duty hours, won his first-round contest and \$1,200 on the nationally-syndicated show in October when he trounced his disc jockey opponent. Keck's quarterfinal competition, where he was eliminated, has been filmed and, at this writing, was scheduled to be aired in November.

PHR Personnel Changes

South Texas' Public Health Region 8 has a new EMS program specialist and a new secretary. Petra Vidales joined EMS program administrator Jay Garner's group October 1 as a secretary based in the Harlingen office, while Noemi Sanchez moved into that office's program specialist position.

During the time Sanchez served as the secretary in the EMS office she trained first as an EMT, then as an EMT-Intermediate. Sanchez, Garner, and Corpus Christi-based program specialist Rothy Moseley stay up on their EMS training and certification by volunteering regularly with local EMS services. Vidales may have caught the EMS certification bug, because she has already told Garner she is interested in taking an EMT course.

Public Health Region 1's James Davis has left Texas for a new EMS job. He

started with Pac-Med in San Jose, California in November as a paramedic. Before Davis came to work for the health department in 1988, he was a paramedic/firefighter with Temple Fire Department.

Texas EMS Registry Certifications Total 42,989

As of September 27, Texas had nearly 43,000 certified people on the EMS Registry, including 347 living in other states.

Public Health Regions 4 and 5, which include the large metropolitan areas of Houston and Dallas/Fort Worth respectively, top out the certifications by public health region. Region 5, which covers North Central Texas and parts of West Texas and is headquartered in Arlington, shows 10,403 EMS-certified individuals on the Texas EMS Registry. The Houston area, Public Health Region 4, runs a close second in number of certified personnel with 9,482.

Public Health Region 1, the Central Texas area with its offices in Temple and Austin, had 8,541 registered. The Panhandle and South Plains area, Public Health Region 2, had 2,694 registered, and 3,001 in Public Health Region 3, the area that stretches from El Paso east to Mason county, were EMS certified.

The Hill Country and Upper Rio Grande area centered in San Antonio and Uvalde had 2,723 people on the EMS Registry, and in East Texas 3,489 had EMS registration. Public Health Region 8, officed in Harlingen and Corpus Christi and stretching from the far southern tip of Texas along the coast to Victoria, showed 2,309 individuals with EMS certification.

The 42,989 total includes 6,416 EMT-Paramedics, 2,172 EMT-Intermediates, 21,273 EMTs, and 13,128 Emergency Care Attendants.

Local and Regional EMS News

Heimlich Maneuver Posters Available from Printer

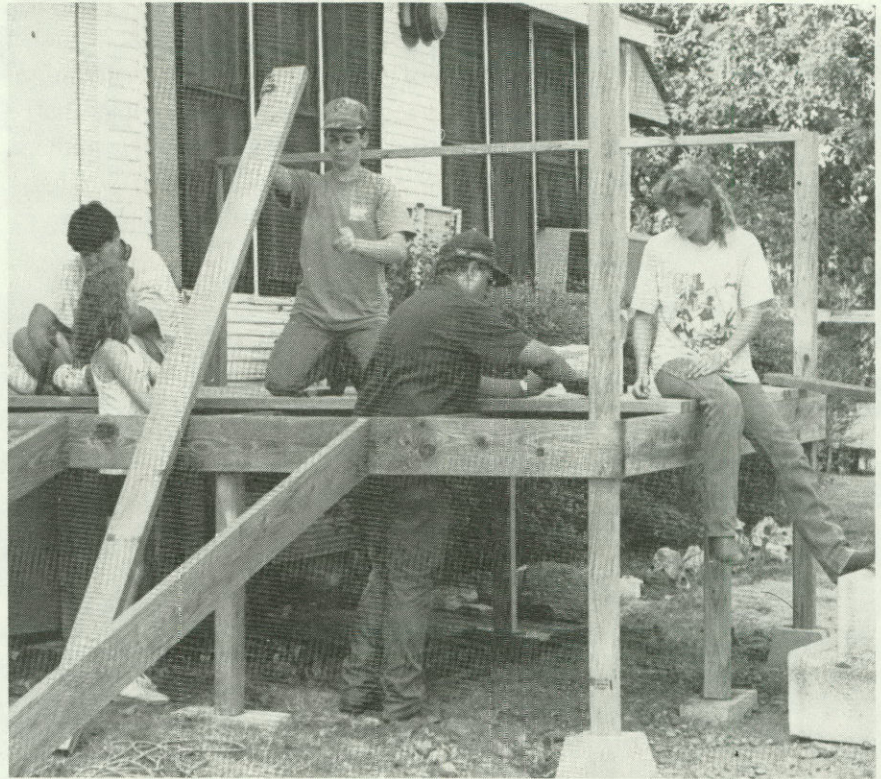
Copies of the choking posters which are required by law to be displayed in food service establishments where they can be seen by employees or patrons are available from Hart Graphics in Austin at (512) 339-3900 or 1-800-223-4278. The posters are \$3.50 plus shipping and handling.

If you want to print choking posters and distribute the posters to local businesses, camera-ready copy is available from Texas Department of Health, Food and Drug Division. Legislation and rules adopted by the Board of Health detail poster size, type size, colors, and text requirements.

Tank truck crash kills firefighter, chief's daughter

Officials from the National Transportation Safety Board are investigating the crash of a tank truck which killed Linda Sexton, an EMT/firefighter with Spillway Volunteer Fire Department who was driving the truck. Also killed in the crash was 3-year-old Jennifer Kelly, daughter of Spillway Volunteer Fire Department chief Jeff Kelley. According to two articles from the **Fort Worth Star Telegram**, details of the crash were unclear, but the 1,000 gallon tank truck was on an emergency run to a rural house blaze near Azle when Sexton apparently lost control of the truck at top of a hill. The tank truck swerved on the road for several hundred feet, then fell into a 20-foot ditch and burst into flames.

Sexton had been with the Spillway Volunteer Fire Department for eight months. She was engaged to be married to another Spillway firefighter, Jeff Prindle.



Explorer Post aids Gonzales EMS and community

The Gonzales EMS Explorer Post recently completed a project that helped both the emergency service and a local resident. Explorer Post members Luis Hernandez, Rick Sirilo, Kelly Barton, Rick Willett, Todd Bright, Jenny Barton, Jessica Barton, and Andrea Kelley helped advisor Ken Hedrick replace some steep back porch steps with a wooden deck and a ramp. According to the article from the Gonzales **Inquirer** sent by EMS director Eddie Callender, the steps were at a home where a bedridden resident must be taken to the hospital several times a month. Members of the resident's family funded the project.

Do you have an EMS story?

Fredericksburg's Peggy Heathman, an EMT-Intermediate, is writing a book titled

Local and Regional EMS News

Code Three Humor, and she is looking for funny or heart-felt stories about the EMS profession. "Anyone can submit material regarding the funny things that happen in our business," says Heathman. "If your story is used, you will be credited, unless you prefer to remain anonymous."

Submission of material constitutes release, permission to edit and publish, and Heathman regrets she cannot return submissions. Send your story to: Peggy Heathman, EMT-I, 305 S. Crockett, Fredericksburg, Texas 78624.

I wonder if Peggy's heard the one about the turtle?

No clothes? No problem.

Well, not really "No problem." Citizens EMS of Clyde near Abilene transported seven people with only minor injuries resulting from a two-vehicle crash a while back, according to Sandra Hawkins, an EMT-Intermediate with Citizens EMS. The vehicles involved were a small pickup and another pickup pulling a trailer loaded with furniture. The quirk in the story, apparently, was that after the wreck the passenger of the small pickup, a female, was seen standing by the side of Interstate 20, putting her clothes back on.

Arlington mass casualty drill tickles ER funnybone

The firefighters and paramedics involved in a recent mass casualty incident drill in Arlington encountered first-hand several unique experiences while working with twenty-seven Boy Scouts who volunteered to act as victims. The Scouts completed the requirements for a merit badge in this exercise and were quite excited to play a role in a simulated bus accident. Eva Tangeman, R.N., ER Director at Arlington Memorial Hospital, shared

the following incident:

A young boy suffering from several severe simulated injuries was being examined by a doctor and nurse in the Emergency Room. The hospital staff was attempting to be as realistic as possible in playing their roles. Before ordering a pint of blood for the young patient, the doctor paused and asked the boy, "Are you a Jehovah's Witness?" The Scout looked the doctor in the eye and after a moment of thought, responded in all seriousness, "No, sir, I didn't see a thing. I was riding in the middle of the bus."

— Rick Murray, EMS Coordinator
Arlington Fire Department

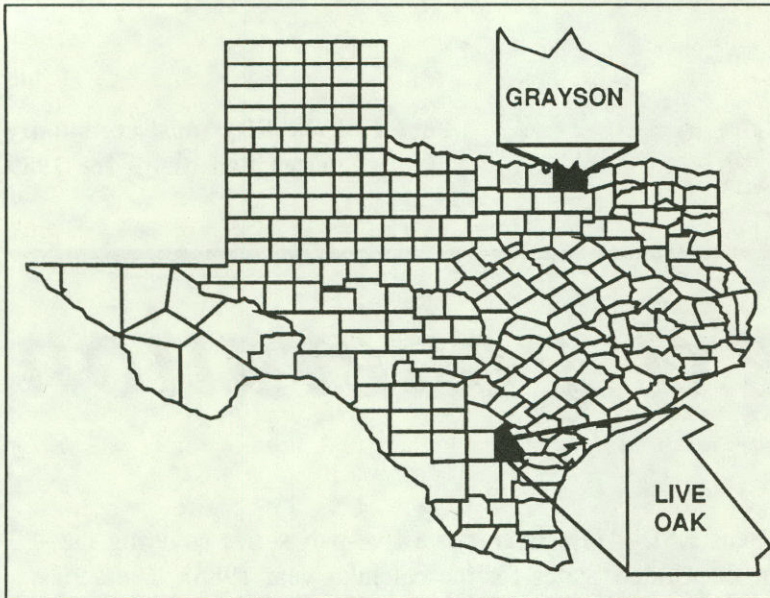
Calhoun County saves heart attack victim

Port Lavaca residents Melbourn and Joyce Shillings recently met with Calhoun County EMS, Calhoun County Sheriff's Department, and Port Lavaca Police Department to thank them for saving Melbourn Shillings' life during his recent heart attack.

