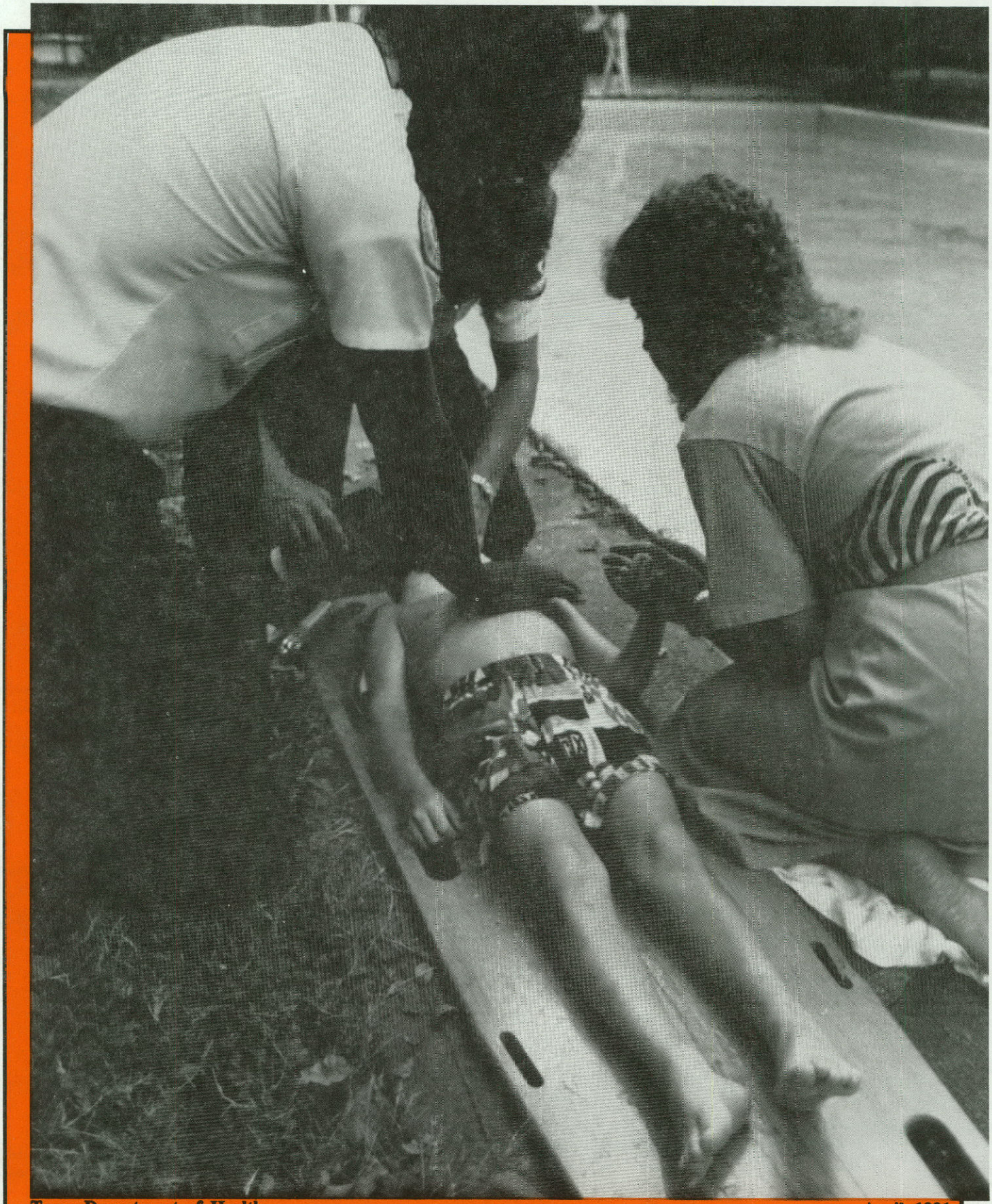
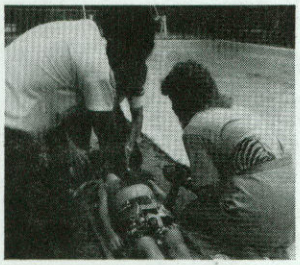
# Texas EMS
## Messenger



Texas Department of Health

April 1991

# *About this issue*



COVER PHOTO: During EMS Week, May 12-18, TDH and Governor Ann Richards will join local EMS providers in working to reduce accidental injury and death to children with the *Think Child Safety* program. Photo by Greg Patterson.



***25 Years of EMS - Texas EMS Conference '91***
***November 25, 26, 27 1991***


# Texas EMS Messenger

April 1991 Vol. 12 No. 3

**Texas Department of Health**

Ron J. Anderson, M.D.
Chairman, Texas Board of Health

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

Published by the
**Bureau of Emergency Management**

Gene Weatherall — Bureau Chief
Alana Mallard — Editor
Jan Brizendine — Production and Design





**Texas EMS Messenger** (ISSN 0148-8235) is published January, March, April, May, June, July, August, September, November and December by the Texas Department of Health, Bureau of Emergency Management, 1100 W. 49th Street, Austin, Texas 78756-3199. The magazine embodies the mission of the Bureau: to help organizations function professionally as EMS providers, to help individuals perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. It takes state and national EMS issues and answers to ECAs, EMTs and paramedics serving in every capacity across Texas.

Editor's office: (512) 458-7550, 1100 W. 49th Street, Austin, Texas 78756-3199.

Individual subscriptions to **Texas EMS Messenger** are available for $15 for two years. Sample copies on request. As provided in Chapter 773, the Emergency Medical Services Act, subscriptions are free to licensed provider firms and course coordinators. To order a subscription or to request a change of address in a current sub- scription, write to **Texas EMS Messenger** at the address above or call (512) 458-7550.

We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request. Materials will be returned if requested.

Second Class Postage paid at Austin, Texas. Postmaster: Send address changes to **Texas EMS Messenger**, 1100 W. 49th Street, Austin, Texas 78756.

# From This Side

*Gene Weatherall*
*Chief*
*Bureau of Emergency Management*

We have some new staff members within the Bureau of Emergency Management who will be working with many of you in the future. Richard Best recently joined our Education Program to assist us in developing EMS certification examinations. Richard is certified as a paramedic, has a masters degree in education, and has street experience as both an EMT and a paramedic.

Vic Dwyer, also a paramedic, recently transferred from Public Health Region 4 to the Bureau of Emergency Management to assume the duties of an investigator to both investigate complaints and evaluate applicants for certification who have a previous criminal record. You can read about Vic and his Investigative Services Program on the back cover.

Billy Sladek was recently appointed as the Director of Staff Services for the Bureau of Emergency Management. In this job, Billy will be responsible for all financial aspects of the Bureau. Many of you have probably worked with Billy in the recent development of local EMS projects contracts. He will also serve as the legislative liaison for the Bureau for this legislative session. Billy has a degree in accounting with experience as a Texas Department of Health auditor. He also has experience in the Governor's Office of Comprehensive Health Planning, served as an executive assistant to State Health Planning and Resource Development within the health department, and for the past three years has been a program administrator with the EMS Division. We all look forward to working with Billy because of his strong background in both financial and program management.

Thanks to the Panhandle Emergency Medical Services System for having me at their annual banquet. There are some new personnel with PEMSS. Jamie Ferrell, RN, has recently assumed the job as clinical director for both the emergency department at Northwest Texas Hospital and Amarillo Emergency Medical Service. Just days before their annual banquet, they recruited Dr. David Mosienko as the PEMSS medical director. Dr. Mosienko has many years of experience as a medical director and everyone seemed excited to hear his comments at their banquet.

I was pleasantly surprised to learn that my old friend Tom Heard from Dalhart had been serving for the past few years as the President of the Board of Directors of PEMSS. Tom has a distinguished career in emergency medical service for his many years of volunteer service. Tom is to be congratulated for his selection to this important leadership role of this outstanding regional EMS system. In fact all the members of PEMSS are to be congratulated as they have the only regional EMS system in Texas and have had for many years.

I need some advice on a problem I recently discovered. See, I have these friends that I think a lot of who work in a regional trauma system, but they do not wear seat belts when in their cars. How do you tell other health care professionals of the importance of wearing seat belts? I know that they have seen the same types of trauma that I saw as a paramedic. I know that they have access to the same statistical data on the protection of seat belts. I even tried to tell these individuals on a personal level that I cared for them and was concerned about their personal safety. So far that hasn't worked, but I have not given up.

Please let me know if you have had similar experience with individuals in emergency medical service not wearing seat belts, especially if you have successful methods of convincing these people to protect themselves so that your friendship might continue for many years to come.

**How do you tell other health care professionals of the importance of wearing seat belts?**

# Local and Regional EMS News

## PHR 1 trains game wardens

Thirty-four game wardens attending the Parks and Wildlife Department's six-month academy in Austin received wilderness rescue and tracking training from Public Health Region 1 Program Administrator Rod Dennison in February. After spending portions of three days teaching the cadets ropes and knots, rope rescue, land navigation, and patient packaging, Dennison led the students in a day-long tracking exercise at Pedernales State Park.

## Godfathers III

Three Fort Worth firefighters who delivered an infant at a residence in north Fort Worth had to act fast when the already delivering baby had the umbilical cord wrapped around her throat. Little Falisha Ann Olaiz was all wiggles as Lt. James Rich, engineer Anthony Rodriguez, and firefighter David Peterson visited the healthy baby and her mother, Yolanda Olaiz, three days after the three EMTs brought baby Falisha safely into the world.

In a February 14 article from the **Fort Worth Star-Telegram** sent in by PHR 5's Jimmy Dunn, Rodriguez said, "This is the first time I've been around a delivery when we really needed to be there. I was floating for the rest of the day."

## Austin celebrates fifteen year anniversary

In ceremonies in February, City of Austin EMS Department held its third annual awards ceremony and celebrated fifteen years of the third city service's organization. Senior Paramedic Bonnie Liles received a special director's award as the coordinator of the Emergency Medical Services' DWI awareness program. EMS director David Wuertz cited her for outstanding contributions to public service for her efforts to educate Central Texas schoolchildren about the dangers of drinking and driving.

In 15 years Austin EMS has grown from five medical units in 1976 to 16 units and STAR Flight helicopter service in 1991. Employee of the year awards, selected by EMS employees, were given to Senior EMT Tom Bones, Senior Paramedic Robin Cope, Senior Telecommunications Specialist Brian Dunkle, community affairs coordinator Sally Muir and shift commanders Gordon Bergh and Michael Rothermel. In addition, Wuertz handed out 88 Phoenix awards to EMS employees who saved lives in 1990.

## From the Heartbeat

The February issue of the Cypress Creek EMS **Heartbeat** gave these stats for 1990: 8,207 calls (an increase of 7% from 1989) were made, including 2,099 motor vehicle crashes, 1,206 medical calls, 1,175 injured party calls, and 711 cardiac calls.

That same issue reported a call to a motor vehicle crash where a patient had neck pain but no neurological symptoms. The crew of David Nateghi, Rex West, and Kristen Moore (aided by Allen Jenkins, Jerry Patterson, and Laurie Edward) packaged the patient fully and transported her. The ED staff determined the patient had an unstable C2 fracture, but she is expected to make a complete recovery, thanks to Cypress Creek's careful attention to mechanism of injury.

