

Texas EMS

M a g a z i n e

**Helicopters save lives
in rural areas.**

page 6

**EMS Week is May 10-
16.**

page 11

**Sexual discrimination
or harassment
causes problems for
EMS.**

page 17

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COVER PHOTO: Helicopter transport from the scene can cut the time it takes to get a seriously ill or injured patient to definitive hospital treatment, according to Eddie Callender's article that starts on page 6. Photo by Sydney L. Wooten.

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Texas EMS

M a g a z i n e

April 1992

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From This Side

\$204,000 more grant money added for this year

IT IS ALWAYS EXCITING TO BE ABLE to provide grants around the state to improve emergency medical service. On page 12 of this issue you can read about our grants for 1992. For those of you interested in the grants program for next year I would urge you to fill out the form on page 13 and mail it to our office. We received several phone calls from EMS organizations around the state wanting to know why their grant was not funded last year. In more than one situation the answer to their question was that they did not apply. It could probably go without being said, but you must make application to us to be considered for a grant. We suspect that some individuals thought requesting the grants packet was their application.

The great news about the local project grants is that we have added \$204,000 for this year, bringing our grant total to more than \$425,000. Many of you who did not receive

funding during the first review may, in fact, have your grant funded with this additional money. We are appreciative of the administration of this agency for their decision to provide us with additional funding. They also recognize the improvements that can be made in EMS with assistance to their local funding. Our deputy commissioner, Dr. Robert MacLean, deserves much credit for our success with this program.

On page 14 of this issue you can read about our new commissioner, Dr. David Smith. Dr. Smith is very knowledgeable about EMS as he has worked with prehospital providers during his days spent in the emergency room. Dr. Smith is very interested in all aspects of emergency medical service and we look forward to working with him.



*Gene Weatherall
Chief
Bureau of
Emergency
Management*

EMS Week

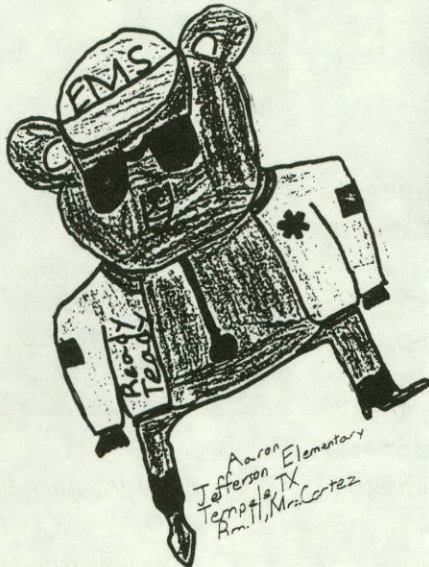
May 10 - 16, 1992

Emergency Medical Service - It starts with you

Sponsored by Texas Department of Health and
American College of Emergency Physicians

Local and Regional EMS News

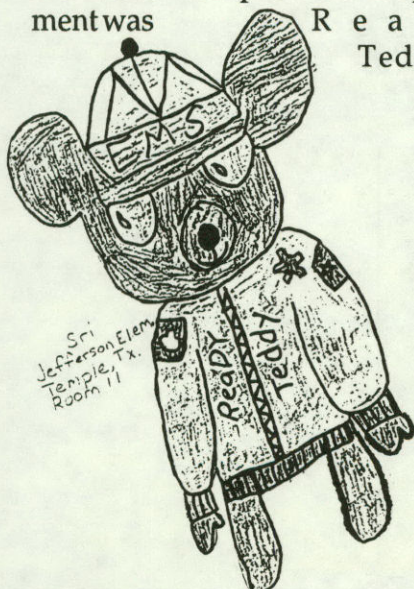
Ready Teddy helps Palacios Area Emergency Service EMS personnel give EMS awareness and injury prevention materials to children during the Valentines's Day Parade.



Elementary School Artists Draw Ready Teddy

Second grade teacher and EMT Mary L. Cortez, who teaches at Temple's Jefferson Elementary, sent along some drawings by her little artists after a visit from Ready Teddy. "Thomas Pechal from the Temple Fire Department was

Ready Teddy,"



Cortez said, "and the boys and girls enjoyed a most informative visit."

Ready Teddy, the Texas EMS mascot, visited at least 15 communities in the first three months of 1992: Brownwood, Zapata, Temple, San Antonio, Tyler, Houston, Palacios, Del Rio, Sabinal, Falfurrias, Hillsboro, Benavides, Three Rivers, McGregor, and Woodville.

News from the PEMS Pulse

More than 300 people heard keynote speaker Dr. Red Duke at the Panhandle EMS System annual banquet. PEMSS program manager Kenny Jones and Northwest Texas Hospital's Director of Emergency Services Jamie Ferrell organized the banquet, which mixed "serious business and entertainment," according to the *Pulse*. Some of the serious business included voting down a proposal to change from ten codes to everyday language and a proposal to go to priority dispatch. New PEMSS board members are L.V. Watts from Hereford, Stinnett's Charlie Boyd, Jim Clements from Dumas, Anthony Kingery from

Silverton, and Canyon's John Sappington.

TDH and PHR Personnel Changes

Jimmy Dunn in Public Health Region 5 hired Mike Hudson who replaces Lee Sewell in the Arlington Texas Department of Health office. Hudson, an EMS program specialist and paramedic, worked most recently at Children's Medical Center of Dallas. He graduated from Cooke County College's Paramedicine Program, Dunn reports in the PHR 5 newsletter, EMS Advisor.

Nancy Into, the PHR 5 EMS program secretary passed away on February 8. "We all miss Nancy very much," said Jimmy, "and have been very saddened over this loss."

Public Health Region 1's Gail McNeely has left the Austin office to finish her work at The University of Texas on a master's degree in social work. She continues to stay involved in EMS as she and Travis County Fire Control's Pat Cruisinger teach EMS classes.