According to an article in Port Lavaca's *The Wave*, Sheriff's dispatcher Jo Higgins answered Joyce Shillings call to 9-1-1. Higgins coached Joyce Shillings in performing CPR on her husband and simultaneously alerted EMS and police who arrived within one minute of the call to 9-1-1. EMS crew members Mike Beard, Laurie McDaniel, Carl King, and Mark Dieringer arrived at the scene and began providing advanced life support care for Melbourn Shillings. Police Officer Gus Torres, Deputy Balajka, and Jailer Rusty Henderson had performed CPR until EMS crews arrived.

Shillings was stabilized and transported to Memorial Medical Center within 30 minutes of Joyce Shillings' call to 9-1-1. EMS defibrillated Shillings again in the ER at the request of a physician.

Local and Regional EMS News



Provider licensing first

Live Oak County Volunteer EMS in George West became the first Texas service to meet the requirements of the new Provider Licensing rules and to receive the certificate that recognizes them as a licensed EMS prehospital provider. According to County Judge Joe Huff, the Live Oak County Volunteer Emergency

North Texas area pools resources for EMS

Texas Board of Health member Joan Biggerstaff passed along an article from a recent issue of the *Sherman Democrat*, reporting rural Grayson county communities have joined together for improved EMS. Whitesboro, Collinsville, Gordonville, Sadler, Sherwood Shores, and their outlying areas formed an Emergency Medical Services Advisory Board in September. MTS, the EMS provider in Sherman, has a temporary contract with Whitesboro and the Board while the Board writes bid specifications for a service contract to cover the areas represented on the EMS Advisory Board.

Problems with EMS service in Whitesboro and Grayson county are typical of problems afflicting many rural areas of Texas—decreased population, long distance, and low tax base.

Members of the EMS Advisory Board include Dr. Todd Kislingbury, a Whitesboro physician, and Earl Sanges and Wes Reed, Whitesboro residents who work for EMS in Dallas and Cooke county, respectively.

Medical Service has 24 ECAs and EMTs and serves a population of approximately 8,000 in George West, Three Rivers, and Live Oak County. The organization runs approximately 22 calls a month.

Sixteen complete EMT training in Miami

Miami Volunteer EMS recently completed a basic EMT course in Miami. Course Coordinator was Rob Brown, EMT-Paramedic, from Hemphill County EMS; class instructor was Gary Hammond, also EMT-Paramedic. Of the sixteen enrolled in the class, all completed the course and were certified. Six EMTs recertified. The average score on the state exam was 89.3, with the highest score a 96.

Since completing this course, the Miami Volunteer EMS staff increased to twelve EMTs. Two graduates of the course are now employed by Hemphill County EMS and one is completing training as a U.S. Army medic specialist at Fort Sam Houston.

— Danny Huff,
Miami Volunteer EMS

HOME MEDS:

Part 1 of the fifty most commonly prescribed drugs for 1989

by Dan Finley

the next generation

Over the last year, the *Texas EMS Messenger* ran a five-part series covering the fifty most prescribed drugs in the United States for the calendar year 1988. The series was well received and due to reprint requests, it was distributed as a booklet to 5,000 EMTs, paramedics and providers throughout Texas.

Pharmacy Times updates the list each year in its April issue. A comparison of the 1988 and 1989 lists reveals that the number one drug in America is still Amoxil, and while some old friends have fallen off the list, new drugs like Prozac, Mevacor and Lipid have been added.

An outline format presents the first twenty-five of the fifty most commonly prescribed drugs for 1989. The format is as follows:

Trade name (generic name)

- a. manufacturer
- b. packaging
- c. drug classification
- d. indications
- e. usual adult dosage

1. Amoxil (amoxicillin trihydrate)

- a. Beecham Laboratories
- b. 250mg and 500mg blue/pink capsules
- c. semi-synthetic penicillin antibiotic
- d. systemic infections; chronic urinary tract infections; uncomplicated gonorrhea
- e. 250mg every 8 hours

2. Lanoxin (digoxin)

- a. Burroughs Wellcome
- b. 0.125mg yellow tablet; 0.25mg white tablet; 0.5mg green tablet
- c. cardiac glycoside
- d. congestive heart failure; anti-arrhythmic (a. atrial flutter, b. at. fib., c. PAT)
- e. individualized; usual maintenance 0.25mg daily

3. Zantac (ranitidine HCL)

- a. Glaxo
- b. 150mg round white tablet; 300mg oblong yellow tablet
- c. antiulcer; H2 blocker
- d. active duodenal ulcer disease; active gastric ulcer disease; pathological hypersecretory conditions; gastroesophageal reflux disease
- e. 150mg twice daily or 300mg daily

Dan Finley, M.Ed., NREMT-P, is an instructor, Austin Community College paramedic program.

4. **Zanax (alprazolam)**
 - a. Upjohn
 - b. 0.25 oblong white tablet
 - c. benzodiazepine class anxiolytic
 - d. anxiety disorders; short term relief of anxiety symptoms
 - e. 0.25-0.5mg three times daily; 4mg maximum dose daily

5. **Premarin (oral) (conjugated estrogen)**
 - a. Wyeth-Ayerst Labs
 - b. 0.3mg oblong green tablet
1.25mg oblong yellow tablet 2.51 oblong purple tablet
 - c. estrogen replacement
 - d. relief of symptoms associated with menopause, especially vasomotor disturbances; atrophic vaginitis; prevent osteoporosis in post-menopausal women
 - e. individualized; usually 1.25mg daily for vasomotor disturbances and 0.625mg daily for osteoporosis control

6. **Ceclor (cefaclor)**
 - a. Eli Lilly
 - b. 250mg purple/white capsule; 500mg purple/gray capsule
 - c. semi-synthetic cephalosporin antibiotic
 - d. otitis media; upper and lower respiratory tract infections; urinary tract infections; dermal infections; staphylococcal infections
 - e. 250mg every 8 hours

7. **Cardizem (diltiazem)**
 - a. Marion
 - b. 30mg round green tablet; 60mg round yellow tablet; 90mg oblong green tablet; 120mg oblong yellow tablet
 - c. slow channel calcium blocker
 - d. vasospastic angina (variant or Prinzmetal angina); exertional angina
 - e. individualized; usually 180mg-360mg in divided doses

8. **Tenormin (atenolol)**
 - a. ICI Pharma
 - b. 50mg round white tablet; 100mg round white tablet
 - c. cardioselective beta blocker
 - d. hypertension; angina pectoris
 - e. 50mg daily

9. **Seldane (terfenadine)**
 - a. Merrell Dow
 - b. 60mg round white tablet
 - c. antihistamine (H1 blocker)
 - d. symptomatic relief of sneezing, rhinorrhea, pruritus and tearing associated with seasonal allergic rhinitis
 - e. 60mg twice daily

10. **Synthroid (levothyroxine sodium)**
 - a. Boots-Flint
 - b. 25mcg round orange tablet; 50mcg round white tablet; 75mcg round purple tablet; 100mcg round yellow tablet; 125mcg round brown tablet; 150mcg round blue tablet; 200mcg round pink tablet; 300mcg round green tablet
 - c. synthetic L-thyroxine hormone
 - d. reduced or absent thyroid function
 - e. 100-200mcg daily

11. **Vasotec (enalapril)**
 - a. Merck Sharp and Dohme
 - b. 2.5mg barrel shaped gray tablet; 5mg barrel shaped white tablet; 10mg barrel shaped red tablet; 20mg barrel shaped peach tablet
 - c. Angiotensin-I converting enzyme (ACE) inhibitor; antihypertensive agent
 - d. hypertensive patients who have sensitivity or allergy to or have not responded to traditional multidrug regimens (combination of diuretics, beta blockers and vasodilators)
 - e. hypertensive patients: 10-40mg daily; heart failure patients: 5-20mg daily

50
of the most
commonly
prescribed drugs in
1989

1. Amoxil
2. Lanoxin
3. Zantac
4. Zanax
5. Premarin
6. Ceclor
7. Cardizem
8. Tenormin
9. Seldane
10. Synthroid
11. Vasotec
12. Tagamet
13. Capoten
14. Naproxen
15. Dyazide
16. Procardia
17. Tylenol/codeine
18. Lopressor
19. Halcion
20. Lasix
21. Calan
22. Theo-Dur
23. Voltarin
24. Dilantin
25. Ortho-Novum
26. Darvocet
27. Proventil
28. Augmentin
29. Micronase
30. Ventolin
31. Feldene
32. Motrin
33. Mevacor
34. Prozac
35. Provera
36. Humulin N
37. Cipro
38. Valium
39. Rufen
40. Monistat
41. Coumadin
42. Triphasal-28
43. Timoptic
44. Inderal
45. Carafate
46. Amoxicillin
47. DiaBeta
48. Ortho-Novum
49. Retin-A
50. Lipid

12. **Tagamet (cimetidine)**
 - a. Smith Kline
 - b. 200mg round white tablet; 300mg round white tablet; 400mg oblong white tablet; 800mg oblong white tablet
 - c. antiulcer agent; histamine (H₂) blocker
 - d. active duodenal ulcer disease; active gastric ulcer disease; pathological hypersecretory states
 - e. 300mg four times daily; or 400mg twice daily; or 800mg at bedtime; maximum dose: 2,400mg daily

13. **Capoten (captopril)**
 - a. Squibb
 - b. 20mg oblong white tablet; 25mg square white tablet; 100mg oblong white tablet
 - c. Angiotensin-I converting enzyme inhibitor; antihypertensive agent
 - d. hypertensive patients who have sensitivity or allergy to or have not responded to multidrug antihypertensive regimens; heart failure patients who have not responded to conventional diuretics and digitalis therapy
 - e. 25mg two or three times daily; maximum dose 450mg daily

14. **Naproxyn (naproxen)**
 - a. Syntex
 - b. 250mg round yellow tablet; 375mg oblong orange tablet; 500mg oblong yellow tablet
 - c. nonsteroidal anti-inflammatory drug (NSAID)
 - d. rheumatoid arthritis; osteoarthritis; juvenile arthritis; ankylosing spondylitis; tendinitis; bursitis; acute gout; mild-moderate pain associated with dysmenorrhea
 - e. arthritis: 250mg, 375 mg or 500mg twice daily maximum dose 1,000mg daily

15. **Dyazide (triamterene/hydrochlorothiazide)**
 - a. Smith Kline
 - b. 75mg white/red capsules (50mg triamterene and 25mg hydrochlorothiazide)
 - c. potassium sparing diuretic and antihypertensive
 - d. hypertension or edema, especially in patients who are at risk for hypokalemia
 - e. 75-100mg daily