## From San Saba's Code 3

The San Saba County Volunteer EMS newsletter, **Code 3**, reports that their medical director left San Saba for Operation Desert Storm duty. Dr. Douglas Carmichael, a reservist with the 372nd Medical Detachment in Houston, was

# Local and Regional EMS News

deployed February 1. Beside serving as San Saba's medical director, Dr. Carmichael worked at Brownwood Regional Hospital.

In Dr. Carmichael's absence, Dr. John Dunn of Brownwood is serving as advisor to San Saba EMS.

## Ready Teddy's travels

Along with many other famous celebrities, the Texas EMS mascot, Ready Teddy, made appearances at the San Antonio Live Stock Show and Rodeo during County Fair Days on February 8 and 9. Lee Sweeten and Steve Hannemann from Public Health Region 6 EMS assisted the bear in passing out Ready Teddy Coloring Books. They handed out approximately 3,800 coloring books over the two days and more than 4,000 "When Minutes Count" and "Don't Guess, Call EMS" brochures.

Several other PHR 6 programs participated with the EMS staff at the rodeo: Veterinary Public Health, Zoonosis, Cooperative Meat Inspection, Dental Health, and Personnel Management.

The bear also participated in Mother Frances Hospital's recent annual community-wide Family Health Check Health Fair in Tyler. EMS personnel demonstrated bandaging, splinting, and spinal immobilization using children as models. Ready Teddy was on hand to alleviate the children's fear of various equipment that may be used in emergencies and to distribute more than 1,000 coloring books during the fair.

Ready Teddy has several appearances lined up for the next several months, including a 9-1-1 parade in Grandview. Since his first appearance in October, Ready Teddy has visited with more than 17,000 children at schools, malls, hospitals, and rodeos.

*Texas' fuzzy paramedic teaches kids at San Antonio's livestock show what to do in an emergency.*

## West Harris County EMS revives collapsed grandmother

West Harris County EMS president Bill Meneely, Maria Meijide, and Ellen Miliauskas, all paramedics, and EMT-Intermediate Ron Pasley responded to a recent call in a grocery store where a shopper had collapsed. According to the story in **The Katy Times** sent to us by vice-president and EMT Pete Morin, the 56-year-old woman was not breathing and had no pulse. The crew revived and stabilized JoAnn Landrum by defibrillating her and administering cardiac drugs, and, although hospital officials gave the family little hope for her recovery since both lungs had collapsed and one lung was destroyed by an undiscovered fungus, Lundrum was released within about a week.

"I'm just flat thankful there are people there who can help," Lundrum said of the West Harris County EMS crew. "If they hadn't gotten there soon enough, I would've been dead."

New EMS member Russell Moy assisted with the call.

***One of the most common myths about sexual assault is that it happens to only young, pretty women. In Texas last year over 5,000 children under the age of 18 were victims of sexual assault, incest, or sexual abuse. 156 people over the age of 55 and 160 males over the age of 18 were sexually assaulted.***

# Not For Women Only

## *Sexual Assault Awareness Month -- April 1991*

One of the most common myths about sexual assault is that it happens to only young, pretty women. Though women between the ages of 18 and 25 do account for 25% of the sexual assaults that occur in Texas, there are other populations that are also vulnerable.

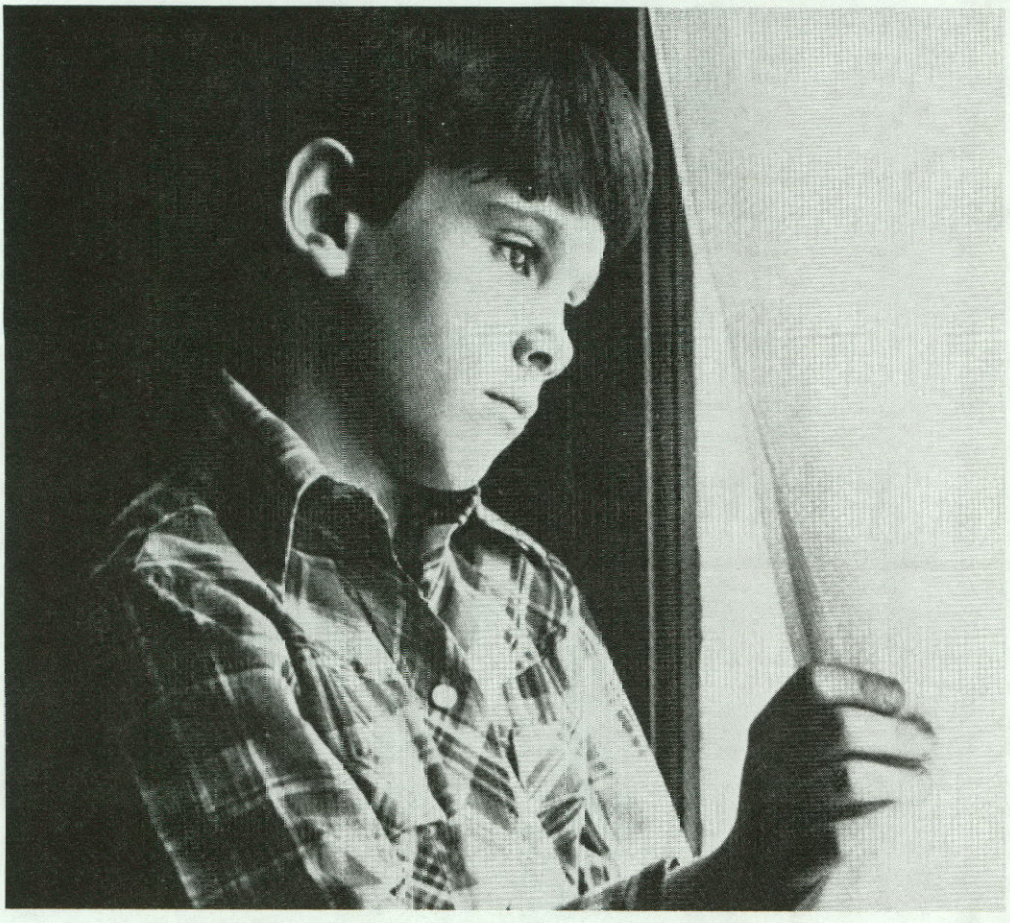
In Texas last year over 5,000 children under the age of 18 reported to 43 sexual assault programs as victims of sexual assault, incest, or sexual abuse. 156 people over the age of 55 and 160 males over the age of 18 were sexually assaulted. And these are only a small percentage of the number of victims that are in the state. More than three million people in Texas do not even have access to sexual assault programs or services for victims of sexual assault and (according to national reports 80 percent) still do not report the crime to law enforcement.

Sexual assault is a crime that affects everyone. It does not discriminate against age, gender, socio-economic or ethnic differences. This crime not only affects the survivors deeply, but also the friends, loved ones, co-workers, and neighbors of the survivor. Society as a whole has been affected by the crime of sexual assault. Women are afraid to go out at night; children aren't allowed to talk to strangers; it is dangerous to help someone or to accept help from someone on the side of the road; and many innocent men are looked upon with distrust and suspicion.

It doesn't have to be this way. We can live in a violence-free society that is safe for all it's inhabitants. Contact your local sexual assault program to find out how you can help end sexual violence in our society.

The Texas Department of Health (TDH) Sexual Assault Prevention and Crisis Services Program and the Texas Association Against Sexual Assault (TAASA) are co-sponsoring the Eighth Annual Sexual Assault Awareness Month, April 1991.

During this month efforts will be intensified to promote public awareness of the problems of sexual assault; to emphasize the need for citizen involvement in efforts to reduce sexual assault through public education and changing public attitudes, rather than reliance on punishment of offenders; to increase community support for agencies providing sexual assault crisis services.



For more information or to schedule a speaker concerning sexual violence, contact your local sexual assault program. There are over 50 programs in Texas. If you do not have a program in your community, contact Cecelia McKenzie, Program Administrator for Sexual Assault Prevention and Crisis Services, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199, or call 512/458-7550. The Texas Department of Health provides technical assistance and grant funds to existing and developing sexual assault programs. Or contact Sherri Sunaz, President, Texas Association Against Sexual Assault, c/o Alamo Area Rape Crisis Center, P.O. Box 27802, San Antonio, Texas 78227. TAASA is the state organization of sexual assault programs and supporters who have joined together to assist each other in their work and to provide the State of Texas and its citizens with a central source of information on sexual assault.

**Information Request Form - Sexual Assault Awareness Month**

*We would like a free copy of:*

_____ Sexual Assault: A Community Response
_____ What If...Questions and Answers About the Sexual Abuse of Our Children
_____ Anytime, Anyplace, Anyone...Shattering the Myths About Sexual Assault
_____ Sexual Harassment
_____ Age Doesn't Make A Difference
_____ Marital Rape - available 7/91
_____ Date Rape - available 7/91
_____ Directory of Sexual Assault Programs in Texas
_____ We would like _____ posters about Sexual Assault Awareness Month

Name: _____
*(For organizational use, please include contact person's name and telephone number.)*

Address: _____

City, State, Zip: _____

Phone: _____

*Return order form to:* Cecelia McKenzie, Program Administrator
Sexual Assault, Prevention & Crisis Services
Texas Department of Health
1100 West 49th, Austin, Texas 78756