New faces in the Bureau of Emergency Management include Pauline VanMeurs, an Austin paramedic for ten years, who joined us in March as program administrator of the EMS for Children Program. Hers is a new position, and VanMeurs will hire a program specialist and an epidemiologist for the program. Kelly Daigle, formerly an editor with the *Round Rock Leader*, also joined the Bureau in March as an infor-

Local and Regional EMS News

mation specialist with the Information and Education Program. Daigle replaces Linda Wolfe who left the Bureau in January. Dorothy Black and Robin Isles recently joined the Bureau - Black in the Disaster Response program and Isles in Certification.

Long-time Bureau secretaries Sue Capps and Lovie Walker recently transferred to other health department offices.

EMS Chaplain Supports El Paso Medics

Reverend Wayne Brown, pastor of El Paso's Trinity Nazarene Church, joined El Paso EMS recently as EMS Chaplain. Brown worked in a chaplaincy program with the Albuquerque, New Mexico, police department in 1971 and helped set up the same program with El Paso police in 1974. Brown, on call 24 hours a day, divides his time between the spiritual needs of his congregation and similar support in EMS. Brown feels a special concern for the EMS personnel who deal with blood, broken bodies, and cries of pain. "The noise level of someone crying in pain, the sound of the siren - people just don't know," Brown said in a recent El Paso *Westside Today* newspaper article.

Brown works with psychologist Dr. Mike Fitts to help El Paso EMS personnel cope with suicides and violent crimes they may have to deal with. "We help them put it in perspective," Brown said.

"Paramedics are hard to come by, especially experienced para-

medics," said Alberto De La Canal, an El Paso EMS paramedic. He said El Paso EMS, with its psychologist, chaplain, and annual physical evaluation, tries aggressively to take care of medics' minds, souls, and bodies to prevent burnout from job stress.

El Paso EMS medics respond to approximately 36,000 calls each year.

TAEMT Elects New Officers at San Angelo Conference

Sherrie C. Wilson, Texas EMS Advisory Council member and Dallas paramedic and firefighter, took over leadership of Texas Association of EMTs as president at its annual meeting during the West Texas Update in San Angelo. David M. Stone, a City of Austin EMS paramedic and district commander, was elected vice president. Stone has been a member of TAEMT for more than seven years and served as treasurer in 1989.

Carl Voskamp, coordinator of the emergency medical technology program at Lee College in Baytown, was re-elected trea-

surer and San Angelo's Vivian Lee Perry was re-elected secretary.

Bexar County Honors Volunteer Firefighters

Bexar County Fire Marshal Carl Mixon played host to his county's volunteer firefighters recently at the 8th Annual Awards Banquet. More than 300 firefighters represented the 30 volunteer fire departments in Bexar county.

Hershal Postert, Jr. of the Southwest Volunteer Fire Department received the Granny Hale Fire-fighter of the Year award. Doris "Granny" Hale was a 16-year veteran of the Harmony Volunteer Fire Department who gave her life in the line of duty in 1988 at the age of 67.

Ella Krumm of the Ata-Bexar Volunteer Fire Department was honored as First Responder of the Year. Robert Morrisey of Harmony Volunteer Fire Department was named Outstanding Firefighter. Dispatcher of the Year award went to John Longoria, Jr.

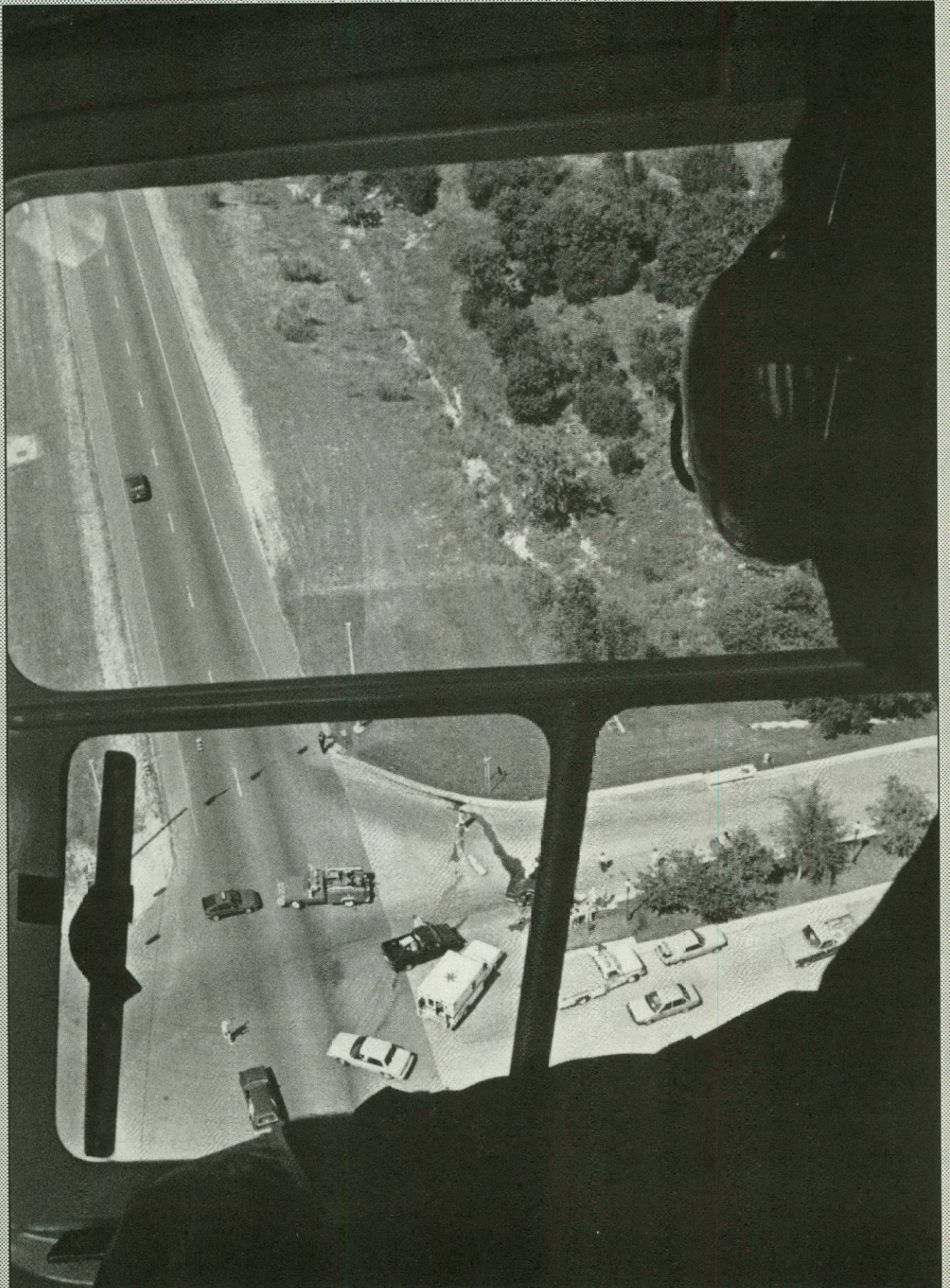
Windcrest Volunteer Fire Department took honors as the Most Progressive Fire Department. The Outstanding Training Association award went to the Combined Emergency Service Organization.