16. **Procardia (nifedipine)**
 - a. Pfizer
 - b. 10mg oblong orange soft gelatin capsule
 - c. calcium channel blocker
 - d. vasospastic angina; exertional (stable) angina
 - e. 10-20mg three times daily; maximum dose 180mg daily

17. **Tylenol/codeine (acetaminophen/codeine)**
 - a. McNeil
 - b. each tablet contains 300mg of acetaminophen with varying amounts of codeine: Tylenol #1: round white tablet, 7.5mg (gr.1/8) codeine; Tylenol #2: round white tablet, 15mg (gr.1/4) codeine; Tylenol #3: round white tablet, 30mg (gr.1/2) codeine; Tylenol #4: round white tablet, 60mg (1 gr.) codeine
 - c. acetaminophen: peripherally acting analgesic-anti-pyretic codeine: centrally acting opoid analgesic-antitussive
 - d. relief of pain
 - e. mild to moderate pain: two #1 tablets, two #2 tablets or one #3 tablet; moderate to severe pain: two #3 tablets or one #4 tablet

- 18. Lopressor (metoprolol)**
- Geigy
 - 50mg oblong pink tablet; 100mg oblong blue tablet;
 - cardioselective beta blocker
 - hypertension; post stable myocardial infarction patients (may reduce post-MI mortality)
 - individualized; 100-450mg daily in divided doses
- 19. Halcion (triazolam)**
- Upjohn
 - .25mg oblong blue tablet; .5mg oblong white tablet
 - hypnotic (sleep inducing) agent
 - short term management of insomnia
 - .25-.5mg at bed time
- 20. Lasix (oral) (furosemide)**
- Hoechst-Roussel
 - 20mg oblong white tablet; 40mg round white tablet; 80mg round white tablet
 - diuretic
 - edema associated with heart failure, liver cirrhosis, or renal diseases; treatment of hypertension
 - 20-80mg as single dose
- 21. Calan SR (verapamil)**
- G.D. Scarle
 - 240mg oblong light green caplet
 - slow channel calcium blocker
 - essential hypertension
 - 240mg each morning
- 22. Theo-Dur (theophylline)**
- Key
 - 100mg round white tablet; 200mg football shaped white tablet; 300mg oblong white tablet; 450mg oblong white tablet
 - bronchodilator; pulmonary blood vessel dilator
 - relief and prevention of asthma; reversible bronchospasm due to chronic bronchitis or emphysema
- 23. Voltarin (diclofenac)**
- Geigy
 - 25mg round yellow tablet; 50mg round light brown tablet; 75mg round white tablet
 - nonsteroidal anti-inflammatory drug (NSAID)
 - rheumatoid arthritis; osteoarthritis; ankylosing spondylitis
 - RA: 150-200mg daily in divided doses; OA: 100-150mg daily in divided doses; AS: 100-125mg daily; (usually 25mg four times a day and at bed time as needed)
- 24. Dilantin (phenytoin)**
- Parke-Davis
 - 30mg white capsule with pink seal; 50mg triangular yellow tablet; 100mg white capsule with red seal
 - anticonvulsant
 - control of generalized (grand mal) convulsions psychomotor seizures; seizures following neurosurgery
 - individualized to obtain 10-20mcg/ml serum levels; usually 300-400mg daily; maximum dose 600mg daily
- 25. Ortho-Novum 7/7/7-28 (norethin drone/ethinyl estradiol)**
- Ortho
 - dialpak dispenser containing 28 tablets: 7 round white tablets, 7 round light peach tablets, 7 round peach tablets, and 7 round green tablets,
 - oral contraceptive; ovulation inhibitor
 - prevention of pregnancy
 - one per day beginning with first Sunday after menstruation begins

The second half of 1989's fifty most commonly prescribed drugs will appear in the January 1991 Texas EMS Messenger.

Routine call becomes more than routine

By
Ricky J. Richardson

Says Richardson: "We have answered calls to vehicle fires occasionally, but never were quite prepared for what was to take place at this one."

"A loud crack rang out as one of the rifles, a 30-30, discharged"

On July 17, 1990 at 1:30 pm the Evant Volunteer Fire Department received a call to respond to an automobile fire approximately 18 miles from town. Due to the distance and lack of personnel, only three firefighters and one pumper answered the call.

Upon arrival at the scene Assistant Chief and ECA David Rainbolt, ECA Cindy Waterman, and Billy Townsend learned the vehicle was a farm truck that had nearly burned itself out. Only smoke was visible to them.

Bill and Cindy bunkered out and pulled a 1 1/2 inch line from the truck. David bunkered out and charged the line as it was being pulled. They approached the truck at a 22° angle towards the front. Bill then used a pry bar to gain access to the engine, while Cindy provided a water shield. Only a small fire was left at the firewall of the truck. The fire was extinguished and they moved around to the cab. An additional line was pulled and charged and kept on the engine area, while Bill and David opened the door to the cab. Only smoke remained. David then made his way to the other side to open the other door to ventilate.

Just as the smoke cleared, Bill saw two rifles in a gun rack above the back seat of the truck. He retreated from the truck and warned the others of the danger. A loud crack rang out as one of the rifles, a 30-30, discharged.

David quickly ran to the side of the truck where Bill was working. He found

Bill clutching his left wrist with his right hand. Blood was coming through the glove of Bill's left hand. David ran back to the pumper to get the first aid kit. When he returned he found Bill lying down. Bill stated, "I think I've been hit in the chest also." A call went out for a rescue truck and ambulance. As David opened Bill's bunker coat, he found Bill's pager, which had been attached to his shirt, in pieces with two holes the size of dimes through the center of it. David then opened Bill's shirt to expose one hole in his upper left chest area, and several smaller holes around the wound.

David reported to the rescue truck that he had a gunshot victim and began to administer first aid. The rescue truck soon responded with medical supplies and two additional personnel, including an EMT. The EMT took vitals and assessed the injuries. The additional firefighter took charge of radio communications and quickly gained radio contact with the ambulance enroute. He gave directions to the ambulance and established an ETA.

The EMT controlled the bleeding, Bill's hand was bandaged and he was prepared for transport. Oxygen was started at 5 liters per minute. Approximately 20 minutes after the call went out for an ambulance it arrived on the scene. Bill was then transported to a nearby hospital for stabilization.

When they arrived, Bill was taken into ER and then to X-ray. The X-ray showed two pieces of shrapnel in his left hand

and one piece in his left side next to the skin. The route of the shrapnel could be traced from the left upper chest area where it entered, down and just missing the heart to stop in his left side. Around the wound were small fragments, pieces of plastic from his pager, material from his bunker coat and metal from the cab of the truck. We later discovered the bullet left a hole the size of a softball in the cab of the truck where it exited before hitting Bill.

Bill was stabilized and transported to a larger hospital for possible surgery. There the pieces of fragments were removed. One piece of metal broke one of Bill's fingers; it was set and cast. The fragment on his side was in the fatty tissue of his body so the doctors elected to leave it. The others were just under the skin and were removed. Bill was lucky that day, but the thought of how fatal the incident could have been stays with us.

Since that day we have discussed the incident thoroughly. Although it was a freak accident, it has been included in our weekly training and should be considered by every department. Departments responding to rural areas should pay close attention to this added danger especially during hunting season.

Bill was back in attendance at our July 25 meeting and, thank God, we are happy to report he is doing fine.

Ricky J. Richardson of Evant, Texas sent in this report on an emergency call his department made this summer.

Richardson is a member of the 12-person Evant Volunteer Fire Department where the city population is 425. Located 60 miles west of Waco and 60 miles east of Brownwood, Evant has a response radius of 20 miles, which includes Coryell, Hamilton, Mills, and Lampasas. Other than Coryell furnishing two 500-gallon mini-pumpers and fuel, Evant Volunteer Fire Department's only support is from occasional donations.

Four members are EMTs, two are ECAs. Evant is remote from the facilities of a hospital or EMS provider, and the volunteers provide first response to medical emergencies.

Top 10 classes

Top 10 EMT Classes July — September 1990

Includes initial and refresher testing of classes of 10 or more.
Location/Coordinator Number Tested Class Average

1. Crosbyton/Coker	10	92.30
2. Austin/Black	12	92.08
3. Austin/Frick	33	91.58
4. Austin/Finley	14	91.36
5. San Antonio/Garoni	25	91.12
6. Blue Mound/Peacock	13	90.85
7. Houston/Stevenson	17	90.65
8. Houston/Lemley	13	90.46
9. McCamey/Howard	10	90.00
10. McKinney/Dugan	15	89.60

A total of 1,590 students tested during the quarter, with an average grade of 86.66.

Top 10 ECA Classes January — September 1990

Includes initial and refresher testing of classes of 10 or more.
Location/Coordinator Number Tested Average Grade

1. Round Rock/Crutsinger	19	93.89
2. Big Sandy/Elbert	22	92.64
3. San Marcos/Partin	13	92.46
4. College Station/Kitzmilller	16	92.38
5. San Antonio/Hare	14	92.29
6. Austin/Black	12	92.17
7. Lazbuddie/Mitchell	21	92.00
8. El Paso/Celaya	10	91.40
LaGrange/Smith	10	91.40
9. Lubbock/Coker	15	91.20
10. Schertz/Malone	19	91.05

A total of 2,460 students tested, with an average grade 86.77.

Ten people and five search dogs from CESAR flew into Cottle County in several Civil Air Patrol planes to join in the search for Williams.

Search and Rescue Tucker Style

On his own 80 acres, out in the brush and mesquite country south of Paducah, Texas, near Chalk, lives a 90-year-old man named Robert Williams. Williams is well known in the area and well thought of, too, especially by Randy Fields, the Paducah EMS Chief. Williams helped raise Randy Fields and Randy's dad.

On Monday, September 24, Williams disappeared. He failed to answer his phone. When friends went out to his place to check on him, he was not to be found. Williams does not drive and seldom ventures far from home, so the Sheriff was contacted and a search party was organized, including members of the Paducah Volunteer Fire Department, the Paducah Emergency Medical Services, and, certainly, Randy Fields. About 3 o'clock the search was discontinued until daylight on Tuesday. So far, no luck!

The sheriff contacted the Texas Department of Public Safety and was promised assistance from DPS to use a helicopter out of Lubbock. The scope of the search increased considerably, but to no avail.

Cottle County Judge Roger Holley contacted a statewide emergency rescue group called CESAR in Richland Hills just north of Fort Worth. Ten people and five search dogs from CESAR flew into Cottle County in several Civil Air Patrol planes to join in the search for Williams.