# Texas Sexual Assault Programs

**Abilene Rape Crisis Center**
P.O. Box 122
Abilene, TX 79604
(915) 677-7895

**Noah Project**
P.O. Box 875
Abilene, TX 79604

**Rio-Pecos**
Family Crisis Center
P.O. Box 1470
Alpine, TX 79831
(915) 837-7254

**Rape Crisis/Domestic Violence Center**
804 S. Bryan #214
Amarillo, TX 79106
(806) 373-8533

**Women's Center of Brazoria County**
P.O. Box 476
Angleton, TX 77515
(409) 849-9553

**Austin Rape Crisis Center**
1824 East Oltorf
Austin, TX 78741
(512) 445-5776

**Bastrop County Women's Shelter**
P.O. Box 736
Bastrop, TX 78602
(512) 321-7760

**Matagorda County Women's Crisis Center**
P.O. Box 1820
Bay City, TX 77404-1820
(409) 245-9109

**Bay Area Women's Center**
P.O. Box 3735
Baytown, TX 77522
(713) 424-3300

**Rape & Suicide Crisis of South East Texas**
P.O. Box 5011
Beaumont, TX 77702
(409) 832-6530

**Rape Crisis/Victim Services**
P.O. Box 1693
Big Spring, TX 79721-1693
(915) 263-3312

**Brazos County Rape Crisis Center**
P.O. Box 3082
Bryan, TX 77805
(409) 268-7273

**Sexual Assault and Crime Victim Services**
921 Ayers
Corpus Christi, TX 78704
(512) 887-9818

**Dallas County Rape Crisis & Child Sexual Abuse Center**
P.O. Box 35728
Dallas, TX 78235
(214) 653-8740

**Denton County Friends of the Family, Inc.**
P.O. Box 623
Denton, TX 76202
(817) 387-5131

**Life Management Center**
P.O. Box 9997
El Paso, TX 79990
(915) 779-7130

**Women's Center of Tarrant County**
1723 Hemphill
Fort Worth, TX 76110
(817) 927-4039

**Cooke County Friends of the Family**
P.O. Box 1221
Gainesville, TX 76241
(817) 685-2873

**Women's Resource and Crisis Center**
P.O. Box 1545
Galveston, TX 77553
(409) 765-7233

**Family Crisis Center, Inc.**
2220 Haine Drive #32
Harlingen, TX 78550
(512) 423-9304

**Medina County Family Life Center**
P.O. Box 393
Hondo, TX 78861
(512) 426-5131

**Houston Area Women's Center**
3101 Richmond, Suite 150
Houston, TX 77098
(713) 528-6798

**City of Houston Sexual Assault Program**
8000 North Stadium,
Box 28
Houston, TX 77054
(713) 794-9360

**Familytime Foundation**
P.O. Box 893
Humble, TX 77347
(713) 446-2615

**Walker County Family Violence Council**
P.O. Box 1893
Huntsville, TX 77340
(409) 291-3529

**Supportive Association for Sexually Assaulted Men (SASAM)**
P.O. Box 884
Keller, TX 76248
(817) 882-4429

**Hill Country Crisis Council**
First Nat'l Bank Bldg.
P O Box 1817
Kerrville, TX 78029
(512) 257-7088

**Kilgore Community Crisis Center**
905 Broadway
Kilgore, TX 75662
(903) 984-3019

**Families In Crisis**
P.O. Box 25
Killeen, TX 76540
(817) 634-1184

**Laredo State Center**
P.O. Box 1835
Laredo, TX 78041
(512) 723-2926

**Women's Center of East Texas, Inc.**
P.O. Box 347
Longview, TX 75606
(903) 757-9308

**Lubbock Rape Crisis Center**
P.O. Box 2000
Lubbock, TX 79457
(806) 763-3232

**Marble Falls Community Crisis Center**
P.O. Box 805
Marble Falls, TX 78654
(512) 693-2551
(512) 984-2377

**Women Together Foundation, Inc.**
420 North 21st
McAllen, TX 78501
(512) 630-4878

**Collin County Rape Crisis Center**
P.O. Box 73
McKinney, TX 75069
(214) 548-7273

**Midland Rape Crisis Center**
P.O. Box 10081
Midland, TX 79702
(915) 682-7273

**Women's Crisis International of East Texas, NRC**
P.O. Box 2385
Nacogdoches, TX 75963
(409) 564-3252

**Odessa Rape Crisis Center**
P.O. Box 7741
Odessa, TX 79760
(915) 333-2527

**Tralee Crisis Center for Women, Inc.**
P.O. Box 2880
Pampa, TX 79065
(806) 669-1131

**Family Haven Crisis**
P O Box 1453
Paris, TX 75461
(214) 784-6842

**Bridge Over Troubled Waters**
P.O. Box 3488
Pasadena, TX 77501
(713) 472-0753

**Panhandle Crisis Center**
P. O. Box 502
Perryton, TX 79070
(806) 435-5008

**Hale County Crisis Center**
P.O. Box 326
Plainview, TX 79073-0326
(806) 293-9772

**Fort Bend County Women's Center, Inc.**
P.O. Box 183
Richmond, TX 77469
(713) 342-0251

**Williamson County Crisis Center**
211 Commerce Cove #103
Round Rock, TX 78664
(512) 255-1278

**Assault Victim Services**
Concho Valley
3034 W Beauregard
San Angelo, TX 76901
(915) 944-8728

**Alamo Area Rape Crisis Center**
P O Box 27802
San Antonio, TX 78227
(512) 674-4900

**Hays Co. Women'sCenter**
P.O. Box 234
San Marcos, TX 78667
(512) 396-7276

**Crisis Center**
P.O. Box 2112
Sherman, TX 75090
(214) 893-3909

**Erath Co.Sexual Assault/ Domestic Violence Center**
1043 Glen Rose Highway
Stephenville, TX 76446
(817) 965-5516

**Domestic Violence Prevention**
P.O. Box 712
Texarkana, TX 75504
(214) 794-4000

**Montgomery County Women's Center**
P. O. Box 8666
The Woodlands, TX 77387
(713) 367-8003

**East Texas Crisis Center**
3027 SSE Loop 323
Tyler, TX 75701
(214) 595-3199

**Hope of South Texas**
P. O. Box 2237
Victoria, TX 77902
(512) 573-5868

**Center for Action Against Sexual Assault**
201 Waco Drive #213
Waco, TX 76707
(817) 752-9330

**Parker County Rape Crisis Program**
P. O. Box 1181
Weatherford, TX 76086
(817) 594-0656

**First Step of Wichita Falls**
P. O. Box 773
Wichita Falls, TX 76307
(817) 767-3330

# Preserving evidence at the scene of a crime

## *- is it your job?*

*by Cecelia McKenzie*

Chances are the last thing on your mind when you are called to someone's home or to a crime scene is the preservation of evidence. There is a point, however, before assisting victims and administering lifesaving techniques that you should consider it.

If you know you are responding to a crime scene, it should be foremost in your mind to avoid deliberately or unnecessarily destroying evidence -- an easy job if the evidence is not on the person. But what happens when the evidence is part of the person's clothing or a wound or in the immediate work surroundings?

The patient's life is your number one concern. Frequently, however, a crime victim is not in a life-threatening situation and there are things that you can do to help this victim long after you have left their side.

1. Never walk on the grass if there is any other path to use. Evidence can be destroyed quickly by many feet trodding over a piece of evidence that was discarded after an offender left the scene of the crime and the place the offender will leave something is not on the concrete but thrown in the yard. Touch as little as possible in the surroundings that you either pass through or work in as any part of something could be evidence that can be used later - unless contaminated by "unknowing" hands.
2. If you must cut clothing, do not cut through anything that looks like evidence, such as a gun shot wound, knife hole, semen stains, blood stains, or anything that you perceive to be any kind of marking that could be used for evidence. Remember, frequently you do not have time to hear the whole story of what happened at the scene and could easily destroy evidence unknowingly and innocently, so assume that any stain or mark or tear that looks suspicious could be evidence.
3. There are many things that you can do to preserve evidence at the scene of a crime. It would be a good idea to check with your local law enforcement officials to develop a protocol that you can work with that takes into consideration both law enforcement and EMS needs.
4. As you do your assessment on a patient and find out that a crime such as sexual assault has been committed. the most important thing you can do is act calmly, and barring life-threatening wounds, transport the patient to an emergency facility that does a complete sexual assault evidence collection examination.

What happens when the evidence is part of the person's clothing or a wound or in the immediate work surroundings?

In a collaborative effort of forensic, medical, legal, and advocate personnel from across the state, the Texas Department of Health has developed protocols for the collection of evidence by hospital staff in sexual assault cases.

The protocol is a recommendation on the collection of evidence at the hospital and on the treatment of sexual assault survivors who consent to having the evidence collected.

A bill before the Texas Legislature, however, would put the protocol and the sexual assault examination kit contents into law assuring survivors that whatever hospital took the evidence after an assault, it would be the same at a hospital in County A with a population of 20 as in County B with a population of 2 million.

The protocol is written specifically for adult survivors, female and male, but does have a very thorough section addressing child sexual assault and the manner in which evidence is to be collected from children and the special issues surrounding child victims.

# Dispelling the myths
## - *about child sexual abuse*

*by Lacey Sloan*

**Myth**: Sexual abuse only occurs in low socio-economic homes with crowded living conditions.

***Fact***: Socio-economic status, race, religion, or educational level are not factors in sexual abuse. Sexual abuse can and does occur at any socio-economic level. However, upper and middle class families may be able to hide the abuse more easily than lower income families.

**Myth**: Child molesters are "dirty old men" that hang out at playgrounds.

***Fact***: Many child molesters are respected members of the community, regularly attending church, and supporting their families. Many have jobs that give them easy access to children, and are people that parents trust. Child molesters usually begin molesting as teenagers, and most are under 35 years of age.

**Myth**: Strangers are most likely to molest a child.

***Fact***: Most molesters are known to their victims prior to the abuse. In fact, almost half of all children are molested by family members. Approximately 85% of all offenses involve someone known to the child prior to the abuse.

**Myth**: Child abuse is usually violent and always involves penetration.

***Fact***: Most sexual abuse of children does not involve overt violence. Children are more likely to be bribed, verbally threatened, or tricked into sexual abuse. Sexual abuse occurs any time there is sexual contact between an older person and a child - this includes fondling the breasts, genitals, and/or the anus, oral penetration, as well as genital penetration by any means. Exposing the genitals to a child is also considered sexual abuse and a felony offense under Texas law.

**Myth**: Sexual abuse only happens to females.

***Fact***: Sexual abuse happens to females and males; however, only about 10% of reported victims are male.

**Myth**: Children frequently lie about being sexually abused.

***Fact***: Children rarely lie about being sexually abused. Children are more likely to not report abuse, or to minimize the abuse. It is very difficult for many children to tell about abuse.

**Myth**: Teenagers are more likely to lie about abuse to get out of other trouble or to seek revenge against a step-parent.

***Fact***: There is no indication that teens are more likely to lie about abuse. Most teen runaways, drug and alcohol addicts, and prostitutes have suffered abuse from which they are escaping. Many children are not even aware that the sexual abuse in their home is abnormal until adolescence, at which time they begin using various defense strategies that may cause them to be seen as troublemakers.

**Myth**: Prevention programs scare children.

***Fact***: Prevention programs are generally designed to empower children and teach them safety skills. We teach our children skills such as fire and street safety, and this does not usually scare children. Prevention programs teach awareness of body safety.

*Lacey Sloan is Region 6 representative, National Coalition Against Sexual Assault.*

*by Billy Sladek*

# Legislative Update

***For current information on the status of these or any other bill call 1-800-253-9693 or in Austin call 463-1251. Contact Billy Sladek at (512) 458-7550.***

**HB 2575** Harris - Establishes an EMS and trauma systems development fund. Authorizes the TDH to develop criteria to reimburse providers for uncompensated EMS and trauma care services. Funded by $1 fee on driver's license.

**HB 1996** Saunders - Creates an EMS and trauma care systems fund for the TDH grant program under HB 18 (grants to initiate, expand, maintain, and improve EMS and to support medical systems and facilities that provide trauma care.). A proposed $5 fee per vehicle per year on motor vehicle insurance policies would generate an estimated $50 million.

**HB 621** Vowell/SB 195 Ratliff - Authorizes a $25 fee for DWI offenses and a $5 fee for speeding offenses for Texas Rehabilitation Commission to fund rehabilitation services.

**SB 1412** Tejeda - Amends the membership qualifications for the Texas EMS Advisory Council and the Trauma Technical Advisory Committee. The number of committee members does not change.

**SB 1129** Tejeda/**HB 2581** Schoolcraft - Authorizes TDH to recognize first responder organizations. Allows TDH to assess administrative penalties against an EMS provider. Gives TDH access to certain criminal history records maintained by the DPS, the FBI or another law enforcement agency to investigate applicants for an EMS provider license or EMS personnel certification. Provides for confidentiality of EMS patient records and committee meetings. Provides procedures for recertification of military personnel upon demobilization.

**HB 751** Cain - Provides for the continuation of the State Department of Highways and Public Transportation. Requires the State Department of Highways and Public Transportation to contract with TDH to administer EMS funds.

**HB 1998** Saunders - Requires the State Department of Highways and Public Transportation to contract with TDH to administer federal highway safety funds for EMS.