December 21 was Volunteer Firefighters Appreciation Day in Bexar county.



Phil Sears (left) and Tom Winn accept the award for Most Progressive Fire Department in Bexar county from Fire Marshal Carl Mixon at the 8th Annual Awards Banquet.

Photo by Daniel R. Byram, Williamson County Sun.



Helicopters link rural

SAVING

trauma patients to

RURAL

trauma centers in

LIVES

lifesaving time

By Eddie Callender, Jr.

"Life ain't always fair" is an ancient tried and true statement. Perhaps no class of people better appreciates this truism than those of us in the medical profession: How many times have we each sought to know why the drunk driver escaped with no injuries while the innocent child or teenager who was hit was maimed for life, or killed? The mind of every experienced health care provider is full of memories which lead to the conclusion that "life ain't always fair."

Rural Texas, rural Texans, and urbanites passing through rural Texas suffer the consequences of delayed EMS responses which often are made with personnel who have not had extensive training or who may have less experience than their urban counterparts. This is not necessarily anyone's fault. What can anyone do about

the vast areas covered by only a few isolated EMS providers? How can the rural providers have as much experience as the metropolitan providers when they have only a small percentage of the call volume the big guys have? Who has the money to make all education opportunities available to rural and urban providers? Life ain't always fair!

Although life may never be "fair," in this or any other regard, things have been happening in EMS to try to help reduce the disparity. Grants have been awarded to take training and equipment to the rural areas. Community colleges have taken EMS training off their campuses and out into the countryside. Educational opportunities have been made available via satellite, and the Texas Department of Health has purchased a tremendous library of videotapes to loan to those who ask.

There is something overhead that is directly impacting patient care in many rural areas. It is the increasing availability of helicopter services. Many such services are eager to do scene work, bringing the training, skill, experience, and expertise of high volume urban paramedics and nurses out into the rural areas to help manage the severely stricken patient, thus shaving precious hours off the time otherwise required to get the patients to the appropriate facility to manage their special needs.

Rural EMS systems, whether providing ALS or BLS, that have aeromedical resources available are really missing the "ship" if they do not utilize them. Having run the gamut from scoop and run to extended field stabilization efforts (even for conditions that we all know cannot be field stabilized), many locations have now come to realize the importance of recognizing load and fly situations, and are

doing just that.

A patient who enters a hospital for evaluation and treatment becomes the victim of much government red tape. Regardless of the patient's condition and instability, a certain amount of administrative red tape must be contended with before the patient can go to another facility for more definitive evaluation and treatment. A receiving physician must be found. A receiving hospital must be found. The transfer must be approved and approved and approved. In the meantime, the clock keeps ticking, and the golden hour slips hopelessly away.

In many cases, a helicopter can reach a rural scene, institute sophisticated ALS procedures, and deliver a critical patient to a trauma center in less time than it would take the rural ground ambulance service to get the patient into a local small, limited hospital from which the patient may eventually need to be transferred once all of the paperwork can be done. The helicopter ride which puts the patient at the correct facility in the first place may easily get the trauma patient into surgery two to four hours sooner, depending on distances and other factors involved.

The entities that have made their helicopter services available to rural areas, especially for scene work, should be appreciated. I know of no way a helicopter service can make a profit from such an endeavor. I am happy to believe that boards of directors and governmental bodies are genuinely sympathetic to the needs of the rural areas around them, and are doing what they can to help. To make things a little more fair.

But while we discuss what's "fair," think about the pilots and medics making these scene calls in unfamiliar territory, all hours of the night and day. Every time they make a scene, they risk their

lives. They press to arrive as quickly as possible, often having to tediously search for the site with the sketchy information they are given. And there is the ever-present possibility that they might fail to spot a power line or antennae guy wire, with disastrous results. How unfair it would be for us in rural Texas to use these services without being conscientious about their safety.

As helicopter services extend their services to those of us who have need but few resources, we can do some things to assist them. We can take extreme care to select safe and adequate landing zones, as though we were on the aircraft. Additionally, to help the pilot and crew arrive as quickly as possible, we can make a very modest investment of \$250 to \$350 to purchase a handheld loran navigator.

The loran, an electronic receiver, uses radio signals to calculate position in longitude and latitude. With exact coordinates, the helicopter pilot can fly directly to a scene instead of having to follow highways and roads, a process that can be tedious, difficult, and time consuming. The benefits to all - helicopter pilot and crew, the EMS ground crews, and most of all, the patient - are worth hundreds of times the cost of the loran navigator.