In the meantime, a paramedic fire

captain and dog handler from San Angelo, Ron Perry, arrived on the scene with his yellow Labrador search dog, Tucker. Perry and Randy Fields have been friends for several years, and Perry heads up Texas Association of EMTs search and rescue group. Tucker and Perry were recognized several years ago in San Antonio by the TAEMT for their search and rescue work in a building collapse and in a flood disaster. Tucker excels at finding people under considerable debris and rubble.

Out on Williams' place some tracks had been found and Tucker was brought in. Tail waggin' and nose to the ground, the dog started out. Within two hours Tucker found his man four or five miles from his home, sitting under a mesquite tree, hoping for rescue.

Williams, whose eyesight is failing somewhat, had been out gathering mesquite beans for his hogs to eat, and he had gone a little farther than he intended and became lost. Search dog Tucker had once again proved his worth. This time was even better than the times previous as this "find" was alive and well - perhaps a little dehydrated and surely hungry, but alive and well!

It was hard to tell who was the happier; Tucker for having located his man or Williams at having been found. Williams was taken to the Childress Hospital by Paducah EMS, examined, and released the next morning in good condition.

—Tom Ardrey

For more information or assistance with a search, contact Ron Perry at (915) 944-2139. In an emergency, contact Perry through the San Angelo Fire Department dispatch at (915) 657-4356 or the Tom Green County Sheriffs Office by teletype.

You can't treat 'em till you find 'em

I became interested in search dogs after visiting with other dog handlers from the East and West Coast where they have been using dogs for several years with great success. I met some of these folks at the National Search and Rescue Convention in Nashville, where I learned there were no dog teams in Texas at the time. This was the same time as the earthquake in Mexico City and while we were at the convention all the dog teams were flown out to help in Mexico City. After returning to San Angelo, I began to research what it would take to set up a search dog team. I phoned, wrote, and traveled to visit with search dog handlers and to learn more about this wonderful asset to search and rescue. I am happy to report that there are now four search dog teams in Texas.

These dogs are trained to several different aspects of searching for lost persons. There are air scenting dogs, tracking dogs, trailing dogs and dogs trained to detect buried or drowning victims. These dogs are NOT attack trained. They must be person-friendly and well-mannered, and they must learn to ride in all types of vehicles on land and in air. The working breed is the best breed of dog for this type work.

What about the handler? The handler must be able to treat medical emergencies, read footprints left by the missing person, read maps, use a compass, and above all, be able to sustain the team for three days without resupply. Some handlers also assist agencies with search management.

Let's say I am the head of an agency and I get a call that a person is missing in my area. What can a dog team do for me? I need to understand that searching for a missing per-

son is an EMERGENCY! The sooner I get resources into the field the better chance I have of finding this person

alive. If I have unwashed clothing worn by the missing person, I need to place them in a plastic bag and seal it so that the scent can be preserved. If I know where the person was last seen I need to protect the area from becoming contaminated by others.

I need to call the closest dog team and give them as much information as possible about the situation and let them determine which type of dog would best be suited for the particular situation. The air scenting dogs can be used to cover large areas very quickly, the tracking dogs can be placed on the lost person's tracks, and the man-tracking trained handlers can also be used to locate tracks. If I suspect that the person may have wandered into a lake, river, or pond, the dogs can be placed in boats and worked over the area to determine if there is a body underwater. If my area has been destroyed by a tornado, I can use the dogs to locate victims under rubble without endangering the lives of human searchers.

The use of search dog teams is usually a free service. Most of the teams appreciate help with expenses of transportation, lodging, and meals.

Members of these volunteer teams can also assist in training local personnel in all aspects of search and rescue.

Dogs are only one resource of many that can be used in a search. Others include someone to manage the operation, aircraft, mounted patrols, foot searchers, man-trackers, four-wheel drive vehicles, and boats.

When EMS folks ask me why they need to know about search and rescue I always say, "You can't treat 'em till you find 'em."

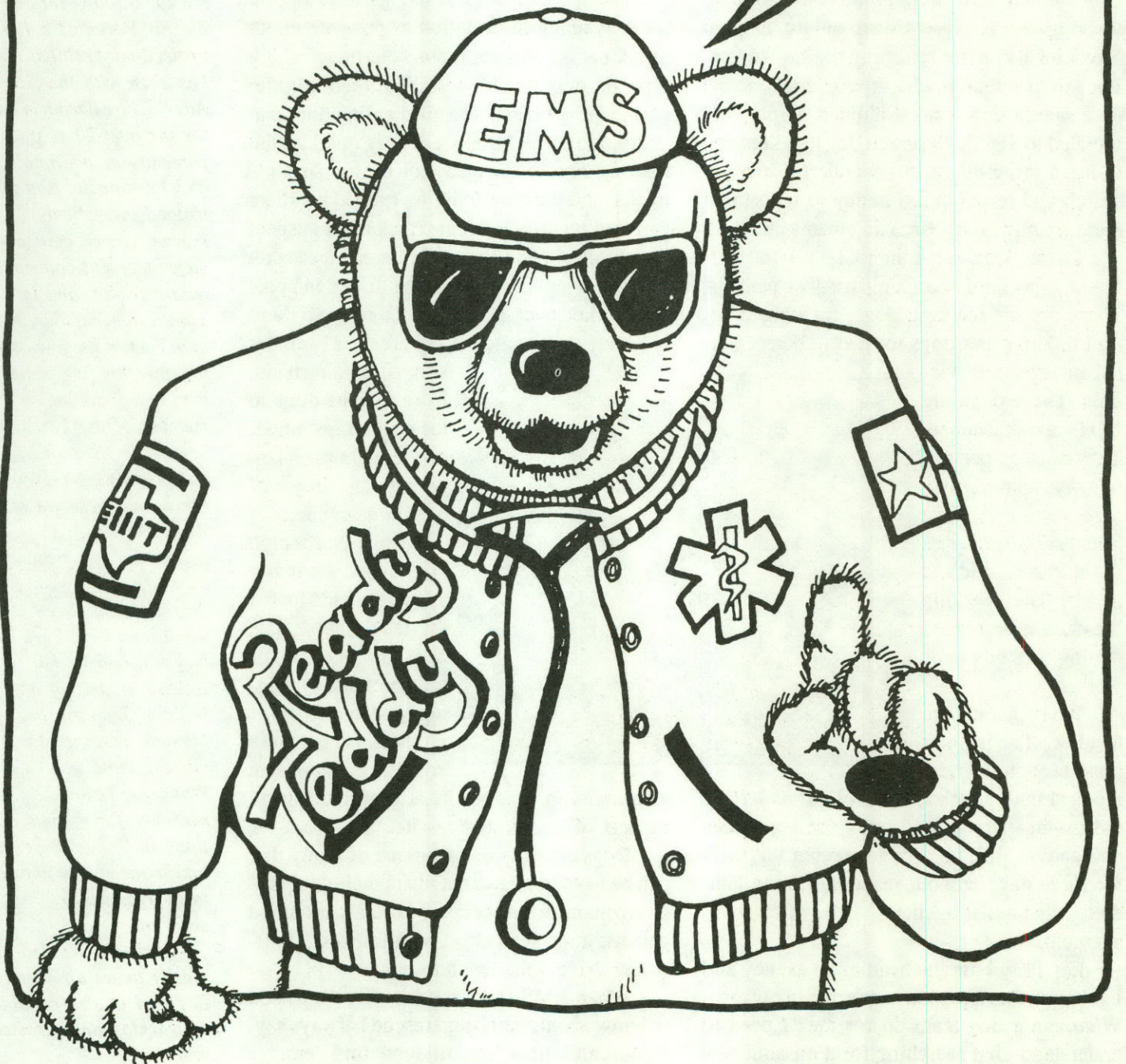
Ron Perry has 24 years experience in the field of fire protection. He spent four years in the Air Force as a fire protection specialist, and has been with the San Angelo Fire Department for the past 20 years, currently as a Captain and Paramedic. Ron is trained in vertical rescue, search management, incident command, man-tracking, and is a search dog handler. He and Tucker have worked together for five years. Ron is a founding member of the Texas Society for Search and Rescue and currently serves as President of the Society.

Tucker has trained as a search dog for five years. He has been to schools in New York and Nevada, and he has located victims of a building collapse in Mexico, searched for a missing child in Watauga, Texas, searched for victims of flood in Comfort, Texas and assisted law enforcement agencies in searches.

Tucker is trained primarily as an air-scenting dog and is also capable of tracking and disaster work.



Remember these things in an
emergency, kids,
Stay calm, act fast, get help!



Furry paramedic bears safety message

The Ready Teddy emergency creed applies equally to adults: "Stay calm, act fast and get help."

by Sheryl Gribble

Move over Smokey, there's another bear in town who's touting a safety message of his own. Ready Teddy is paying visits at elementary schools to make medical emergencies a less frightening experience for children and to give advice on ways to avoid accidents.

Paramedics know that medical emergencies can leave children frightened whether they're the ones who are hurt or are simply left standing on the sidelines during the resulting confusion.

"The problem...is that the families are generally so excited and stressed out that the children don't understand what's going on," said John Sneed, paramedic and supervisor for Williamson County Emergency Medical Services.

Imagine: You are 5 years old and the person who provides for all your needs is hurt - maybe bleeding, maybe unconscious. A wailing siren sounds in the distance then comes screeching into the front yard. Strangers carrying boxes of bewildering equipment descend on your home, conduct frightening rituals upon the injured person, load him or her into an unfamiliar vehicle and depart with lights flashing and sirens wailing.

Ready Teddy wants to tame some of the frightening elements in such scenarios.

"If (children) can perceive us as a friend or a helper who's arriving, it can

alleviate their fear," Sneed said. "We want to show them who we are, and hopefully they'll like Ready Teddy and he'll make a good impression. We'll let them walk through the ambulance so if, God forbid, we should have to pick them up they will have some idea what to expect."

Giving presentations to the county's school children is nothing new for Williamson County EMS personnel, but Ready Teddy is. The helpful bear made his state debut at Round Rock ISD's Double File Trail Elementary school, Sneed said. The program is sponsored by the Texas Department of Health.