**HB 1626** Willy - Authorizes counties to provide optional health care services (including EMS) and credit the expenditures toward eligibility for state assistance under the indigent health care program.

**SB 537** Ellis/**SB 12** Brown - Allows EMS personnel to draw blood at the request or order of a peace officer. Establishes where the sample may be taken and allows for inspection of the place where sample is taken. Conflicts with the Health and Safety Code and the Board of Medical Examiner rules as EMTs lack training in invasive procedures and EMT-Is and EMT-Ps do invasive procedures only as authorized by the EMS medical director.

**SB 420** Montford/**CSSB 420** Rosson - Allows qualified technicians to draw blood for determining alcohol or drug presence and allows inspections of places where blood samples are drawn. Committee substitute removes EMS personnel from "qualified technician" definition.

**SB 94** Truan - Allows metropolitan transit authorities in cities of less than 300,000 population to operate EMS.

**HB 50** Cuellar - Provides a defense to the offense of criminal trespass if the person is a firefighter or EMS personnel performing official duties.

**SB 601** Green - Amends powers and duties of Advisory Commission on State Emergency Communications to allow implementation of regional plans and provision of consulting services. Reduces the surcharge from 0.5% to 0.02% of the charges for intrastate long-distance service.

**HB 2377** Greenberg - Amends the Penal Code to make a felony the assault of EMS personnel or firefighters on duty or in retaliation of performance of duty.

**HB 2228** Fleuriet/**SB 1051** Lucio - Amends Article 6675a-3 to clarify EMS vehicles eligible for exempt license plates. Amends Tax Code to exempt nonprofit 501(c)(3) organizations.

**HB 399** Thomas - Clarifies legislation regarding use of private vehicles operated by a volunteer firefighter as an authorized emergency vehicle and the use of "Kojak" lights.

**HB 1393** Yarbrough - Requires state licensing agencies to adopt rules to exempt individuals from late fees or other penalties if the individual is on active duty in the military. Conflicts with SB 1129/HB 2581 which would exempt individuals who are deployed or mobilized by certain emergency actions.

**HB 2022** Stiles - Allows the operation of EMS vehicles in a county of less than 20,000 population to be staffed by one individual certified as an ECA or higher level of training.

**SB 44/SB 1297** Barrientos - Amends Chapter 775, Health and Safety Code (Emergency Services Districts) to allow for the removal of territory in an ESD which has been annexed by a municipality. Provides the municipality the authority to disannex the territory from the ESD. Territory disannexed is not released from the payment of its pro rata share of the ESD's indebtedness.

**SB 188** Green/**HB 513** Turner - Amends Chapter 775 of the Health and Safety Code concerning emergency services districts to exempt an unincorporated area of the county that is within the extraterritorial jurisdiction of a municipality in a county of 2.4 million or more from meeting the consent requirements of a municipality's governing body. Awaiting Governor's signature.

**HB 2439** Linebarger - Amends the Emergency Services District taxing authority to increase the maximum tax rate from 2¢ to 3¢ if any of the district area is also included in a rural fire prevention district.

**Accidents killed more children in Texas in 1989 than any other cause.** Of children ages 1 through 14, 1,328 died; 580 of those deaths were due to accidents. Accidents-unintentional injuries-kill more children than cancer, birth defects, and heart disease combined.


# *Texas EMS Week 1991 May 12-18, 1991*

*by Alana S. Mallard*

Emergency services personnel across the country and in Texas share stories of how difficult it is to work calls involving the death of a child. A child who swallows furniture polish left unopened on a table. A child too small to strap himself into a baby car seat and left lying unbuckled on the seat. A child who leaves her bicycle helmet in the garage because she's just going for a short ride.

Our combined state and local efforts to urge Texas residents to *Think Child Safety* during EMS Week and through- out the year could save dozens of lives. And those lives saved could grow up to become adults who *Think Child Safety*.

**Why Do We Have Texas EMS Week?**
Texas EMS Week gives Texas Department of Health and local EMS organizations a time to intensify public education efforts and to increase community activities and media coverage. It is a time to let the community know the important role played in their lives by EMS.

The forty thousand people currently certified in Texas as ECAs, EMTs, EMT-Intermediates, and paramedics can teach their friends, relatives, and neighbors how and when to call EMS, and what to do before EMS arrives. And perhaps more importantly, those forty thousand EMS professionals can educate community members about preventing further injury and illness.

**What Happens During Texas EMS Week?**
Last year TDH sent out over 250 EMS Week packets to local EMS services planning EMS Week activities.

We received reports and newspaper clippings about volunteer appreciation ceremonies, hospital-sponsored activities for EMS personnel, poster contests for kids, fundraisers at local shopping malls, newspaper articles, TV news specials, public service announcements by TV stations, disaster drills, extrication demonstrations, citizen CPR training, open houses, teddy bear clinics for kids, awards banquets for EMS and hospital personnel, rescue demonstrations and proclamation signings.

**How Can We Get Our Community to Participate in Texas EMS Week?**
You will get the widest coverage with

***Think Child Safety*** *was originated by Paris-Lamar County Emergency Services.*

news releases, public service announcements, newspaper articles, and coverage of your mayor or county official signing your local EMS Week proclamation. This wide coverage, however, is less personal and therefore easier to tune out.

For comprehensive community education and involvement, you must plan EMS activities with personal contact.

Hand a brochure to a visitor at a health fair as you talk about your system. Give a speech to a local community group about your service and hand out a brochure about injury prevention. Mail information letters to community residents telling them about your service.

Write a series of articles for the newspaper about volunteering and then talk to individuals about volunteering. Visit schools and daycare centers to talk to children about EMS and hand out Ready Teddy coloring books for the children and When Minutes Count brochures for their parents. Do TV and radio interviews, programs and proclamations by your city council or county commissioners.

Whatever you do during EMS Week, personal involvement and wide coverage both are important. EMS Week is not the message, it is only an event. The message is *Think Child Safety*, CPR, 9-1-1, seat belt safety, poison proof your home, volunteering, fundraising, what to do in an emergency, don't abuse the system, donate blood, pull to the right, alcohol and drug free graduation parties, buckle up your baby, Stop, Drop, and Roll.

The list of messages and activities is endless, and you can use a combination of media coverage of EMS Week and community activities to deliver whatever message is important for your community.

**What Kind of Help Can We Get With Our EMS Week Activities?**

Use the samples on page 14 to write an article for your local newspaper and a proclamation for your elected officials to sign designating EMS Week in your town. You can use the samples the way they are or rewrite them to fit your needs.

The bureau's EMS Public Information and Education Program develops and distributes materials year round to local EMS services. These materials are excellent to use as handouts at health fairs or demonstrations. An order form for these free materials is on page 29.

The health department's Film Library loans tapes and films on a variety of subjects, including family, home, and work

April 1, 1991

Dear EMS Colleagues:

Texas EMS Week will be observed May 12-18, 1991 by proclamation of Governor Ann Richards. This special week is our opportunity to heighten activities to teach the public about the role of emergency medical services and about injury and illness prevention.

Our theme this year is Think Child Safety. If we can teach children and their parents to reduce the risks they take, it will decrease the terrible toll that injuries take each year in Texas on our young people. Education programs in the areas of gun safety, farm safety, drug and alcohol use, fire prevention, and vehicle safety belts should play an important part in efforts to *Think Child Safety*.

Again this year our EMS Week objectives are to

1. Make the public aware of what EMS is and how and when to activate EMS;
2. Teach the public injury and illness prevention strategies in order to keep them healthy; and
3. Encourage local and state support of EMS programs and activities so that quality pre-hospital patient care is available to every citizen of Texas.

We also have a new and very ambitious objective this year. We want to reach one million people across the state of Texas during EMS Week. If each one of the 1,250 EMS groups in Texas reaches 1,000 people through public presentations, mall exhibits, newspaper articles, school and daycare visits, radio announcements, or health fairs we can reach this goal.

Please use the enclosed EMS Week Activity Report form to tell us what you did during EMS Week. Every EMS group that submits a report will be entered in a drawing for free registrations for the 1991 Texas EMS Conference.

Good luck with your local EMS Week activities. Let us hear from you.

Sincerely,

Gene Weatherall, Chief
Bureau of Emergency Management

*Alana S. Mallard is the editor of the* ***Texas EMS Messenger*** *and director of the bureau's statewide public information program.*

safety; automobile and pedestrian safety; babysitting; fire prevention; poisons and poison prevention; and water safety. Call the Film Library at (512) 458-7260 for a catalog and ordering information.

You can order a free copy of "The Critical Difference: A day in the life of an EMT" from Quantum Chemical Corporation, 99 Park Avenue, New York, New York 10016. This 30-minute tape was featured on the Public Television series **Innovation**. Your local TV station may agree to air "The Critical Difference" during EMS Week. Quantum also has free public service announcements available.

**Sample EMS Week Proclamation**

WHEREAS, emergency medical services professionals in Texas respond to more than one million calls every year to help the ill or injured; and

WHEREAS, emergency medical services professionals in **(name of your town or county)** respond to **(number of calls)** emergency calls every year; and

WHEREAS, the paramedics and emergency medical technicians of **(name of your service)** must make split-second decisions each day in life or death situations, saving lives that would otherwise be lost or bodies that would be permanently disabled; and

WHEREAS, the **(name of your town or county)** EMS system includes a team of paramedics, emergency medical technicians, emergency care attendants, instructors, dispatchers, medical directors, emergency nurses, emergency flight crews, emergency physicians, and first responders; and

WHEREAS, **(name of your service)** educates our residents on the dangers of drinking and driving, and on the need for seat belts, child passenger seats, and bicycle helmets; and

WHEREAS, **(name of your service)** urges our residents to "Think Child Safety" to prevent unnecessary trauma and death to our children and young people.

NOW, THEREFORE, we commend and congratulate **(name of your service)** for outstanding, dedicated prehospital medical care to the people of **(name of your town or county)**, and hereby join Texas Department of Health and the Governor of Texas in designating May 12-18, 1991 as

**Emergency Medical Services Week.**

**Sample News Release on Your Letterhead**

For Immediate Release

For more information contact:
**(Enter your name and a phone number)**

## EMS urges the people of Texas to *Think Child Safety*

Local EMS organizations across the state, including **(name of your service)**, will join officials with the Texas Department of Health and Governor Ann Richards as they urge the people of Texas to *Think Child Safety* during Emergency Medical Services Week, May 12 through 18.

Every year during EMS Week the Texas Department of Health and local EMS organizations sponsor community activities to heighten awareness about emergency medical services and preventing injuries. This year many of the local activities include the health department's *Think Child Safety* program to reduce injuries and accidental death to children. Activities include Ready Teddy, an EMS bear who tells children in posters, coloring books, and personal appearances to "stay calm, act fast, and get help" in an emergency.

Paramedics and emergency medical technicians across Texas plan to reach at least one million Texans during this week, according to Gene Weatherall, chief of the health department's Bureau of Emergency Management. "EMS personnel with **(name of your service)** will participate in a **(health fair, school presentation, whatever you have planned)** for the public at **(time and date)**," said **(name of your EMS administrator)**. "We hope to reach **(number of contacts)** adults and children in our area during EMS Week and educate them about what to do in an emergency and how to prevent injuries. "

"Nearly 600 Texas children younger than 15 died in 1989 of accidents - motor vehicle and bicycle crashes, poisonings, drownings, falls, and fires," said Pam West, director of the health department's EMS Division.