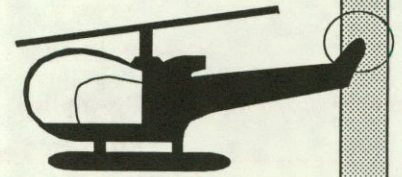
Until recently loran coverage was marginal in most of Texas. A new chain of radio frequencies was recently added to the loran system which now gives Texas excellent coverage, even with the small portable loran receivers. Though rural Texas will probably never have trauma centers and helicopters, we do have access to them. For the good of our patients, we can learn how to use them. And while we use them, we can be grateful for them, protective of them, and helpful to them.

If you have questions about how a helicopter service can help your area, start calling. Find out who could service your area. Inquire about their standards, staffing, and availability. Ask what information they need from you to crank up and head your way. Insist that your personnel attend a landing zone safety course and learn how to select and prepare a safe,

suitable landing zone for the helicopter.

If your question concerns using a hand held loran, call 512/672-7675, and I'll tell you what we have done.

Eddie Callender, a Texas paramedic and EMS course coordinator, has been with Gonzales Volunteer EMS for ten years and has been director for three years.



Eddie Callender gives loran coordinates at the scene of a multi-vehicle crash requiring helicopter evacuation of a seriously-injured patient.



EMS Public Information and Education Materials

The Bureau of Emergency Management provides information and education materials on EMS awareness and injury prevention. Call (512) 458-7550 or use this form to order materials.

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

Ship order to: Organization _____
Shipping Address _____
City/State/Zip _____
Telephone _____
Contact _____

Amount ordered	Description
_____	"Ready Teddy" coloring book. twelve-pages of injury prevention and EMS awareness tips by the Texas EMS mascot. (4-61)
_____	"When Minutes Count-A Citizen's Guide to Medical Emergencies" brochure. A fold-out first aid guide first distributed in 1988. Can be personalized by the EMS service. (EMS-014)
_____	"Don't Guess, Call EMS" brochure. A reprint of a Department of Transportation brochure updated with Texas photos and logo. Back panel listing of Public Health Region offices and a "for more information call" box, 1989. (EMS-013)
_____	"EMS Lifesavers-Career Information" brochure. Gives types of jobs, paid and volunteer, in various settings and salary ranges. (EMS-007)
_____	"EMS Questions and Answers About Citizen Participation" brochure. Answers questions about how to call, what to do, how the community can help EMS. (EMS-008)
_____	"EMS-A System to Save a Life" brochure. A 1970's title, 1990's text, and it has public health region office info and "for more information call" box. Explains BLS and ALS, 1989. (EMS-012)
_____	"Ready Teddy" poster. The Texas EMS mascot urges kids to prevent injuries. (4-60)
_____	"Dedicated to Patient Care" poster. EMT and elderly woman pictured; featured during 1988's EMS Week. (EMS-009)
_____	"EMS-It's a Lifesaver" poster. Features the scanned ambulance with an orange stripe and EMT. Our first EMS Week poster, 1985. (EMS-018)
_____	"System to Save a Life" poster. Companion poster to brochure, 1990. (EMS-011)
_____	"When It's A Medical Emergency-You Need EMS" poster. Pictures closeup of EMTs resuscitating a child, 1987. (EMS-010)
_____	"I'm an EMS Friend" sticker. Ready Teddy in a 2 1/2" 2-color sticker.

Texas and National EMS Week, May 10-16

Emergency Medical Services - It Starts With You

Texas EMS Week '92 will be observed May 10-16 by proclamation of Governor Ann Richards. The Texas Board of Health will be asked at its April 11 meeting to approve a resolution endorsing EMS Week. On the national level, Congress passed a resolution naming May 10-16 as EMS Week.

This year's theme, "EMS - It Starts With You," embraces every aspect of emergency medical services - emergency response, citizen support, first responder training, and injury prevention.

Thousands of times each year across Texas, EMS starts with the daughter who begins CPR on her stricken grandfather, the 9-1-1 dispatcher who takes a call for help, or the passing motorist who calls 9-1-1. EMS starts every day with the community leader who teaches EMS awareness and injury prevention, the EMTs who respond to one million calls in Texas every year, and the emergency physicians who provide medical direction for the 850 licensed EMS providers in our state. EMS starts with every one of us every time we buckle up our vehicle safety belt or don't have "one for the road."

Again this year, our Texas EMS

Week objectives, on a statewide level and locally, aim to:

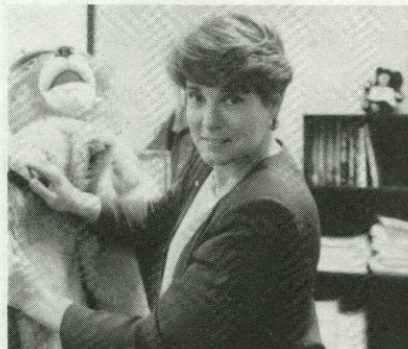
1. Make the public aware of EMS and how and when to activate EMS.
2. Teach the public injury and illness prevention strategies in order to keep them healthy.
3. Encourage local and state support of EMS programs and activities so that quality prehospital patient care is available to every citizen of Texas.

Texas EMS Week packets will be mailed to Texas' 1,250 licensed services and first responder groups by mid-April. If you don't receive a packet, call us at 512/458-7550 to order one. The packets include material from the national sponsor of EMS Week, the National Association of Emergency Physicians, and a copy of Texas Governor Ann Richards' proclamation, Texas versions of sample press releases and radio public service announcements, and an EMS Week report form.

Emergency medical services. *It really does start with you.*

By Alana S. Mallard

Order materials listed on page 10 for EMS Week and year-round activities.