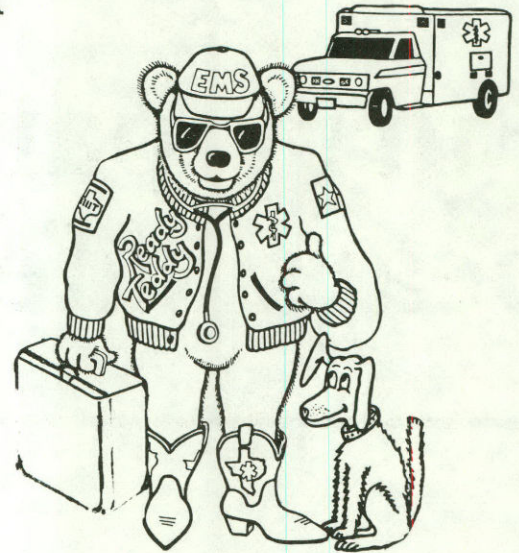
"Now we have this teddy bear who, hopefully, the kids can identify with a little better than just a person standing up there in uniform," Sneed said. Ready Teddy coloring books are also part of the presentation and give children something to take home and share with their parents. The coloring books give simple instructions on how to call for help in an emergency; encourage children to learn their address and home phone number; and present ideas on preventing injuries such as wearing a bicycle helmet, obeying traffic laws and buckling up when riding in a car.

The Ready Teddy emergency creed applies equally to adults: "Stay calm, act fast and get help."

"If children can perceive us as a friend or a helper who's arriving, it can alleviate their fear."

Have suit, will travel

The Ready Teddy costume is available from the Bureau of Emergency Management free of charge for EMS presentations. We have seen the bear absolutely enchant first graders. They listen intently when he talks, and they love to hold his hand and snuggle up to his furry body. In Ready Teddy's first three visits to schools in Round Rock, Georgetown, and Gonzales he talked to 886 kids in kindergarten through the second grade. Ready Teddy's lessons are those in the coloring book, and he works best accompanied by EMS personnel in uniform and an ambulance.



— Alana S. Mallard

For more information on the Ready Teddy program, to order coloring books or to reserve the bear suit, please mail this form to:

**Ready Teddy
Bureau of Emergency Management
1100 West 49th Street
Austin, Texas 78756
512/458-7550**

Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____

Contact Person _____

Send information pack yes no

Send posters (fill in amount) _____

Send coloring books (fill in amount) _____

Reserve suit: 1st choice dates 2nd choice dates

(Dates will be confirmed)

Did You Read...?

...Jim Page's editorial on EMS education in the July 1990 issue of *Jems*? He discusses the movement in some states to increase the recertification time interval from 2 to 4 years and in still some other states to completely eliminate recertification altogether. At a recent state conference, Page mentioned this, fully expecting to get strong support. Instead, he received marked resistance. Said one, "If anything, I think we should be tested more often, not less. Maybe even once a year." Many in the audience nodded in agreement, according to Page. "Changing of recertification requirements is simply a smokescreen," says the *Jems* editor. "The real problem is dull, boring, uninspired, 'talking head' review and instruction of very basic material."

He concluded the article with this comment, "What concerns me is that one or two generations has passed since we first began to train EMTs. People who've grown up with the frenetic pace of MTV have an attention span of a few seconds. EMS education and educators must adapt to their students or the political power of a new majority will erode our ability to protect the public from faulty skills and lost knowledge."

...in the same publication in the article titled, "Fire Chiefs Go After Drug Money for EMS," where Paul Pepe, M.D. of Houston EMS says that 30 percent of Houston's EMS calls are drug related? Pepe says, "The impact of cocaine on EMS is somewhat occult. Cocaine overdoses don't present as overdoses; they present with a myriad of symptoms — for example, young people with chest pain. And people don't admit to using drugs." Also, there are cardiac arrests, arrhythmias, strokes, respiratory problems and seizures.

...in the "Pediatric Notebook" section in the July 1990 issue of *Jems*, that the National Pediatric Trauma Registry has reported that 30 percent of all pedi trauma

deaths are related to inappropriate airway management?

...in the August 1990 issue of *Emergency Medical Services* where the city of Chicago ran a study of claims brought against the city and city paramedics from 1976 to 1987? During that time the system responded to more than two million calls and transported more than a million patients. The rate of lawsuits was one suit every 27,371 paramedic/patient encounters and one suit per every 17,995 transports. "This is very reasonable," says paramedic and city attorney, Frank Nagorka.

...in the August 1990 issue of the *EMS Insider* where flight paramedics in New Jersey were alleging that small hospitals were holding on to severely injured auto accident patients rather than shipping them to Trauma Centers? The supposed rationale is that the state's no-fault insurance plan pays 100% of all auto accident claims, therefore the hospitals wanted to keep the "good paying patients."

...and in the same publication about the Cleveland, Ohio program that trains qualified welfare recipients as EMTs for the city's EMS system? At the end of the program conducted by Cleveland Works, Inc., the participants must pass the National Registry exam before they are hired by the city. The annual starting salary is \$19,500. Program representatives characterize the workers as "very reliable and highly motivated."

...in the August 13, 1990 issue of *Beach Safety News*, that a single organ donor suffering from a fatal head injury had supplied viable organs for four separate patients? The victim, a young woman, donated lungs, liver, heart, and kidneys. The surgery was performed at Baylor University Medical Center in Dallas.

...in the August 1990 issue of *Emergency* magazine about the Mega Code Review Study cards for ACLS certification or recertification? There are 278 cards in

If anything, I think we should be tested more often, not less. Maybe even once a year.

People who've grown up with the frenetic pace of MTV have an attention span of a few seconds.

Paul Pepe, M.D. of Houston EMS says that 30 percent of Houston's EMS calls are drug related.

more

Did You Read...?

The young boy gave his correct "home address" to EMS — he was not at his home, but at the home of his grandparents.

Japan does not have trained paramedics.

Drowning is the number one cause of death for children under 4 years of age in Arizona.

the series, which is priced at \$21.95. The cards are available at most medical bookstores or directly from Mosby, P.O. Box # 28430, St. Louis, MO., 63146

...in the Summer 1990 issue of **Emergency Medical Dispatch**, about the EMS dispatcher who answered a call from a young boy who was a hemophiliac? The boy told the dispatcher his condition; that he had cut himself; and that he was bleeding profusely. When asked, the boy gave his correct "home address." Upon arrival at that address, the rescuers found no one. He was not at his home, but at the home of his grandparents. Unfortunately, the boy died.

...in the July 1990 issue of the **EMS Insider**, that the Emergency Nurses Association has voted unanimously to modify its 1984 position on EMTs being hired to work in the Emergency Department? The new statement stresses proper job descriptions and maintains that non-physician and non-RN personnel should work under the direction of physicians and/or RNs. For information, contact Karen Kernan Bryan, RN, Emergency Nurses Association, 230 East Ohio, #600, Chicago, IL, 60611-3297 or 312/649-0297.

...in the July/August 1990 issue of the **Ambulance Industry Journal**, that according to Hiroshi Okuno, President of the Japan Ambulance Association, even though "medicine in Japan is said to be one of the best in the world," their emergency care system is some 15 to 20 years behind Western countries? Japan does not have trained paramedics. Okuno has recently been in this country studying our systems.

... in the July/August issue of **Rescue Magazine** where drowning is the number one cause of death for children under 4 years of age in Arizona? In that landlocked state, the largest city is Phoenix with a population of 973,000. And that population has over 90,000 swimming pools. That is where the young victims drown. The Phoenix Fire Department has started a program recently, called "Just a Few Seconds," which seems to be lowering this marked waste of young lives.

Chief Doug Tucker is willing to share their program with anyone who is interested. Write him at Phoenix Fire Department, Community Services, 520 W. Van Buren, Phoenix, AZ, 85003.

...in the September/October 1990 issue of **Rescue**, in the article by Bruce Goldfarb, "The Booming EMS Marketplace: Inquire Within?" The demand for EMTs and paramedics will increase by 13% by the year 2000.

...and again in the same publication, the article, "Lookin' Good," by Bruce Goldfarb? In that article, Goldfarb lists 12 points on how to positively impress a prospective employer. Those points are:

1. Show up a few minutes early for an interview.
2. Go to the interview alone. Leave kids and friends at home.
3. Dress conservatively. Men-dark business suit; Women-skirt and blouse, or dress.
4. Have hair cut in advance. Weird hairstyles do not signal maturity nor reliability.
5. Opinions are mixed on mustaches and beards. Goldfarb says, "If you really want the job you'll shave."
6. Skip flashy jewelry, perfumes, and colognes.
7. During the interview, maintain good eye contact.
8. Anticipate questions you'll be asked. Have a good honest answer.
9. Don't fidget. Avoid nervous habits. Don't Smoke, even if you're offered one.
10. Never badmouth a previous employer.
11. Ask questions which show a natural curiosity about the employer, such as how old is the company; how many are employed and what are the prospects for advancement?
12. After the meeting, thank the interviewer. As soon as you get home, send the interviewer a letter, thanking them for their time and expressing your interest.

“In EMS, we are not talking about enhancement but about the survival of EMS or its resurrection.”

Funding top issue for trauma committee

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Securing funding for trauma and EMS systems in Texas was the topic of a trauma coalition meeting held Wednesday, November 28, preceding the Trauma Technical Advisory Committee meetings on November 29. Representatives of twenty organizations interested in trauma care discussed the problems of trauma care and possibilities for funding a trauma system for Texas.

The Omnibus Rural Health Rescue Act passed during the 71st Legislature, Regular Session, provides for EMS/trauma systems development, including designation of trauma centers, but appropriates no funds for the system. The trauma committee has worked this year to develop guidelines for a Texas trauma system and the health department commissioned a study on the cost of trauma in Texas. Texas currently has no statewide system of trauma care.

Greg Hooser, of the American College of Emergency Physicians-Texas Chapter, said that efforts to fund trauma care relate to other programs interested in reform such as insurance and catastrophic illness, and that there are some three million Texans who are uninsured and another three million who have inadequate insurance.

The challenge in securing funding for trauma and EMS systems is to articulate precisely what the funds are for and what funds would go towards, said Hooser. “In EMS, we are not talking about enhancement but about the survival of EMS or its resurrection.”

The trauma committee will participate in Trauma Awareness Month in May and will promote a special Texas Trauma Awareness Week May 19-25. The members plan to begin in January to talk in their communities about trauma care systems and trauma prevention. Committee chair Ray Mason stressed the need for members to use the speech manuscript and slides prepared by EMS Division staff member Kathy Perkins and health department fact sheets on injuries, deaths, costs, and prevention.

The trauma awareness activities will put emphasis on what a trauma system is and why Texas needs one, as well as how to prevent trauma.

Two subcommittees received charges from Mason prior to working on preliminary guidelines for transportation and designation. Dr. Russell Thomas' subcommittee, Triage Criteria and Bypass Protocols, addresses hospital destination decisions made by EMS and hospital personnel, bypass protocols, and diversion considerations. Thomas' group also addresses medical control guidelines. Other members of the committee are Vayden Stanley, M.D., Ken Mattox, M.D., David Dildy, Tommy Jacks, and Jack Peacock, M.D.