State law requires ambulances in Texas to carry equipment designed for children and EMS personnel must pass an exam that includes knowledge of pediatric emergency care.

# Texas EMS Week 1991 Activity Report

We encourage local EMS services who sponsor or participate in EMS Week activities to submit information and photos for Texas Department of Health's **EMS Week 1991 Report**.

One goal for Texas EMS during EMS Week this year is to reach one million Texas residents with EMS awareness and injury prevention messages. As you tally your contacts, consider newspaper, radio and TV audiences, mall display and health fair visitors, as well as direct contacts at schools and community groups.

Submit this form by June 15, 1991, with the number of people you contacted during EMS Week and a description of your activities. Include newspaper clippings, longer articles, photographs, or sample handouts.

*Mail to:*

**EMS Public Information and Education Program**
**Bureau of Emergency Management**
**Texas Department of Health**
**1100 West 49th Street**
**Austin, Texas 78756**

or Fax to: 512/458-7407 by June 15, 1991 to participate in a drawing for free registrations for the 1991 Texas EMS Conference.

*Describe your EMS Week activities in the box below and mention any other organizations that participated in EMS Week.*

We contacted _____ people in our community through newspaper, radio or TV coverage, an EMS display or demonstration, public presentations, or other activities during EMS Week.

Organization _____

Address _____

City, State, Zip _____

Contact Person _____ Daytime Phone _____

*Legislators wanted to know more about the current situation in Texas before dedicating resources for a Trauma System*

# Trauma patients cost EMS providers $54,000,000 each year

*It has been almost two years since the Texas Legislature passed House Bill 18, also known as the Omnibus Health Care Rescue Act, on May 25, 1989. While the bill contained many important aspects for health care in Texas, Section 29 ,which calls for the Bureau of Emergency Management of the Texas Department of Health "to develop and monitor a statewide emergency medical services and trauma care system," will probably have the most impact on EMS.*

*Legislators who passed House Bill 18 wanted to know more about the current situation in Texas before dedicating the resources for such a system. To that end, the Department of Health contracted with Udell Research Associates to conduct a study on uncompensated costs of hospital trauma care. Concurrently, staff undertook a survey of EMS firms to estimate uncompensated prehospital trauma care costs and also investigated rehabilitation uncompensated costs to determine the extent of those figures. The results of these three projects are presented in "Texas Trauma: A Report to the 1991 Texas Legislature." The text of the Executive Summary from that report follows.*

*- Kathy Perkins, RN, Administrator EMS/ Trauma Systems Development Program*

**Texas Trauma** was prepared as an initial step in organizing information about the scope and causes of trauma in Texas. The 1989 Texas Legislature, in House Bill 18, called for the Bureau of Emergency Management to". . . identify severely injured trauma patients . . . identify the total amount of uncompensated trauma care expenditures . . . " in Texas. That same session of the Legislature made it known that it was their intent for there to be a study conducted to deter- mine the uncompensated costs of trauma to Texas hospitals and to also identify the causes of uncompensated trauma.

Evidence has been accumulating for several years indicating that trauma is a major killer of young people. The effects of trauma morbidity also contribute to its being the most expensive disease for people of all ages in terms of hospitalization and disability reimbursement. The scope of trauma has expanded beyond the patients immediately affected. It has begun

financially crippling the very health care institutions designed to care for trauma patients. This report presents information about the impact of trauma on Texas citizens and the magnitude of the uncompensated trauma care problem for Texas health care institutions.

**Texas Trauma** is organized around three questions for prehospital, hospital and rehabilitation care of trauma patients:

1. What is the average cost of treating an uncompensated trauma patient?
2. What is the total annual cost of treating uncompensated trauma patients in Texas?
3. What are the major causes of uncompensated trauma in Texas?

Describing the extent of any disease in Texas, given the size of its population and geographic area, is a formidable challenge. The problem is exacerbated in the case of trauma due to the relative absence of statewide databases. To begin building a picture of the situation in Texas, several sources of data were used. Each source or data type brings with it strengths and weaknesses for interpretation and credibility. A few relevant issues for the reader to bear in mind are the following:

- Both trauma mortality and morbidity data are included and reported separately unless otherwise noted.
- Data obtained through surveys are identified accordingly and are meant to provide only general estimates.
- Analyses based on large numbers of individual patient records provide the more valid and reliable information about trauma.
- Analyses are provided separately and sometimes combined for both compensated and uncompensated trauma patients; each analysis is identified accordingly.

## Texas Trauma--Prehospital

A survey was done of 27 Texas ambulance firms. The firms were selected in terms of urban and rural settings and equitable distribution throughout the eight Public Health Regions. Based on their population service areas, projections were then made to the state. Projected estimates for the first two of the above questions include:

1. Question: What is the average cost of treat- ing an uncompensated trauma patient?
   Answer: $ 309 for prehospital care
2. Question: What is the total annual cost of treat- ing uncompensated trauma patients in Texas?
   Answer: $ 54,282,573 for prehospital care

The $54 million dollar figure for uncompensated prehospital care considerably exceeded our expectations. The reader should be reminded that this figure is the result of a survey. The magnitude of this figure leads to an interesting speculation about a difference in perception for understanding prehospital as opposed to hospital uncompensated trauma care. Hospital incur their major financial losses on those 5-20% of the most severely injured patients. Ambulance firms experience their financial loss across the entire spectrum of trauma patients almost regardless of severity. Hospitals approach breaking even and may show a small profit on moderate and minor trauma. Thus, ambulance firms may have a much larger base of trauma patients generating their financial loss. Further study is certainly warranted.

Data were not readily available for determining the major causes of uncompensated prehospital trauma care. How-

**MAJOR CAUSES OF PREHOSPITAL TRAUMA MORBIDITY**

| Major Causes (Compensated & Uncompensated) | Number of Occurrences | Percentage |
|---|---|---|
| Motor Vehicle Injuries | 6,198 | 51 % |
| Falls | 2,703 | 22 % |
| Assault, Gunshot, Stabbing | 1,522 | 12 % |
| Drug-Poison | 547 | 5 % |
| All Other | 1,237 | 10 % |
| | 12,207 | |

**Table 1**

ever, a sample of prehospital data, routinely collected by the Texas Health Department, provided a distribution of causes of trauma irrespective of whether it was compensated or uncompensated (Shown in Table 1). This sample is more representative of the suburban and rural areas due to the absence of data from large metropolitan areas such as Houston, Dallas, or San Antonio.

### Texas Trauma--Hospital

A hospital trauma cost and cause study was implemented through a contract with Udell Research Associates, Inc. They collected trauma data from 110 hospitals distributed throughout Texas. The data covered medical and financial aspects of trauma care and included 58,423 inpatient records. There were 18,402 uncompensated inpatient trauma records. Udell Research Associates were challenged with answering, in a brief six-month period, the three basic trauma questions:

1. Question: What is the average cost of treating an uncompensated trauma patient?
   Answer: $5,110 for inpatient hospital care
2. Question: What is the total annual cost of treating uncompensated trauma patients in Texas?
   Answer: $157,528,100 for inpatient hospital care
3. Question: What are the major causes of uncompensated trauma in Texas? (See Table 2)

   Answer: Shown in Table 2

In addition to answering these three fundamental questions about cause and cost, the research design provided considerable additional information describing trauma in Texas.

### Hospital Summary Findings

- A significant finding of this study was that uncompensated trauma care is provided by a small percentage of the total number of hospitals in the state of Texas. Almost seventy percent of all uncompensated trauma services were provided by thirty four hospitals.
- The same hospitals provided almost eighty percent of all the uncompensated care to major trauma victims and eighty-two percent of the uncompensated care to severely injured trauma victims.
- There is no overall organized system for the transfer of severely injured rural trauma victims from rural hospitals to urban trauma centers. In most health regions of the state, each trauma victim presents a unique challenge to the rural physician and health professionals. This is especially true for the uncompensated trauma victims who must be transferred to trauma centers in order to receive definitive care.
- The average major trauma hospital provided $3,291,940 in uncompensated trauma care annually.
- In large metropolitan cities governmentally-owned teaching hospitals provide an average of $8,387,940 of uncompensated trauma care. Private teaching hospitals provide an average of $2,459,790 in uncompensated trauma care annually.
- In urban areas with population greater than 100,000 but less than 300,000, the average trauma hospital provided

**Table 2**

**CAUSES OF UNCOMPENSATED TRAUMA AMONG TEXAS HOSPITAL PATIENTS**

| Major Causes | Number of Occurrences | Percentage |
|---|---|---|
| Vehicular | 1,670 | 21% |
| Stab Wounds | 1,272 | 16% |
| Falls | 1,193 | 15% |
| Assaults | 1,033 | 13% |
| Firearms | 795 | 10% |
| Pedestrian | 238 | 3% |
| Industrial | 159 | 2% |
| Other | 1,591 | 20% |
| | 7,951 | |

"Other" includes sports injuries, self-inflicted injuries, train injuries, burns, falling objects, lawn mower accidents, water-related accidents, delayed effects of earlier injuries, and drug-related injuries.

$1,674,860 in uncompensated trauma care annually.

- The major cause of uncompensated trauma and major injuries was vehicular crashes.
- Violence involving the use of firearms and knives was the second most prevalent cause of injury for all types of trauma injury and major trauma injury and the major cause of injury for uncompensated severe injury.
- The average cost of an uncompensated emergency room visit, not involving an inpatient admission, was approximately $364.

**Texas Trauma--Rehabilitation**

The rehabilitation aspect of trauma care was quite elusive in terms of centralized data for making projections to the state. The relative absence of data suggested that trauma rehabilitation was probably extreme in magnitude - either extremely large or extremely small.

Several data sets were reviewed to begin developing a picture of the trauma rehabilitation issue.

- The Annual Hospital Survey revealed 15 rehabilitation hospitals in Texas.
- Texas Medicare data included 29,386 records of trauma patients admitted to hospitals in 1988, of which 298 were from long-term rehabilitation facilities.
- Texas Medicaid data included 5,645 records of trauma patients admitted to hospitals in 1989. There were no records from long-term rehabilitation facilities.

These data sets were analyzed to determine numbers of trauma patients to receive rehabilitation services and reimbursement amounts for those services. An estimate was developed for answering one of the three basic trauma questions:

2. Question: What is the total annual cost of treating uncompensated trauma patients in Texas?
   Answer: $ 1,725,143 for long-term rehabilitation care

As financial institutions, rehabilitation services did not seem to record uncompensated care on the same order of magnitude as prehospital and acute hospital services. Though objective data were scarce, verbal reports from people involved in providing rehabilitation indicated that a patient without a source of funding would typically not receive rehabilitation. The simplistic description of the situation was that a person's life would probably be saved regardless of their ability to pay. However, once a person was stabilized, receipt of rehabilitation would be dependent upon ability to pay. This notion was borne out by one study of head injury patients in rehabilitation. It showed that for 1,601 head injury patients, only three percent of the rehabilitation care went uncompensated.

On the surface it appears that uncompensated care is not a major issue for rehabilitation institutions. In a very literal sense this may be true, particularly in comparison to prehospital and hospital institutions. However, for the individual patient and for society, the unavailability of rehabilitation is a major problem. It is thought that only one in five trauma patients receives needed rehabilitation. This results in large numbers of trauma patients functioning below their optimum and creating a financial drain on society for their care and livelihood.