Texas EMS Magazine editor Alana Mallard gets one of the Ready Teddy costumes brushed up for trips to Cameron, Fairfield, and Georgetown during EMS Week.

EMS Local Projects '92

The Request For Proposal Process

Local project grant monies totaling \$250,000 were available for the project period beginning September 1, 1991 and ending August 31, 1992. Of the 79 grant proposals received, 52 were approved, totaling \$226,997.

Examples of local projects funded include the purchase of automatic external defibrillators; Emergency Care Attendant, Emergency Medical Technician, and Paramedic training; Emergency Medical Dispatch training; purchase of training aids; and Basic Trauma Life Support training.

Flyers were mailed directly to 1,250 licensed EMS providers in Texas. This resulted in 411 requests for the Request For Proposal packet and associ-

ated Help Packet. At least one applicant commented that their proposal would not have been possible if not for the RFP Help Packet.

A total of 79 organizations and individuals submitted grant proposals and 65 were reviewed. This is a 73 percent increase over the 21 proposals received during last year's local projects process. Sixty-six percent of the applicants are funded this year; 47 percent were funded last year, 10 out of 21 in 1991.

Last year's local projects funded through the Texas Department of Transportation disallowed two of the most significant needs of EMS providers: initial EMS equipment and training. This year 50 percent and 45 percent of the grant proposals asked for equipment and training, respectively. The table on this page shows the actual numbers of proposals received in each category and the total dollar amounts requested by each. Most proposals were not solely for one category or the other. These figures represent only totals per proposal.

Considerations for future RFP development include percentage of requests by category to prioritize

Timetable for FY92 grants

January 15, 1992	Grants announced
March 15, 1992	Contracts signed
August 31, 1992	Projects end

Timetable for FY93 grants

April 1, 1992	Application packets available
June 30, 1992	Applications due
August 1, 1992	Grants announced
September 1, 1992	Contracts and projects begin
August 31, 1993	Contracts and projects end

By
Rhonda Blackmore
and
Ernesto Rodriguez

EMS Local Projects Proposals FY92

Category	Funded	Received	Reviewed	Ineligible
Equipment	25 for \$95,597	40 for \$346,658	32 for \$293,167	8 for \$53,491
Training	26 for \$129,100	36 for \$484,738	32 for \$422,253	4 for \$62,481
Supplies	0	1 for \$494	0	1 for \$494
System Development	1 for \$2,300	2 for \$12,300	1 for \$2,300	1 for \$10,000
Total	52 for \$226,997	79 for \$844,186	65 for \$717,720	14 for \$126,466

funding order; further simplification of the RFP budget area; further simplification and improved readability of the RFP Help Packet; and shortening the length of an acceptable proposal.

EMS/Trauma System Development staff have begun to plan the next local projects RFP process. The goal is to speed up the mechanism so that applicants will have more time to work

on proposals. Problems that may be encountered are related to overlap between local projects nearing completion and the beginning of a new RFP process.

Rhonda Blackmore, EMT-P, is EMS Local Projects Coordinator, and Ernesto Rodriguez, EMT-P, serves as Assistant Director, EMS Division.

To receive a packet for FY93 return this form to:
 Local Projects Coordinator
 Bureau of Emergency Management
 Texas Department of Health
 1100 West 49th Street
 Austin, Texas 78756-3199



For TDH Use Only

Dates

Received: _____

Mailed: _____

Entered: _____

EMS Local Projects Grant Program

Please send a copy of the FY93 Request For Proposal packet to:

Organization _____ Phone AC _____

Mailing Address _____

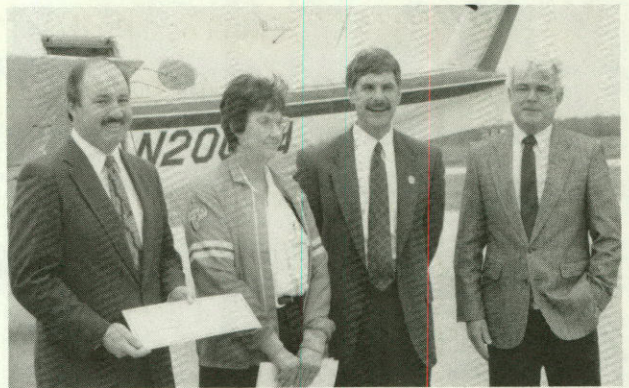
City/State/Zip _____

Contact Person _____ Phone AC _____

Title _____

Type of Organization _____

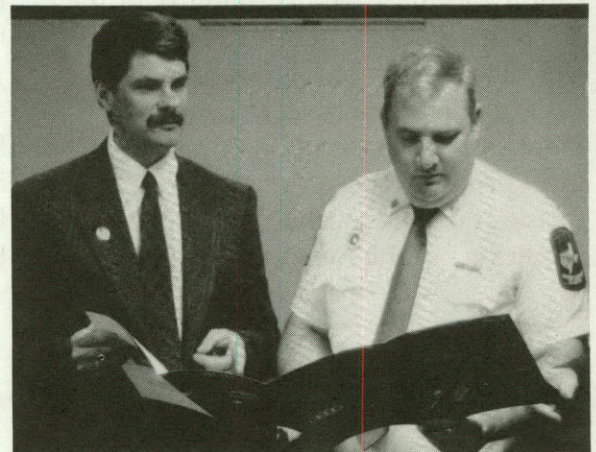
Commissioner David Smith, Senator Steve Carriker Visit West Texas EMS Local Project Sites



At the Knox City airport (left to right) Senator Steve Carriker, Knox City EMS Director Billie Norton, Texas Department of Health Commissioner David Smith, MD, and Representative David Counts visited with a crowd of 30 Knox City leaders and EMS supporters as Senator Carriker handed Billie Norton a check for \$3,500. "This money is not enough," Carriker said, "but we hope you keep doing the good work, so we can go do the good work and get you some more." Knox City EMS plans to buy a semi-automated defibrillator with its EMS local projects grant.