The second subcommittee, Designation Process, addresses the trauma hospital designation process and develops timelines for frequency and extent of site reviews.

Subcommittee chair Dr. Ronald Hellstern said that in the group's first meeting, the members developed preliminary process guidelines such as use of

Ray Mason, Chair
Levelland
Antonio Falcon, MD
Rio Grande City
Jamie Ferrell, RN
Amarillo
Ronald Hellstern, MD
Dallas
Tommy Jacks
Austin
Kenneth Mattox, MD
Houston
Raj Narayan, MD
Houston
Jack Peacock, M.D.
El Paso
M. Tim Philpot
Fort Worth
Vayden Stanley, MD
San Angelo
Erwin Thal, MD
Dallas
R. Russell Thomas, Jr., DO
Eagle Lake
David Dildy, exofficio
Tyler
Jay Johnson, exofficio
Tulia

Medicare Update

The following is an excerpt from a response we recently received from the HCFA Regional Office in Dallas, Texas.

"In your letter, you asked us to provide Medicare's reimbursement policy concerning a BLS EMS provider who operated intermittently at an advanced level on a part-time basis when advanced personnel are available....To help in making the decision as to whether an ALS level of service was provided, the Medicare carrier/intermediary generally relies on your office's determination as to whether the supplier's vehicle has the necessary safety and lifesaving equipment (including an appropriately trained crew). Consequently, with the State's inclusion

of the new Basic/Advanced [Capabilities] designation, it is possible that reimbursement could be made for some of these trips."

Blue Cross Blue Shield of Texas will develop new claims processing procedures and will notify this office when they are completed.

On another note, it has been brought to our attention that some EMS providers are billing Medicare for an ALS call when all that was needed was BLS transport even though ALS personnel were present. This billing practice is illegal and may result in overpayment which must be paid back and possible revocation of the provider's Medicare number. Providers can bill for ALS only if ALS services are provided.

— Steven J. Hosford

TTAC Continues

existing American College of Surgeons survey processes as opposed to developing a unique Texas survey process; composition of the survey team to include a trauma surgeon, an emergency physician, and a trauma nurse; and characteristics of the team members such as that they be active Texas practitioners from a facility at least 100 miles from the one being surveyed.

Hellstern's group has also made preliminary suggestions that designation surveys be conducted at initial application and every three years for redesignation. Agreement by the site survey team, the trauma system area coordinator, and the health department would be required for designation.

Members of Hellstern's designation subcommittee include Jamie Ferrell, R.N., Irwin Thal, M.D., Tim Philpot, Raj Narayan, M.D., Antonio Falcon, M.D., and Judge Jay Johnson.

When subcommittee work is final on all components of the trauma system, the recommendations made by the trauma committee will be presented to the Board of Health. If the recommendations are approved, there will be a ninety-day public comment period and a public hearing for the proposed rules before adoption by the Texas Board of Health. EMS Division Director Pam West estimated to the trauma committee that final rules, procedures, and policies could be adopted for the Texas trauma system by September, 1991.

The next meeting of the Trauma Technical Advisory Committee is January 31 in Austin from Noon til 3 p.m. with subcommittee meetings from 8 a.m. til 11 a.m. the same day. A trauma coalition meeting will be held January 30 at 7:30 p.m. The committee meetings are open to the public.

— Alana S. Mallard

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Texas Department of Health
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Lt. Mark Warren

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When Things Go Wrong

Handling a Public Relations Crisis

Every emergency medical service manager enjoys basking in the limelight when the local press publishes complimentary stories about his or her service. A well-publicized CPR save, a picture of a new ambulance, or a front page picture of a daring rescue will make any manager feel proud.

However, there may occur a time when, despite your best efforts, a crisis arises and like it or not your EMS service catches the media spotlight.

Perhaps it resulted from an irate consumer who wrote a letter to the editor about the way your service handled a call, or a city council member suddenly questions your operations' handling of an event. One large service in Texas recently found itself in the press when there were accusations that city ambulances may be running short of critical supplies because the city was slow in paying bills.

If these, or similar events, result in "bad press," it does not necessarily have to signal the end of good community relations. The purpose of this article is to offer suggestions to Texas EMS managers to plan for and handle such crisis public relations events in three well-defined stages: Before, During, and After.

Before Even before a crisis arises, your service should have an ongoing Public Relations program. Everyone in your organization must understand that public relations is everyone's job. Community support arises from quality service, including outstanding patient care, courteous bedside manner, good interprofessional relationships with physicians and nurses, and prompt complaint and compliment handling.

While patient information must remain confidential, your service can still be an asset to the news media by giving them timely news tips. If a major accident or explosion occurs, your dispatcher or office secretary can notify the media. At least one EMS service in Texas provides a pager to news reporters to im-

mediately notify them of major breaking stories.

Additionally, you can help the press prepare features on such topics as "What To Do If You Have Chest Pains," "How to Give CPR," or "How To Call EMS." Such cooperation aids in establishing a working relationship with the media. That way, if a crisis arises, reporters know and trust you and your service already. Remember, it is said that credibility = survivability!

There may occur a time when, despite your best efforts, a crisis arises and like it or not your EMS service catches the media spotlight.

During When a public relations crisis arises and reporters come to question you about an issue, don't take it personally. They are doing their jobs. Moreover, tell the truth! The press smells cover ups and will attack you unmercifully if you are caught lying. If you don't have an accurate, fully researched answer to their inquiries, assure them you are conducting a personal investigation of the matter and will present a full and public explanation of what happened, why it happened, and what you are doing not to let it occur again. The public is usually more forgiving if they receive assurances that the problem has been duly recognized — and will not happen again.

Address the real issue involved. Don't get sidetracked to other issues, such as, if the city gave us more money this would not have happened. If an obvious problem has occurred, don't deny it — address it!! Convey a positive message to the public that they can still call your service with full confidence. Assure the public that "Perhaps something may have gone wrong, but we are investigating and we will fix it!"

Make certain that reporters understand the "world of EMS." If necessary, explain the differences between ALS and BLS, between paramedics and EMTs, and between emergency and non-emergency transports. Don't

take for granted that the media understands every term you may use, such as, "running Code III."

Actively support your EMTs and paramedics. They are getting hurt, too. Hold a company employee meeting, or issue a memo to keep them informed of what's occurring. They should hear the company side first from you — not from the evening TV news.

Organize your approach. If you know beforehand that a major story will break that involves your EMS service, actively go to the public instead of making them find you first. This includes the news media, the medical community, civic leaders, city officials, state officials, etc. Let them know you are actively on top of the crisis. Be prepared, but be conservative in your approach.

Use other personnel besides yourself to talk to the media. The message that field personnel can give is that they still have a genuine goal to give the best service possible to the community and that the public can still call us during an emergency with complete confidence.

Avoid the temptation to counterpunch. The press loves a battle. No one wins in a sensational running battle of front page stories that keeps negative images of your EMS service constantly in front of the public eye. Again, stick to the current issue and what you are doing personally to handle the situation.

Expect the unexpected. Imagine the things that could go wrong — and you and your staff actively plan for them! For example, a former disgruntled employee may take the opportunity to add fuel to the crisis. Or, a consumer still angry about another incident some time past may want to interject that situation into the current problem. Be prepared to act swiftly if something unexpected happens.

Look for positives. You can emphasize any improvements or enhancements your service is implementing, ie, EMT/D, system status management, rescue training, new vehicle.

Count on friends. You don't have to face the burden alone. Talk with trusted people who can offer useful advice. Contact regional and state officials with the Texas Department of Health and Bureau of Emergency Management. They can offer you seasoned advice or send someone to help you investigate the matter. The Public Health Region EMS staff

includes experienced professionals who have faced similar problems and will provide you with dependable input. Additionally, they may be able to put you in contact with other Texas EMS leaders who may have experienced comparable incidents — and survived.

And finally, you should practice good stress management techniques. A proper diet, frequent exercise, and purposeful relaxation will keep your physically and mentally fit to lead your EMS operations during troublesome times. Many people, including your employees, are counting on your leadership, and you need to be — and look — your best.

After The first post-crisis assignment should be to care for the survivors. These include your staff, the medical community, other allied health and community supporters, and your family. Your message should be: "We got through this together, now let's go forward together. We have shown we can do it." Communicate your appreciation through letters and press conferences. Take your spouse out to dinner as a show of appreciation — you probably dumped a lot of your frustrations on your family during the crisis.

Secondly, follow up on the issues. Constant, careful monitoring of the original problem and selected solutions make it less likely to pop up again. Document your monitoring results in written communications to those interested. Let everyone know that you do not intend to let this happen again.

Thirdly, release some positives for your service; order a new vehicle, announce new features, teach a safety class as you rebuild your service slowly.

Finally, restore and rejuvenate your public relations — especially with the news media. Invite them to ride out, or to do follow-up stories on the results of your rebuilding efforts. Always be available to them. Hold community CPR classes, make the civic club circuit, and participate in blood pressure screening at the mall.

Summary These suggestions may have to be modified for your particular needs. Most importantly, don't wait for a crisis to occur to develop a Crisis Public Relations Plan. This plan should be prepared in advance so you will be ready if the phone rings one day and an investigative newspaper or television reporter drops a bomb.

Jim (Mo) Moshinskie, EMT-Paramedic and MSHP, is director of the EMS Education Program at Scott & White Hospital in Temple, Texas. He is completing a PhD at Texas A&M.

Paramedic and Intermediate Exam Subscale Averages

July - September 1990

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, Behavioral (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.