**Texas Trauma--Funding Issues**

The total amount of uncompensated trauma care being provided by health care institutions in Texas seems staggering. The preceding studies of prehospital, hospital, and rehabilitative trauma care estimate the annual total cost of uncompensated trauma care to be approximately $213,500,000.

Though an enormous cost, two example projections place it in perspective when distributed across the Texas population. A $16 surcharge on motor vehicle registrations would generate approximately $225 million. A 1/4 cent increase in the general sales tax rate could bring in about $303.6 million. These projections are not

meant to suggest any particular solution: that will have to be determined by financial experts. However, it seems clear that there are reasonable financial alternatives for reimbursing uncompensated care.

The concern for availability of trauma care in Texas is a very real one. If trauma services are discontinued for lack of funding, citizens may be denied care regardless of their ability to pay. The solution seems to clearly involve reimbursement of health care institutions for services they provide. However, this needs to be done in such a way as to treat the problem and not be misled by the symptoms. Using this analogy, the problem can be stated as providing appropriate care to trauma patients. The symptoms are the financial hardships of the health care institutions. As with all problems and symptoms, they are closely intertwined.

Well-coordinated trauma systems have repeatedly demonstrated the ability to reduce unnecessary death from trauma. The concept of a system, by definition, involves coordination at least among ambulance firms, hospitals, and rehabilitation facilities. A good trauma system provides "appropriate care to trauma patients" i.e., it solves the problem. Funding, if it is to be effective in solving the problem, needs to be directed toward developing trauma systems for the citizens of Texas.

Other states and regions have mistakenly focused solely on reimbursing health care institutions for their uncompensated trauma care and have ignored the need to develop trauma systems. Reimbursing institutions individually does not encourage the coordination necessary for a system. Ignoring the problem did not make it go away and ended up exacerbating the symptoms.

The solution to the problem appears to involve creation of a trauma fund that can be used to reimburse institutions for their uncompensated trauma care. However, reimbursement should be made contingent upon the health care institution being actively involved in a coordinated trauma system. This approach deals with both the problem and the symptoms and results in a trauma system that insures "appropriate care to trauma patients."

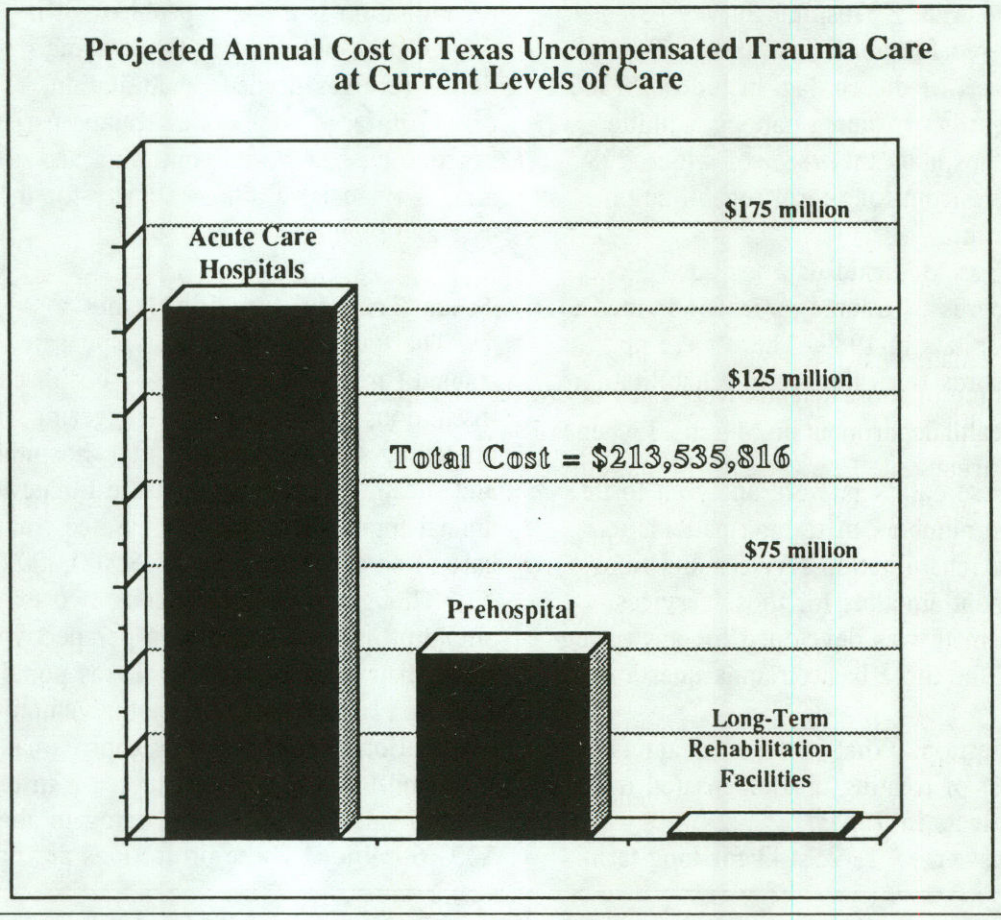



**Figure 1**

*While resources have been scarce for trauma system development, work has progressed and much has been accomplished. The Trauma Technical Advisory Committee (TTAC), appointed as a result of House Bill 18, has been working on the development of the overall structure and essential elements of that system. Their accomplishments to date include approval of the following components:*

*Texas Trauma System Manual outline*
*Texas Trauma System Manual Glossary*
*Texas Trauma Facility Criteria*
*Pediatric Trauma Care*
*Qualifications of Texas Trauma Care Personnel*
*Trauma Facility Designation Process Flow Chart*
*Elements of the Facility Designation Process*
*Trauma Service Area Map*
*Trauma System Development in a Trauma Service Area (Concept Paper)*
*Prehospital Triage Protocol*
*Facility Triage Criteria*
*Facility Triage Decision Guidelines for Transfer*
*Facility By-Pass*
*Facility Diversion*
*Medical Control Within EMS/Trauma Systems Development*
*Trauma Registry Development Plan*
*Trauma Register Forms (Phase I, II, III)*

*These components will become part of the trauma system rule package that will ultimately be presented to the Board of Health for proposal. There will be a 90-day public comment period and a public hearing before the rules are adopted. The proposed rules will be published in Texas EMS Messenger.*

*Further work on rules, administrative policies and procedures, and standards is highly dependent upon the availability of funding. A statewide trauma system will require substantial resources to implement. However, it will provide even greater returns in the form of improved patient care and decreased morbidity and mortality. A bill that addresses funding for the trauma system was introduced into the current legislative session.*

***- Kathy Perkins***

*Kathy Perkins an RN who has been with the EMS Division for 2 years, was recently promoted to administrator of the EMS/ Trauma Systems Development Program. Besides working with the trauma committee to develop guidelines and rules for a trauma care system for Texas, she and her staff are nearing completion of an EMS management guide which will be available to local EMS organizations.*

*For a copy of the entire report* ***Texas Trauma: A Report to the 1991 Texas Legislature*** *contact Bureau of Emergency Management, 1100 West 49th Street, Austin Texas 78756.*

## Louis Hartley retires from Bureau of Emergency Management

In his twenty-one years with the health department, Louis Hartley helped make improvements in Texas EMS, and he made many friends along the way. Some of those friends were back at the health department on March 28 when the Bureau of Emergency Management hosted a surprise retirement reception for him. Among those attending the reception was Babe Aycock, Louis' mother-in-law and one of the organizers of Mart EMS.

Louis, whose retirement became effective the end of March, met many Texas EMSers over the last three years when he ran the Texas EMS Conference golf tournament, and in the heyday of federal EMS improvement and expansion grants, worked closely with EMS providers to purchase vehicles, communications equipment, training supplies, and medical equipment for dozens of local services. For nearly ten years Louis served as the bureau's budget director.

"We wanted to do something very special for Louis," said Bobbie Broadbent, the bureau's chief accountant and a close friend of Louis', "because so many people across the state have worked with him and Louis has helped Texas EMS so much." Nearly 200 people attended the celebration.

# Guidelines for consent of release of confidential information

## Open Records Decision No. 578 Calls EMS Run Records Confidential

An issue of great concern, the release of EMS run records as public documents under the Texas Open Records Act, has recently been re-examined by the State Attorney General's Office.

In summarizing his opinion, Open Records Decision No. 578, General Mattox stated, "Emergency medical service reports created under delegated authority from a physician with respect to the transportation of patients are medical records excepted from required public disclosure by section 3 (a) (1) of the Open Records Act and section 5.08 (b) of the Medical Practice Act (V.T.C.S. art. 4495b). Open Records Decisions Nos. 370 and 258 are overruled to the extent of any conflict herewith."

EMS run records under medical direction are now appropriately considered to be medical records and the Open Records Act no longer applies to them. The following procedures regarding release of patient care information should be used:

1. Any request for patient care information should satisfy the following components in writing:

a. Have a signed release from the patient, parent, legal guardian, or next of kin authorizing the release;

b. state which information or records are covered by the release.

c. List the person or organization to whom the information is being released;

d. Present the purpose of the information release or how the information is to be used, such as insurance company, attorney, subpoena, etc.

2. Third party requests other than Worker's Compensation for release of patient care information should not be granted without permission of the patient, parent, legal guardian, or next of kin for such a release.

3. If a request for patient information is related to potential litigation, contact the City Attorney or County Attorney in your community.

4. If your present consent for treatment form does not already include a consent to release patient care information to third party payors, it should be added.

Many hospitals charge a search fee for obtaining and releasing patient care information. Some have different levels of charges, depending on the type of information release and any special difficulties which arise in obtaining the information, such as retrieval from a storage facility.

*These guidelines were prepared by James M. Atkins, MD, and Michael P. Wainscott, MD, EMS Medical Directors for the University of Texas Southwestern Medical Center at Dallas and 14 fire department EMS agencies in Dallas county.*

## Sample confidentiality release form

I hereby authorize _____ to release any medical information from the emergency run record of:

_____
To

_____
Agency

_____
Address

_____
City, State, Zip

_____
Date

_____
Signature of Patient, Parent, Legal Guardian or next of kin

_____
Purpose of release

We need more identifying information in order to locate this medical record. We will hold your request fifteen days before disregarding.

Address at time of
emergency treatment or transport: _____

Date of birth: _____

Race, sex and marital status: _____

Date of emergency treatment or transport: _____

Full name at time of treatment or transport: _____

If a minor, parents' names: _____

Social Security Number: _____

## EMS confidentiality legislation drafted

Proposed legislation has been drafted and approved by Texas Department of Health to add confidentiality of all EMS run records including BLS services to the EMS Act.

The draft language establishes as confidential those patient care communications between certified EMS personnel and/or a physician providing medical supervision.

***The Texas State Board of Medical Examiners rules govern physicians functioning as on-line or off-line medical directors and intervening physicians. These sections more clearly define the responsibilities of both EMS personnel and their supervising physicians. They became effective January 2, 1991.***

# Rules adopted for EMS medical directors

**Texas State Board of Medical Examiners**
**Emergency Medical Service**
**Chapter 197**

The following rules are promulgated under the authority of Article 4495b, V.A.C.S.