Commissioner David Smith, MD, (center, in jacket) and Vernon Fire Department medics join Vernon Fire Chief Charles Stewart as Stewart accepts the check for \$3,750 from Senator Steve Carriker (left). "Your leadership allowed us to be here today," Smith said to the Vernon medics. "Trauma is a problem everywhere, and we want to come back next year with more money."



Vernon Fire Chief Charles Stewart shows health department Commissioner David R. Smith, MD, the specifications of the automated external defibrillator that Vernon Fire Department will purchase with its EMS local projects grant. Each health department grant for equipment under the EMS local projects program was matched with cash by the receiving agency.

Anson General Hospital administrator Dudley White (left) accepts the symbolic check for \$1,800 from Senator Steve Carriker as Anson EMS supervisor Jack Thompson and Commissioner David Smith (right) look on. "You've got really dedicated people here," Smith told the assembled crowd. Anson General Hospital received one of 52 grants for EMS local projects.



Television reporters and hospital employees joined the grant award ceremony in front of Anson General Hospital on March 3. The hospital began EMS operation on March 1 with paramedic staff and a new ambulance. Anson is one of 62 hospital-based emergency medical services in Texas.



Photos and story
by Alana S. Mallard

New members join TEMSAC, draft rules sent to Board for proposal

TEMSAC

The Texas Board of Health appointed four new members and reappointed one member to the Texas Emergency Services Advisory Council and the members began their terms at the February 14 meeting of the council in Austin. Appointments were made from nominations from statewide groups representing county judges, municipalities, and firefighters. A position representing consumers remains vacant. The 18 council members serve six-year terms.

Barbara Dorman, Mayor ProTem of the City of Plainview and a nurse, was reappointed to the Texas EMS Advisory Council, representing municipal EMS. Dorman has served on the Plainview City Council since 1989. She has been active as a member and officeholder of Texas Municipal League and National League of Cities. Dorman also serves on the council's committee on public information and education.

Sherrie C. Wilson has been a paramedic and firefighter with the City of Dallas Fire Department since 1979. She is executive director of Emergency Management Resources, which provides industrial EMS and safety education consulting. Wilson serves on the Board of Governors of the National Association of EMTs, is president of Texas Association of EMTs and served for two years as vice-president of the state association. Wilson will also serve on the council's committee on public information and education.

William E. Gandy, Jr., a paramedic and attorney, heads the department of emergency medical technology at Tyler Junior College. He founded Honey Grove Volunteer EMS where he works as a paramedic. Gandy worked draws crowds at his medical-legal workshops at the Texas EMS Conference in Austin each year. He serves on the council's educator committee.

Carla Fields Garner, Sutton County

Judge since 1985, has been an EMT for four years, and works regularly scheduled ambulance duty shifts for Sutton County EMS based in Sonora. She is certified as an EMS instructor and as an American Heart Association CPR instructor. Garner is past director of Concho Valley Council of Governments.

Randy Fritz worked as a legislative aide to Senator Ken Armbrister and as an analyst for former Comptroller Bob Bullock before being elected Bastrop County Judge in 1991. Fritz appointed a task force early in his term to study EMS in Bastrop county, and he is now implementing elements in the task force report. Fritz has a masters degree in public affairs.

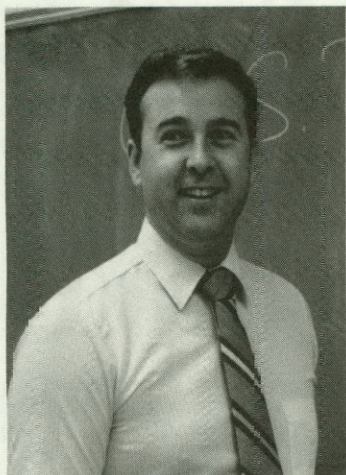
Action at the February 14 meeting included voting to submit revised and new rules for EMS education to the Texas Board of Health for approval as proposed rules. If the Board proposes the rules at its May 16 meeting, the public comment period would extend for ninety days, through mid-August, with the final adoption action occurring at a later Board meeting. The proposed rules will be printed in the *Texas Register* and in the July issue of the *Texas EMS Magazine*.
- Alana Mallard



TEMSAC members (left to right) Dr. Paul Atkinson of New Boston, Dr. Donovan Butter of San Antonio, Houston's Virginia Scott, chair Dr. David Prentice of Houston, and consumer representative Nancy Polunsky of San Angelo study rules drafts before voting to send the package to the Board of Health for proposal.

- David Prentice, MD, Chair
Houston
- Paul H. Atkinson, DDS
New Boston
- James Atkins, MD
Dallas
- Guinn Burks
Crane
- R. Donovan Butter, DO
San Antonio
- Barbara Dorman, RN
Plainview
- Fred Falkner
Fort Stockton
- Randy Fritz
Bastrop
- William E. Gandy
Tyler
- Carla Garner
Sonora
- Joe Huffman
Dallas
- Leslie Madden
Boerne
- Nancy Polunsky
San Angelo
- Kenneth Poteete
Georgetown
- Virginia Scott, RN
Houston
- Faye Thomas
Corsicana
- Sherrie C. Wilson
Richardson

Critical Incident Stress Management Can Preserve EMS Careers



Jeffrey Mitchell, PhD
President, American Critical
Incident Stress Foundation

You work so hard to take care of other people. Shouldn't you make sure that you and your people are okay? The distress of working hopelessly to save a tragically mangled child can bring a paramedic to his knees. After your new EMTs work three fatal car crashes in one weekend, how are they coping with the accumulated stress? Are your medics aware that a stressful EMS call may be the cause of their nervousness, inability to sleep, or loss of concentration?