Paramedic Courses

PHR City	Coordinator	Class Type	Class Size	Class Average	Averages by Subscale					
					1	2	3	4	5	6
PHR 1										
Temple	Moshinskie	Initial	13	87.15	83	87	87	86	91	96
Austin	Hill/Less	Refresher	05	87.70	79	90	89	87	90	96
Lockhart	Watson	Initial	14	88.57	84	93	91	87	87	91
College Station	Schaer	Initial	10	87.50	82	91	91	84	88	90
Johnson City	Davis	Initial	12	89.54	86	93	89	88	93	93
PHR 2										
Dumas	Crabtree	Initial	13	86.85	84	89	89	85	85	87
PHR 4										
Houston	Gaines	Initial	12	87.13	88	90	86	84	89	92
Pasadena	Bowling	Initial	16	86.97	82	90	90	85	83	89
Pasadena	Bowling	Refresher	07	89.21	86	91	92	88	83	93
Baytown	Voskamp	Initial	05	83.70	81	85	84	86	80	84
Houston	Brant	Initial	16	85.97	80	91	87	84	84	94
Houston	Stevenson	Refresher	12	92.87	88	97	95	91	90	94
Galveston	Hatch	Initial	07	88.71	82	94	91	88	82	97
Spring	Bertin	Refresher	10	88.25	82	93	89	90	87	91
PHR 5										
Dallas	Goodykoontz	Initial	32	89.73	86	92	92	88	92	92
Hurst	Smith	Initial	16	86.19	80	91	86	86	86	95
Hurst	Smith	Refresher	33	92.59	85	98	95	91	92	94
Azle	Key	Refresher	06	88.92	84	96	91	86	87	88
Stephenville	Koonce	Initial	13	88.00	89	92	83	89	92	93
Dallas	Moore	Initial	27	88.44	88	91	87	88	92	88
Gainesville	Roberts	Initial	12	86.58	81	88	89	84	87	95
Mineral Wells	Jackson	Initial	12	85.08	79	88	86	85	84	92
Sweetwater	MEEKS	Initial	17	89.29	83	90	94	87	87	93
PHR 6										
San Antonio	Garoni	Initial	18	88.44	83	92	90	87	88	93
PHR 7										
Texarkana	Erwin	Initial	13	90.62	85	93	93	90	90	89
Longview	Lowery	Initial	12	89.80	86	93	90	89	89	95
Tyler	Cress	Initial	11	88.86	79	92	94	86	92	84
Lufkin	Howland	Initial	20	89.63	89	92	88	89	92	90
PHR 8										
Laredo	Stahl	Refresher	16	88.34	90	90	87	86	89	97
Statewide Averages			456	88.68	84	92	90	87	89	92

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. Subscale 4 is non-critical and the test has 100 questions.

Intermediate Courses

PHR 3									
Midland	Daniel	Initial	05	83.20	82	86	83	80	
Lamesa	Staggs	Initial	08	82.75	78	85	87	77	
San Angelo	Fuller	Initial	09	90.44	89	93	90	90	
PHR 4									
Galveston	Hatch	Initial	08	86.75	86	88	88	83	
Lake Jackson	Holt	Initial	09	88.56	85	91	89	88	
Columbus	Stevenson	Initial	09	88.56	87	90	85	96	
Houston	Stevenson	Initial	11	90.36	93	90	90	88	
Pasadena	Bowling	Initial	06	88.50	90	88	87	89	
Channelview	Brant	Initial	15	89.20	88	91	90	86	
PHR5									
Mineral Wells	Jackson	Initial	13	84.69	83	88	84	84	
Wichita Falls	Bradshaw	Initial	13	87.46	88	87	86	91	
PHR 6									
San Antonio	Rakowitz	Initial	11	86.36	85	86	87	89	
Boerne	Madden	Initial	07	84.29	83	84	85	86	
San Antonio	Rakowitz	Initial	05	88.20	84	88	90	92	
Alamo Heights	Chalk	Initial	06	87.17	85	83	91	91	
PHR 7									
Livingston	Anderson	Initial	15	79.27	81	77	76	87	
Mt. Vernon	Elbert	Initial	15	85.73	80	90	85	88	
PHR 8									
San Benito	Anderson/Robles	Initial	09	89.56	87	89	94	88	
Alamo	Robles	Initial	08	85.50	90	86	85	79	
Statewide Averages			235	87.03	86	88	87	88	

— Compiled by Saleem Zidani and Kaylene Farthing

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Austin, Texas 78755-0399

Gunshot injuries and deaths

I was quite surprised and dismayed to note your piece on handguns and murder ("Did you Read...?") in the July issue of *Texas EMS Messenger*. I was surprised that a regulatory agency would publish material so blatantly political in its newsletter. I am amazed that you feel it appropriate for your newsletter to be a forum for political propaganda that seeks to undermine a right guaranteed in our federal and state constitutions.

I was dismayed that the material that you published was incorrect and made implications that are unfounded. The handgun related homicide data that you quoted is incorrect. There are normally about 50 (rather than 5) handgun related homicides in Canada annually.

Giving one year's data for one type of violent crime in a few arbitrarily selected countries with no consideration for trends, populations, other crimes, or to other factors in crime control, tells nothing—and is intended to tell nothing except that the person or persons using the figures don't like handguns.

— James P. McGraw, RN,
MN, CCRN, CEN
Fort Worth

Editor Alana Mallard replies:

When we reprint information in the "Did You Read?" column we identify sources and dates. The murder stats were reprinted as they appeared in a Handgun Control, Inc., pamphlet. Of much more interest to our EMS professionals may be gunshot injuries in Texas. According to the 1989 Texas Bureau of Vital Statistics Report, deaths from gunshot injuries caused Texas residents to lose 84,676 years of potential life. The runner-up, deaths from motor vehicle injuries, caused the loss of 79,853 years of potential life.

EMS personnel should consider that every patient may have a communicable disease.

Communicable disease

What is the problem with hospitals that don't bother to inform EMS about infectious cases? I recently asked for this information and told the hospital personnel that we felt we should have been notified earlier, because of health department regulations requiring them to do so. They said they had never heard of this.

I was told by another hospital that we could not have this information because of patient privacy and we were not privileged to such information.

Another hospital told us if we would fill out a request form when we brought in a patient considered high risk or showing signs of such disease that if anything was found they would let us know.

We are expected to bring a wealth of information about what we observed at a scene as well as what the patient or anyone standing around a scene might have said. But when something as important as our health, not to mention the health of all the other patients we come in contact with, is at stake the hospitals don't feel that we need to know or that we have the right to know or that they have to tell us.

The way I read the regulations, hospitals must notify us when a patient with an infectious disease is brought in by us or they use our services to get rid of this patient.

— Bill Barcheers, Hemphill

EMS legislation coordinator Mary Campbell replies:

Hospitals and individuals involved with patients must maintain confidentiality, and consequently there are no rules or regulations which allow or require hospitals to inform EMS personnel about infectious cases.

EMS personnel should consider that every patient may have a communicable disease. Universal precautions dictate the use of gloves when the potential for cont-

act with blood and body fluids exists, goggles if any potential for splatters exists, and the use of a pocket mask for mouth to mouth resuscitation. Latex gloves and goggles are required equipment on all EMS vehicles, according to Texas EMS rules.

Additionally, two rules, 25TAC 97.10 and 97.15, define exposure to communicable disease and delineate what to do in the case of possible exposure to EMS personnel.

Dispatch training and certification

I just recently received my July 1990 issue of *jems* in which there was a registration form for the International Emergency Medical Dispatch Conference. Does the state of Texas have any plans to implement a system of certifying or training the dispatchers on a state level?

Before my becoming an EMT I was employed with the Sheriff's Department of Bell County as a dispatcher and before that with the city of Harker Heights as a police/EMS dispatcher. At the time I didn't realize the importance of EMS training for

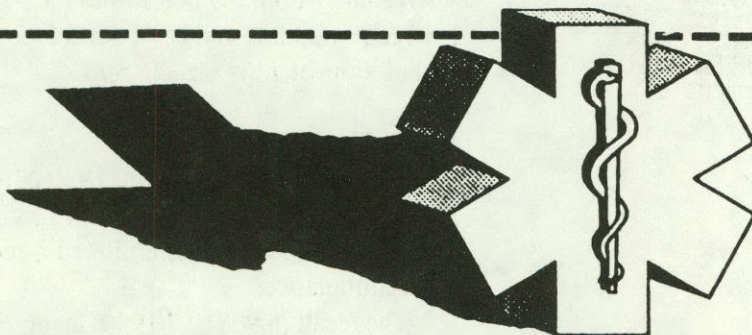
this position. Both departments are required by the Department of Public Safety to send their dispatchers to a school sponsored by DPS on material pertaining to police or law enforcement subjects. My question is: shouldn't EMS dispatchers also be required to attend a school or certification course teaching them the proper methods of taking calls and relating with people who are in a crisis situation?

— Michael A. Nelson, EMT
Killeen

You are absolutely right! EMS dispatchers should receive specialized training.

EMS Division Director Pam West replies:

You are absolutely right! EMS dispatchers should receive specialized training. While there is training available in Texas at a few community colleges and through national groups such as the one you mentioned in your letter, a standardized training and certification program does not currently exist through the Texas Department of Health. Establishment of a mandatory certification program would require legislation. It is our plan to phase into dispatcher certification on a voluntary basis.



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by Bill Baker

Vehicle Alerts and Recalls

Alternator Belt

It has come to our attention through an article in the **Ambulance Industry Journal** as well as complaints from some services that a problem exists with alternator belts in various Ford 7.3 liter diesels which have been converted into ambulances.

In June, Ford issued a Technical Service Bulletin (Article # 90-11-12) regarding the situation. We will gladly send copies of the Bulletin to any service making a request for the information. The problem appears to be centered around a misadjustment of the belt causing premature wear. The service bulletin specifies bolt torque and belt tension requirements.

The people at a regional Ford Truck dealership, who have proved reliable in the past, emphasized that special vacuum pump and alternator belts have been developed for use in these vehicles. The Ford part numbers for these belts are: alternator belt: E8US-8620-BA; vacuum pump belt: D22E-8620-CA.

Unfortunately these belts are only available through Ford dealers. If, however, they solve the problem of alternator belts failing at less than 10,000 miles they may be worth the extra purchase price. If possible, we would like to have follow-up from people who have used these belts to ascertain their effectiveness in solving the problem.

Heater Hose

We have also been made aware of a series of recalls on Type II and Type III ambulances manufactured on Ford E350 chassis for model years 1983 through 1987. The problem appears to be an incorrectly routed heater hose and involves units manufactured by the following companies: A. D. Miller, Ashley Emergency Vehicles, Braun Industries, Collins Ambu-



lance Corporation, Road Rescue, Inc., Wheeled Coach Industries, and World Trans, Inc.

Wiring Harness

The same ambulance units manufactured by Sentinel Vehicles Limited from 1984 through 1987 have been recalled because of a defective nylon tie which is intended to keep the wiring harness away from the engine. There is no mention of a heater hose problem with these particular ambulances.

Entry Door

We have also learned of a recall involving Mobile Medical vehicles from model years 1983 through 1987. This defect involves entry doors which fail to meet certain load requirements and can be resolved by the installation of new striker pins.

Drive Shaft snap-ring

An article in the autumn, 1990 edition of **Lytes & Sirens**, a publication of the Illinois Department of Health, mentioned a recall of Ford ambulances.