**197.1 Purpose**

**197.1 Purpose.** The purpose of this chapter is to facilitate the most appropriate utilization of the skills of physicians who delegate health care tasks to qualified emergency medical service (EMS) technicians. Such delegation shall be consistent with the patient's health and welfare and shall be undertaken pursuant to supervisory guidelines which take into account the skill, training, and experience of both physicians and EMS technicians. This chapter addresses the qualifications, responsibilities, and authority of physicians who provide medical direction and/or supervision of prehospital care by EMS personnel; the qualifications, authority, and responsibilities of physicians who serve as medical directors (off-line); the relationship of EMS providers to the off-line medical director; components of on-line medical direction (direct medical control), including the qualifications and responsibilities of physicians who provide on-line medical direction and the relationship of prehospital providers to those physicians; and, the responsibility of EMS personnel to private and intervenor physicians. This chapter is not intended and shall not be construed to restrict a physician from delegating administrative and technical or clinical tasks not involving the exercise of independent medical judgement to those specially trained individuals instructed and directed by a licensed physician who accepts responsibility for the acts of such allied health personnel. Likewise, nothing in this chapter shall be construed to prohibit a physician from instructing a technician, assistant, or other employee, who is not among the classes of EMS technicians, as defined in section 197.2 of this title (relating to Definitions), to perform delegated tasks so long as the physician retains supervision and control of the technician, assistant, or employee. Nothing in this chapter shall be construed to relieve the supervising physician of the professional or legal responsibility for the care and treatment of his or her patients. A physician who, after agreeing to supervise EMS personnel, fails to do so adequately and properly, may be subject to disciplinary action pursuant to the Medical Practice Act. Implementation of this chapter will enhance the ability of EMS systems to assure adequate medical direction of all advanced prehospital providers and many basic level providers, as well as compliance by personnel and facilities with minimum criteria to implement medical direction of prehospital services. A medical director shall not be held responsible for noncompliance with this chapter if the EMS administration fails to provide the necessary administrative support to permit compliance with the provisions of this chapter.

**197.2 Definitions.**

**197.2 Definitions.**

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

Advanced life support - Emergency prehospital care that involves invasive medical procedures. The provision of advanced life support shall be under the medical direction and/or supervision and control of a licensed physician.

Basic life support - Emergency prehospital care that involves noninvasive medical procedures. The provision of basic life support may be under the medical direction and/or supervision and control of a licensed physician.

Board - The Texas State Board of Medical Examiners.

Delegated practice - Permission given by a physician either in person or by

treatment protocols or standing orders to a specific EMT-I or EMT-P to perform invasive procedures.

Direct medical control - Provisions by a physician designated by the EMS system of immediate medical direction to prehospital providers in out of hospital locations either at the scene or via radio or telephonic communication. This relationship may also be referred to as on-line medical direction.

Emergency medical services personnel-

(A) Emergency care attendant (ECA) - An individual certified by the Texas Department of Health as able to provide emergency prehospital care in the form of initial aid that promotes comfort and avoids aggravation of an injury or illness;

(B) Emergency medical technician (EMT) - An individual certified by the Texas Department of Health as able to perform emergency prehospital care that is necessary for basic life support;

(C) Emergency medical technician-intermediate (EMT-I) - An individual certified by the Texas Department of Health as able to provide emergency prehospital care by initiating certain procedures, including intravenous therapy and endotracheal or esophageal intubation, under medical supervision; and

(D) Emergency medical technician-paramedic (EMT-P) - An individual certified by the Texas Department of Health as able to provide emergency prehospital care under medical supervision in the form of advanced life support, which may include initiation of intravenous therapy, endotracheal or esophageal intubation or both, electrical cardiac defibrillation or cardioversion, drug therapy, and other procedures.

Emergency medical services system (EMSS) - All components needed to provide comprehensive prehospital and hospital emergency care including, but not limited to, a medical director, transport vehicles, trained personnel, access and dispatch, communications, and receiving medical facilities.

Intervenor physician - A physician licensed by the board, who, without having established a prior physician/patient relationship with the emergency patient, accepts responsibility for the prehospital care, and can provide proof of a current medical license.

Medical director - A physician responsible for all aspects of the operation of an EMS system concerning provision of medical care. This relationship may also be referred to as off-line medical direction.

Prehospital providers - All personnel providing emergency medical care in a location remote from facilities that are capable of providing definitive medical care.

Protocols - Guidelines for EMS practice that are used in a variety of situations within the EMS system.

Standing delegation orders - Strictly defined written orders for actions, techniques, or drug administration that may be implemented when communication has not been or cannot be established with the physician providing on-line medical direction.

**197.3 Off-Line Medical Director.**

(a) An off-line medical director shall be:

(1) a physician licensed to practice in Texas;

(2) familiar with the design and operation of EMS systems;

(3) experienced in prehospital emergency care of acutely ill or injured patients;

(4) actively involved in:

(A) the emergency management of acutely ill and/or injured patients;

(B) the training and/or continuing education of EMS personnel, under his or her direct supervision, at their respective levels of certification;

(C) the medical audit, review, and critique of the performance of EMS personnel at all levels of certification;

(D) the administrative and legislative environments affecting regional and/or state prehospital EMS organizations;

(5) knowledgeable about local multi-casualty plans;

(6) familiar with dispatch and communications operations of prehospital emergency units; and

**197.3 Off-Line Medical Director.**

**Texas State Board of Medical Examiners Emergency Medical Service Chapter 197**

(7) knowledgeable about laws and regulations affecting local, regional, and state EMS operations.

(b) The medical director shall:

(1) approve the level of prehospital care which may be rendered locally by each of the EMS personnel employed by and/or volunteering with the EMS under the medical director's supervision, regardless of the level of state certification, before the certificant is permitted to provide such care to the public;

(2) establish and monitor compliance with field performance guidelines for EMS personnel;

(3) establish and monitor compliance with training guidelines which meet or exceed the minimum standards set forth in Texas Department of Health EMS certification regulations;

(4) develop, implement, and revise protocols and/or standing delegation orders, if appropriate, governing prehospital care and medical aspects of patient triage, transport, dispatch, extrication, rescue, and radio-telephone-telemetry communication by the EMS;

(5) direct an effective system audit and quality assurance program;

(6) make formal recommendations on medically related aspects of operation of the EMS including the inspection, evaluation, and approval of the system's performance specifications;

(7) function as the primary liaison between the EMS administration and the local medical community, ascertaining and being responsive to the needs of each;

(8) develop a letter of agreement between the medical director(s) and the EMS administration outlining the specific responsibilities and authority of each. The agreement should describe the process or procedure by which a medical director may withdraw responsibility for EMS personnel for noncompliance with the Emergency Medical Service Act, Health and Safety Code, Chapter 773, the rules adopted in this chapter, and/or accepted medical standards;

(9) take or recommend appropriate remedial or corrective measures for EMS personnel, in conjunction with local EMS administration, which may include but are not limited to counseling, retraining, testing, probation, and/or field preceptorship;

(10) suspend a certified EMS individual from medical care duties for due cause pending review and evaluation;

(11) establish the circumstances under which a patient might not be transported;

(12) establish the circumstances under which a patient may be transported against his or her will in accordance with state law, including approval of appropriate procedures, forms, and a review process;

(13) establish criteria for selection of a patient's destination; and

(14) develop and implement a comprehensive mechanism for management of patient care incidents, including patient complaints, allegations of substandard care, and deviations from established protocols and patient care standards.

**197.4 On-Line Medical Direction.**

**197.4 On-Line Medical Direction.**

(a) All prehospital providers above the certification level of EMT shall be assigned to a specific on-line communication resource by a predetermined policy.

(b) Specific local protocols shall define the circumstances under which on-line medical direction is required.

(c) A physician providing or delegating on-line medical direction shall be appropriately trained in the use of prehospital protocols, and shall be familiar with the capabilities of the prehospital providers, as well as local EMS operational policies and regional critical care referral protocols.

(d) A physician providing or delegating on-line medical direction shall have demonstrated personal expertise in the prehospital care of critically ill and injured patients.

(e) A physician providing or delegating on-line medical direction for particular patients assumes responsibility for the appropriateness of prehospital care provided under his or her direction by EMS personnel.

**Texas State Board of Medical Examiners Emergency Medical Service Chapter 197**

**197.5 Authority for Control of Medical Services at the Scene of a Medical Emergency.**

(a) Control at the scene of a medical emergency scene shall be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport.

(b) When an advanced life support (ALS) team, under medical direction, is requested and dispatched to the scene of an emergency, a physician/patient relationship is thereby established between the patient and the physician designated by the EMS system providing medical direction (either off-line or on-line).

(c) The prehospital provider on the scene is responsible for the management of the patient and acts as the agent of the physician providing medical direction.

(d) If the patient's private physician is present and assumes responsibility for the patient's care, the prehospital provider should defer to the orders of said physician unless those orders conflict with established protocols. The patient's private physician shall document his or her orders in a manner acceptable to the EMS system.

(e) The physician providing on-line medical direction shall be notified of the participation of the patient's private physician.

(f) If the medical orders of the patient's private physician conflict with system protocols, the private physician shall be placed in communication with the physician providing on-line medical direction. If the private physician and the on-line medical director cannot agree on treatment, the private physician must either continue to provide direct patient care and accompany the patient to the hospital or must defer all remaining care to the on-line medical director.

(g) The system's medical director or on-line medical control shall assume responsibility for directing the activities of prehospital providers at any time the patient's private physician is not in attendance.

(h) If an intervenor physician is present at the scene and has been satisfactorily identified as a licensed physician and has expressed his or her willingness to assume responsibility for care of the patient, the on-line physician should be contacted. The on-line physician is ultimately responsible for the care of the patient unless and/or until the intervenor physician appropriately assumes the responsibility for the patient.

(i) The on-line physician has the option of managing the case exclusively, working with the intervenor physician, or allowing the intervenor physician to assume complete responsibility for the patient.

(j) If there is any disagreement between the intervenor physician and the on-line physician, the prehospital provider shall be responsible to the on-line physician and shall place the intervenor physician in contact with the on-line physician.

(k) If the intervenor physician is authorized to assume responsibility, all orders to the prehospital provider by the intervenor physician shall also be repeated to medical control for recordkeeping purposes.

(l) The intervenor physician must document his or her intervention in a manner acceptable to the local EMS.

(m) The decision of the intervenor physician not to accompany the patient to the hospital shall be made with the approval of the on-line physician.

(n) Nothing in this section implies that the prehospital provider can be required to deviate from system protocols.

**197.6. Authority to Conduct Research and/or Educational Studies.**

(a) The medical director has the authority to design research projects and educational studies. Such studies should be approved by:

(1) EMS administrative officials; and

(2) an independent review panel if the project/study may have a differential impact on patient care.

(b) The results of the study should be made available through publications to the EMS community.

**197.5 Authority for Control of Medical Services at the Scene of a Medical Emergency.**

**197.6. Authority to Conduct Research and/or Educational Studies.**

**Texas State Board of Medical Examiners Emergency Medical Service Chapter 197**

# Texas EMS Conference '91

## 25 Years of EMS in Texas

## November 25, 26 and 27

## Austin, Texas

### Palmer Auditorium on Town Lake

### $ 50 Registration -- 14 hours CE

---

*Please print or type*

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Employer Name _____

Level of Certification or Licensure _____

Phone: Home _____ Work _____

**Make check payable to: Texas Health Foundation**

*Mail form and payment to:* Texas EMS Conference
P.O. Box 26399
Austin, Texas 78755-0399

**Hotel Information**

Make hotel room reservation at Hyatt Regency Austin ($55 single/$65 double) by calling 512/477-1234.