A stress education program can manage critical incident stress and accelerate an EMS worker's recovery from distress. When people understand the signs and symptoms of critical incident stress, traumatic incidents bother them less. People educated about stress seek help earlier if the event is more powerful than they can manage by themselves.

Jeffrey T. Mitchell, PhD, and George S. Everly, Jr., PhD, will

come to Austin June 25, 26, 27, and 28 to teach four sessions on Critical Incident Stress Debriefing. The basic CISD program of 16 hours prepares mental health professionals and peer support personnel to provide crisis services and pre-incident education. The advanced CISD program, also 16 hours, exposes clinicians and peer support personnel to specific, proven strategies of intervention. Dr. Mitchell and Dr. Everly will also present a 16-hour course on peer counseling techniques and an 8-hour course on the nature and treatment of Post Traumatic Stress Disorder. Graduates of the basic

training qualify for participation with the state Texas CISD Network.

Dr. Mitchell developed the Critical Incident Stress Debriefing process used by emergency medical services across the nation and he founded the International CISD network. He co-authored *Emergency Response to Crisis* and *Emergency Services Stress*.

Texas CISD Training
Basic and Advanced
Jeffrey Mitchell, PhD
George Everly, Jr., PhD
June 25, 26, 27, and 28
Doubletree Hotel
Austin, Texas

To register for one of these courses contact Lisa Berg, American Critical Incident Stress Foundation, (410) 730-4311 or Paul Tabor, Texas Department of Health, Bureau of Emergency Management, (512) 458-7550.

Firefighter's death shows need for peer counseling training

By Jim Dempsey

On January 29, 1992, we started shift in the Laredo Fire Department like any other. The talk around Station 5 was politics, the kids, the girlfriends and what was for lunch. The Captain picked a cook and assigned station duties to Engine 5 and Rescue 3, and spirits were high as jokes about saving lives and property started. Engine 2 and AT 2 were coming over for fuel. It was a normal day.

At 0925 Firefighter/EMT Bobby Valdez was completing hose duty and talking to Firefighter/EMT-P Sandy Gibson when Bobby became pale, gasped, and fell. At first Sandy thought that Bobby was joking since he was one who could take the edge off with a good joke. In about thirty seconds, however, Sandy knew that this was not a joke. Bobby Valdez was not breathing and had no pulse. Sandy called the paramedics from Rescue 3 and started CPR.

One paramedic who responded was new and this was his first arrest. The other had seen several others as an EMT. Firefighter/Paramedics DeLeon and Trevino, along with Firefighter/EMT-P Gibson, then notified the dispatcher that a firefighter was down, and the word spread through Laredo Fire Department's stations and companies. Rescue 3 loaded and transported Bobby to Mercy Hospital emergency department where Fire Chief Mike Perez and EMS District Chief Tomas Ramirez waited for word of Bobby's condition.

Ambulances rolled in with other patients and the paramedics found reasons to hang around for supplies and small talk while waiting for the news. Dr. Dennis Cantu, our medical

director, went into the treatment room and soon returned with bad news. At 1040 the alarm went out to all stations and personnel that Firefighter/EMT Bobby Valdez had died. He was liked by all and everyone felt an empty feeling down deep inside. It is hard when your patient dies. When that patient is one of your own, it is twice as hard.

A fire department is like a family and the Chief knew how we felt. The old-timers had seen it before, and it still hurt. The newer ones were in shock and that youthful, indestructible attitude gave way to the thought that it could happen to them. The Chief gave the personnel of Station 5 administrative leave, but no one went home. It is times like these that we want to be close.

Jay Garner, EMS Program Administrator in Public Health Region 8 and also a paramedic, was contacted but the stress debriefing team was not requested. Strangers were not wanted now. Jay came and was appreciated. The Monsignor came and offered assistance.

All we needed were ourselves, or so we thought. But the brothers needed something more. We needed to know that all that possibly could have been done for Bobby Valdez was done. As night masked the faces, the sniffles and sobs of grown men could be heard as they were now left alone with their thoughts and memories. It was accepted and understood.

Jim Dempsey is a paramedic and firefighter with Laredo Fire Department. For many years he was associated with Brooks County EMS and HaloFlight.

I do not know of any better place to live and work and die than a fire department, where the men and women are like family. We take care of each other! But a large system needs a critical incident stress debriefing team made up of our peers. One of the first things we learn is that death and bad news come with this job just as fast as the good news, and, seemingly, more often.

We need to remember that we are human, and as humans we must express our feelings, good and bad, when we feel them. We need to formalize what has already been done in Laredo and other places. Training and familiarization will make it easier to get the help needed for all personnel. - J.D.

EMS Certification Test Results

October 1991 - December 1991

Between October 1 and December 31, 1991, 145 EMS classes tested across the state. Beginning with this issue, every quarter we will print state exam averages for all EMS classes in the state.

Emergency Medical Technician- Paramedic

Region	School Type	Class ID	Class Size	Exam Average	Month Tested	Coordinator
1	Hospital	011134	10	90.00	Oct	Moshinski
4	Jr College	054218	10	86.85	Dec	Hatch
8	Jr College	017110	24	86.67	Dec	Reger
5	Jr College	202106	06	85.83	Dec	McDonald
1	Fire Dept	521148	06	85.42	Dec	Mras
4	Jr College	054276	06	85.17	Dec	Stevens
7	Independent	009401	14	85.04	Oct	Cress
6	Independent	131104	05	84.70	Oct	Chalk
2	Jr College	011105	19	84.39	Dec	Sappington
5	Jr College	011102	20	84.20	Dec	VanSant
				Mean Score	83.66	
8	Fire Dept	510112	17	82.35	Dec	Rodriguez
5	Hospital	403103	10	81.75	Dec	Clark
1	Jr College	021108	14	81.04	Dec	Southerland
4	Jr College	124241	32	80.97	Dec	Brant
2	Jr College	011106	30	80.27	Dec	Croy
5	Jr College	202103	21	80.07	Oct	McDonald
4	Independent	024170	18	79.97	Nov	Robinson
3	Jr College	011172	10	79.70	Dec	Brown
5	Independent	011103	05	75.50	Dec	Tobin
4	Jr College	114086	08	73.25	Oct	Hill
6	Independent	442105	11	70.82	Oct	Howley