The recall (# 90S10 7/1990) involves 1988 to 1990 E and F series, 4x2's, with single-unit drive shaft (excluding the 5.0L engine). The problem is a snap-ring on the transmission output shaft. A failure of the snap-ring will cause the park mechanism to malfunction. This failure would cause the vehicle to go into reverse and move, if the parking brake is not properly set.

Some services have complained that the parking brake does not hold well on an incline. It is important, therefore, that operators fully apply the parking brake when it is being used, especially on an inclined surface.

Each firm should contact its Ford dealer to see that the appropriate repairs are made and that the vehicle is brought into compliance with the terms of the recall.

For more information on vehicle recalls or to give us information on recalls please contact Bill Baker at the Bureau of Emergency Management in Austin, (512) 458-7550.

Around The State

February 10-16, 1991, **Child Passenger Safety Awareness Week**, contact 512/458-7550.

February 16, 1991, **EMS: Back to the Basics** symposium sponsored by Texas A&M Emergency Care Team. Contact Bill Drees, Texas A&M University Emergency Care Team, A.P. Beutel Health Center, College Station, TX 77841-1264.

March 1-2, 1991, **Traumatology Conference**, Beaumont, TX. 409/880-2233.

March 9, 1991, **Vertical Rescue Problems Course**, \$30. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

March 23-24, 1991, **Basic Vertical Rescue**, \$65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

April 16-19, 1991, **Industrial Fire World Exposition**, Houston, TX Tammy Randermann, 409/693-7105. FAX 409/764-0691.

April 20-21, 1991, **Basic Vertical Rescue**, \$65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

May, 1991, **Trauma Awareness Month**, contact 512/458-7550.

May 4-5, 1991, **Basic Vertical Rescue**, \$65. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

May 12-16, 1991, **Texas and National EMS Week**, contact 512/458-7550.

May 23-25, 1991, **Advanced Vertical Rescue**, \$120. For graduates of the basic class. Contact Renee Michalski, McLennan Community College, Waco, TX. 817/750-3512.

June 5-6, 1991, **Ninth Annual Emergency Care Update**, Arlington, TX. Sponsored by CareFlite Dallas and CareFlite Fort Worth. Robin Scheffler, 817/882-4010 or 800/772-5840.

Prof. Liability available to EMS organizations, Contact Bert Peterson at 713/622-7161 or 1-800-537-7497.

EMT-I, EMT-Ps needed offshore: \$795/week + overtime. Texas or Nat'l Certification. Resume: OPI, Health Services, 96 W. Front St, Orange, TX 77630.

EMT-I/Paramedic: TX Dept. of Corrections. \$1622/mo. Texas certification EMT-I/Paramedic. TDC, Box 99, Personnel, Huntsville, TX 77342 409/294-2755.

Paramedic: Firefighter trainee, EMT-P. Resumes: Houston Fire Dept, Personnel Dept., Selection Services Div., 500 Jefferson, Houston 77002.

Associate Medical Director: Coordinate ALS training/CE for EMTs. Paramedic, RN. ACLS cert. Exp. in paramedic educ. & EMS operations. Dept of Surgery, Texas Tech Univ, RAHC, 4800

Alberta Ave., El Paso, TX 79905. Sandra Mendez 915/545-6860.

Paramedics: Offshore oil production. Texas or National Registry. ACLS, BTLs. Resume: Medic Systems, P.O. Box 690928, Houston, TX 77269.

EMT Training Coordinator. UTSW Medical Center. Vitae to Debra Cason, 5323 Harry Hines, Dallas, TX 75235-8890. 214/688-3131.

Paramedic Instructor: UTSW Medical Center. Vitae to Debra Cason at 5323 Harry Hines, Dallas, TX. 75235-8890. 214/688-3131.

EMTs, EMT-Ps: Resumes: Offshore Emergency Medical Systems, Chris Hardage, 5919 Charles Schreiner Tr, Austin, TX 78749.

EMTs: All levels of EMS certification in all areas of the state. Tech-Star, P.O. Box 7, Stamford, TX 79553, 915/773-5691.

Faculty: UT Southwestern Medical Center, paramedic to teach EMT classes. Bachelor's degree in a health related field. Certified or eligible for paramedic certification. One year teaching preferred. Vitae to Debra Cason or Bob McMullen, 5323 Harry Hines Blvd., Dallas, TX 75235-8890. 214/688-3131.

EMT-B, EMT-I, EMT-P: Alpine and Monahan Divisions of West Texas Ambulance Service. Resume: WTAS, P.O. Box 338, Alpine, TX 79831. Mike Scudder, 915/837-7471.

Director: Live Oak County Volunteer EMS. Contact Live Oak County Auditor, P.O. Box 699, George West, TX 78022.

Accepting Bids: 1979 Type III Ford ambulance. Bids close February 17, 1991. City of Grapeland or Grapeland Ambulance Service, 126 South Oak, Grapeland, TX 75844. Bids may be rejected. 409/687-2115.

Announcement: The Greater Houston EMS Council is accepting applications for membership. 713/376-4400 or 713/376-1598.

For Sale: 1982 Chevrolet Type I Modular Ambulance. Mike Scudder, 915/837-7471.

For Sale: Two Motorola Apco telemetry units, two Motorola mobile telemetry units, two Motorola vehicle chargers for Apco battery pack. All working. Friendswood Fire Dept., 713/482-0317.

For Sale: Thumper, cardiopulmonary resuscitator, soft pack w/case. \$2,500, 2-Mars 888 lights, good shape, \$700. Roland Hobbs, Jacinto City Fire Dept., 1126 Mercury Dr., Houston, TX 77029. 713/674-1841.

For Sale: 1988 Collins Type II ambulance, MICU equipped, new motor. 1985 Ford Type II ambulance, ALS equipped. LifePac5 monitor, defibrillator. Uniden 800-Trunking radio, 3 units including base station. Cannon 400F copier. Assorted ambulance equipment. 713/623-2253.

As 1990 comes to a close, thanks for writing, news clipping, photographing, reviewing, data entering, laying out, labeling, and printing 1990's 10 issues of the Texas EMS Messenger.

Thanks Aaron. Thanks Ken Abood. Thanks Tom Ardrey. Thanks Bill Aston. Thanks Bill Baker. Thanks Carla Baker. Thanks Liz Bailey. Thanks Mike Barton. Thanks Louis Berry. Thanks Becky Belcher. Thanks Lovi Bertison. Thanks Angie Bishop-Connolly. Thanks Calvin Blackman. Thanks Kelly Blaylock. Thanks Debbie Bradford. Thanks Bobbie Broadbent. Thanks Brian. Thanks Jan Brizendine. Thanks Dr. Donovan Butter. Thanks Daniel Byram. Thanks Eddie Callender. Thanks Mary Campbell. Thanks Julio Campos. Thanks Tom Cantwell. Thanks Carolyn. Thanks Darris Chapple. Thanks Cheryl. Thanks Ted Chinn. Thanks Clint. Thanks Conchita. Thanks Neil Coker. Thanks Linda Cypert. Thanks Ernest Dailey. Thanks David. Thanks James Davis. Thanks Malinda Davis. Thanks Deena. Thanks Rod Dennison. Thanks Lynn Dobson. Thanks Yolanda Dover. Thanks Jimmy Dunn. Thanks Clint Dykes. Thanks Charles English. Thanks Don English. Thanks Eddie. Thanks Kaylene Farthing. Thanks Jeff Fincke. Thanks Barb Finley. Thanks Dan Finley. Thanks Paul Fournier. Thanks David Fry. Thanks Jay Garner. Thanks Linda Gheen. Thanks Jo Anne Gholson. Thanks Carl Gilliland. Thanks Mary Gottwald. Thanks Joni Gray. Thanks Sheryl Gribble. Thanks Jean Gunn. Thanks Robin Gurka. Thanks Debbie Hack. Thanks Louis Hartley. Thanks Steve Hanneman. Thanks Richard Harris. Thanks Terry Harris. Thanks Sandra Hawkins. Thanks Hilitana. Thanks Lee Henry. Thanks Debby Hollan. Thanks Homer. Thanks Steven Horst. Thanks Steven Hosford. Thanks Susie Jechow. Thanks Jeremy. Thanks Jermaine. Thanks John. Thanks Charlie Johnson. Thanks Kenny Jones. Thanks Rick Jones. Thanks Juan. Thanks Julie. Thanks Robert Kent. Thanks Sharon King. Thanks Susan Kollath. Thanks Mattie Larry. Thanks Lance. Thanks Bobby Lee. Thanks Jerry Lester. Thanks Phil Lockwood. Thanks Jodi Loftin. Thanks Marnie. Thanks Jim Bob Martin. Thanks Ray Mason. Thanks Richard McDaniel. Thanks Cecelia McKenzie. Thanks Bob McKinney. Thanks Gail McNeely. Thanks Melissa. Thanks Michelle. Thanks Jane Montgomery. Thanks Rothly Moseley. Thanks Jim Moshinskie. Thanks Rick Murray. Thanks Jan Nanus. Thanks Alex Nghiem. Thanks Greg Patterson. Thanks Paul. Thanks Kathy Perkins. Thanks Gary Phelps. Thanks Brian Power. Thanks Dr. David Prentice. Thanks Pam Price. Thanks Elliot Ralin. Thanks Dr. Albert Randall. Thanks Rod Reichardt. Thanks Tim Robb. Thanks Ricky. Thanks Ricky Richardson. Thanks Rocky. Thanks David Rives. Thanks Jeff Rubin. Thanks Mike Rutherford. Thanks Jack Saucedo. Thanks James Shiplet. Thanks Claudia Shirley. Thanks Billy Sladek. Thanks Richard Smith. Thanks Mike Snyder. Thanks Vickie Sokol. Thanks Jim Sorenson. Thanks Scott Springfield. Thanks Michael Strachan. Thanks Jim Sutton. Thanks Lee Sweeten. Thanks Paul Tabor. Thanks Scott Trunkhill. Thanks Trini. Thanks Vernon. Thanks Lovie Walker. Thanks Gene Weatherall. Thanks Andy Webb. Thanks Pam West. Thanks Kathie Wharton. Thanks Sharen Wilkins. Thanks Lovie Williams. Thanks Liz Williamson. Thanks Sherrie Wilson. Thanks Gene Willard. Thanks Linda Williams. Thanks Kurt Young. Thanks Saleem Zidani. Thanks Jim Zukowski.

— Thanks,
Alana S. Mallard, Editor

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Texas Department of Health
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