**Sponsored by**
**Texas Department of Health and Texas Health Foundation**
**For more information call (512) 458-7550**

## EMS Public Information and Education Materials

The Bureau of Emergency Management provides free materials on EMS awareness and injury prevention. Use this form to order materials.

Amount Ordered

_____ "When Minutes Count-A Citizen's Guide to Medical Emergencies" brochure.

_____ "Don't Guess Call EMS" brochure.

_____ "EMS Lifesavers-Career Information" brochure.

_____ "EMS-Questions and Answers About Citizen Participation" brochure.

_____ "EMS-A System to Save a Life" brochure.

_____ "Dedicated to Patient Care" poster.

_____ "EMS-It's a Lifesaver" poster.

_____ "System to Save a Life" poster.

_____ "When It's A Medical Emergency-You Need EMS" poster.

_____ Texas EMS Week 1991 Packet. Proclamations, releases, activities.

_____ "EMS-The Team That Cares" packet.

_____ "Ready Teddy talks about EMS and Injury Prevention" coloring book.

_____ "Ready Teddy" poster.

_____ "I'm an EMS Friend" stickers.

_____ "Think Child Safety" brochure. Available fall, 1991.

_____ "Think Child Safety" poster. Available fall, 1991.

**Mail order to:** **Bureau of Emergency Management, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.**

Ship order to:

Organization_____

Address_____

City/State/Zip_____

Telephone_____

Contact_____

# Texas EMS
## Messenger

*Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.*

☐ New or renewal subscription
$15 for 2 years
Fill in name and address and mail along with payment.

☐ Change of address
Include mailing label and fill in name and address below.

*Please enter my subscription for two years*

Name

Address

Zip

*Please enter a two-year gift subscription for*

Name

Address

Zip

From

## $ 15 for 2 Years

*Amount enclosed $* _____
*2A284 - Fund 160*

*Make check or money order for $15 payable to*
**Texas Department of Health**

*Send subscriptions to:*
**Texas Department of Health**
**1100 West 49th Street**
**Austin, Texas 78756-3199**

# Did You Read...?

**The quality of a person's life is in direct proportion to their commitment to excellence regardless of their chosen field of endeavor.**

... in the December 1990, **National Association of EMS Physician's Newsletter,** "Living Wills National Mandate," by Carol Shanaberger? Shanaberger states that Section 4751 of the Federal Budget Bill is titled, "Requirements for Advanced Directives under State Plans for Medical Assistance" and that Living Wills are a version of an advanced directive. And further according to Shanaberger, "EMS agencies and providers are assured that encounters with living will documents will become more common. Therefore, a realistic and medicolegally correct protocol for such calls must be developed."

...the Vincent Lombardi quote in the Winter 1990-91 issue of the Texas Department of Health Promotion's publication, **The Interchange**? It is: "The quality of a person's life is in direct proportion to their commitment to excellence regardless of their chosen field of endeavor."

**Texas is third in the nation in the number of Emergency Department visits.**

...also in the January 1991 issue of **ACEP News,** that Texas is third in the nation in the number of Emergency Department visits? In 1989 California had 9,103,542, New York had 6,927,505, and Texas had 4,997,102.

...in the Winter 1990 issue of **Texas Journal of Rural Health** about Texas Tech's MEDNET Project? This program provides emergency direct interactive electronic communications between physicians in hospitals and clinics in Alpine, Andrews, Big Lake, Colorado City, Dumas, Ft. Stockton, Hale Center, Monahans, Pecos, Plainview, Rotan, Seminole, and Canadian and the Texas Tech Health Sciences Centers in El Paso, Lubbock, Amarillo, and Odessa. Clinical consultation, static video imaging, using telephone lines for transmission, continuing education using KU band satellite uplink technology, and medical information and consultation via telefacsimile are all provided to the members. This is a technological step forward for physicians in rural areas, thereby eliminating some of the handicaps of location isolation.

...in the November 1990 issue of **Emergency Medical Services** about the recipient of the 5th Annual EMT/Paramedic of the Year Award sponsored by Braun Industries and Emergency Medical Services magazine? The winner for 1990 is Matthew David Scott, EMT-P of Camden, N.J. One of the remarkable physical characteristics of Scott is that his left and dominant arm is fitted with a German made, Auto-Bock myoelectric hand. Since the accident that claimed his left hand and the fitting of the arm, he has relearned to start IV's and accomplish endotracheal intubations quite acceptably, according to his employer, Atlantic City Health Center/ West Jersey Health System.

**A good medical history is imperative to indicate the possibility of acetaminophen poisoning.**

...in the February 1991 issue of **Jems** about acetaminophen toxicity? The article by Shawn Pruchnicki, RPh, NREMT-P, was titled, "Just Say Know." Acetaminophen is a common analgesic found in Tylenol, Anacin 3, Apacet, Datril, Excedrin, Genapap, Halenol, Liquiprin, Panadol, and Tempra, according to the article's author. Toxicity symptoms are nausea, vomiting, poor appetite, pallor, diaphoresis. "After 48 hours, the symptoms may subside, leaving the patient with a false sense of security," says Pruchnicki. Seventy-two hours later, the patient may present with right upper quadrant pain, during which time, liver failure may occur. The article points out there is little that EMS can do, other than provide transportation to the nearest medical facility. A good medical history is imperative to indicate the possibility of acetaminophen poisoning.

# Around The State

April 27-28, 1991, **Trauma Life Support**. Texarkana College. Kathy Jordan 903/838-4541.

April 29, 1991, **Pre-Hospital Trauma Life Support Instructor Course**. Texarkana College. Kathy Jordan 903/838-4541.

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

May 3, 1991, **Neurological Update '91**, Texarkana College. Kathy Jordan 903/838-4541.

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

May 10, 1991. **Assessing Health Problems at School**. Texarkana College. Kathy Jordan 903/838-4541.

May 18-19, 1991. **Pre-Hospital Trauma Life Support - Basic**. Texarkana College. Kathy Jordan 903/838-4541.

May 12-18, 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.

May 30, 1991, **Negotiations and Conflict Resolution**. Texarkana College. Kathy Jordan 903/838-4541.

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.

June 21, 1991, **Sharpening Your Professional Skills**, Texarkana College. Kathy Jordan 903/838-4541.

September 7, 1991. **When Every Minute Counts**, Beaumont, TX. Contact Air Rescue, P.O. Drawer 1591, Beaumont, TX 77704. 409/839-5620.

November 25-27, 1991, **Texas EMS Conference '91**, Austin, TX. 512/458-7550.

**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. Send resumes to: Houston Fire Department, Personnel Department, Selection Services Division, 500 Jefferson, Houston, TX 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.

**Executive director**: Major Texas metro area. Experience as EMS educator preferred, strong interpersonal skills essential. Prior managerial experience required. Resume and salary requirements to: P.O. Box 25069, Dallas, TX 75225.

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

**Executive director**: Volunteer EMS in Harris County, Texas. Manage daily operations. 25k(+). Resume (mark confidential) to E. Ortega, P.O. Box 2521, Suite 3752, Houston, Texas 77252-2521.

**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 Monahans 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.

**Paramedics**: Galveston EMS. "9-1-1" MICU service with advanced protocols. $20,220 (after six months) for EMT-P with experience. S. Atwell, P.O. Box 838, Galveston, TX 77553. 409/766-2144.

**Job Opening**: Hi-Tech Stat Ambulance service. Immediate part-time/full-time openings for quality drivers holding EMS certification. Jim Becka, 713/790-9002.

**For Sale:** 1985 Ford Type III, 80,000 miles. $15,000. Beaumont Road Vol. Fire Department. 713/458-1048.

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

**For Sale:** Wheel Coach ambulance. 903/723-5285.

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

**For Sale**: 1988 Collins Type II Ambulance. ALS equipped. Almost new LifePak 5 monitor, defibrillator, and support station. 713/977-1414.

**For Sale**: 1990 Ford First Response Type II Ambulance, 52,000 miles. Wrecked (roll-over) $12,500. John Anderson. 512/491-5900.

**For Sale**: 1984 Chevrolet Atlantic Type I Modular Ambulance, $12,000; 1981 Ford EVF Type II, $8,000; 1979 Ford Prestige Type II, $6,000; All three units have new engines. Must sale. Mike 915/837-7471/leave message.

**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.

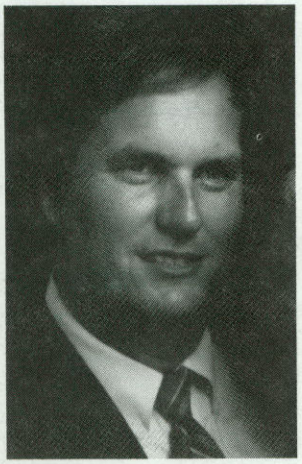
**For Sale:** 1988 Collins Type II ambulance, MICU equipped, new motor. 1985 Ford Type II ambulance, ALS equipped. LifePac5 monitor, defibrillator. Uniden 800-Trunking radio, 3 units including base station. Cannon 400F copier. Assorted ambulance equipment. 713/623-2253.

**For Sale**: 1982 Collins Type II Ford Ambulance. Delbert 806/874-3515.

**For Sale:** 1987 Ford Type I Select ambulance. New paint, good condition. Call David Cleveland. 409/294-0949.

**The recently organized Investigative Services Program of the Bureau of Emergency Management will use the dual tools of enforcement and education to increase compliance with EMS regulations.**

# Bureau of Emergency Management employs investigator



In an attempt to provide improved compliance with the Texas EMS Act, the Bureau of Emergency Management recently employed Vic Dwyer, a 22-year veteran of the Houston Police Department with a detective background.

In the six months from August 1990 to February 1991 Dwyer investigated fifteen EMS care complaints in the Houston area for the Public Health Region 4 EMS office. In the next six months he may quadruple that activity as he expands into statewide investigations.

The recently organized Investigative Services Program of the Bureau of Emergency Management, a program headed by Dwyer and answering directly to the bureau chief, will use the dual tools of enforcement and education to increase compliance with EMS regulations.

"Being the bad guy is not everyone's cup of tea," said Dwyer, "but I will be looking for a contact in each public health region office to help with investigations of complaints." The Investigative Services Program will also educate EMS groups to help prevent violations and the risks of suspensions.

Dwyer was one of Cypress Creek EMS's original EMTs in 1974. He moved into EMS education then joined the Texas Department of Health in 1988 as an EMS program specialist with Public Health Region 4 in Houston. Dwyer's first emergency service was with Cy-Fair Fire Department in 1968. "My proudest accomplishment was getting $250,000 to start the Cypress Creek Fire Department in 1976," said Dwyer.

Legal action under the EMS Act has been taken in approximately 50 cases since 1983. Most complaints about EMS care and operations come from other EMS providers or from the public. Complaints should still be made first to the Public Health Region office where they will be referred to the Bureau for investigation.

— *by Alana S. Mallard*

**Bureau of Emergency Management**
**Texas Department of Health**
**Austin, Texas 78756-3199**

Second Class Rate Paid
At Austin, Texas

Think Child Safety

**Texas EMS Week**
**May 12-18, 1991**