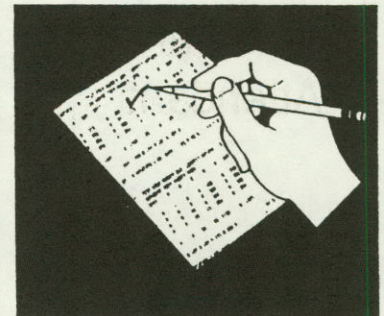
Emergency Medical Technician- Intermediate

Region	School Type	Class ID	Class Size	Exam Average	Month Tested	Coordinator
3	Jr College	011271	14	90.57	Dec	Brown
3	Jr College	011265	09	90.22	Nov	Burchett
6	Sr College	011201	06	90.00	Nov	Garoni
1	Sr College	671253	09	88.00	Dec	Kitzmilller
4	Jr College	094109	05	87.60	Oct	Voskamp
1	Jr College	512274	14	87.00	Dec	Sneed
7	Independent	048302	08	86.63	Dec	Wilkens
6	Sr College	011205	19	86.11	Oct	Garoni
1	Jr College	011243	10	84.20	Dec	Pleasant
				Mean Score	83.74	
8	Jr College	017208	16	83.13	Dec	Reger
4	Jr College	114234	17	82.71	Oct	Hill
4	Independent	324327	12	82.00	Dec	Pitts
5	Hospital	403301	14	82.00	Oct	Moore
2	Jr College	011207	14	81.86	Dec	Whitfield
1	Independent	512268	11	81.45	Nov	Stephenson
6	Jr College	021204	09	80.56	Oct	Rakowitz
2	Jr College	011105	06	79.33	Dec	Croy
8	Jr College	271207	16	76.50	Dec	Robles

Region	School Type	Class ID	Class Size	Exam Average	Month Tested	Coordinator
3	Fire Dept	011134	23	92.65	Nov	Daugherty
4	Independent	313325	13	89.38	Dec	Pickett
3	EMS Service	011383	40	88.45	Dec	Ayub
1	Jr College	522162	30	88.27	Dec	Montgomery
4	Jr College	054206	20	88.00	Nov	Hatch
6	Sr College	011307	19	87.89	Oct	Garoni
5	Sr College	011303	66	87.73	Dec	McMullen
1	Jr College	532372	20	87.20	Dec	Black
1	Fire Dept	512360	18	86.94	Oct	Frick
4	Jr College	054207	10	86.80	Nov	Hatch
1	Independent	932371	34	86.71	Dec	Richter
8	Jr College	017325	15	86.67	Dec	Reger
3	EMS Service	663329	10	86.60	Oct	Miller
1	Independent	892378	16	86.38	Dec	Partin
4	Jr College	093338	14	86.29	Dec	Voskamp
1	Jr College	522369	12	86.17	Dec	Crutsinger
5	Fire Dept	061399	10	86.00	Dec	Duggan
1	Independent	041355	12	85.67	Dec	William
5	Jr College	021305	18	85.44	Dec	Young
1	Independent	782377	18	84.67	Dec	Mersiovsky
5	Jr College	423303	22	84.64	Dec	Roberts
5	Jr College	021304	24	84.42	Dec	Duggan
5	Hospital	403303	21	84.05	Dec	Sherard
5	Hospital	615302	12	83.67	Oct	Tippie
4	Jr College	052367	32	83.50	Dec	Stevens
3	Jr College	022356	11	83.36	Dec	Howard
4	Jr College	123310	36	83.17	Dec	Brant
8	Jr College	351335	24	83.08	Dec	Atwood
4	Jr College	023355	11	82.91	Dec	Holt
1	Sr College	671350	17	82.88	Dec	Kitzmilller
4	Independent	153244	36	82.56	Dec	Hatch
3	Jr College	011370	30	82.47	Dec	Brown
4	Jr College	053357	22	82.41	Nov	Stevens
2	Sr College	013304	33	82.33	Oct	Coker
2	Jr College	012333	16	82.25	Dec	Whitfield
4	Jr College	023269	10	82.20	Dec	Holt
8	Jr College	510329	16	82.13	Nov	Gonzalez
2	Jr College	012334	46	82.00	Dec	Whitfield
5	Jr College	202305	42	82.00	Dec	McDonald
4	Jr College	123312	14	82.00	Dec	Brant
5	Jr College	615306	11	81.82	Dec	Wade
7	Independent	014203	16	81.75	Oct	Elbert
Mean Score				81.72		
5	Sr College	011308	30	81.67	Dec	VanSant
5	Sr College	212303	31	81.58	Dec	Koonce
3	Jr College	022355	15	81.40	Dec	Howard
4	Independent	323340	21	81.19	Dec	Pitts
7	Independent	002202	25	80.40	Dec	Anderson
2	Jr College	012330	38	80.32	Dec	Croy
4	Jr College	113227	10	80.30	Oct	Hill
5	Jr College	814303	14	80.29	Dec	Bradshaw
4	Jr College	064248	19	80.05	Nov	Gooley
4	Independent	073299	26	79.88	Nov	Bertin
4	Jr College	014272	30	79.80	Dec	Sweatt
5	Independent	332401	19	79.37	Oct	Murray
1	Fire Dept	011345	25	79.36	Dec	Seales
3	Hospital	213333	19	79.11	Dec	Barnett

and there's more...

Emergency Medical Technician



Compiled by
Kaylene Farthing,
EMS Certification
Program, Bureau
of Emergency
Management

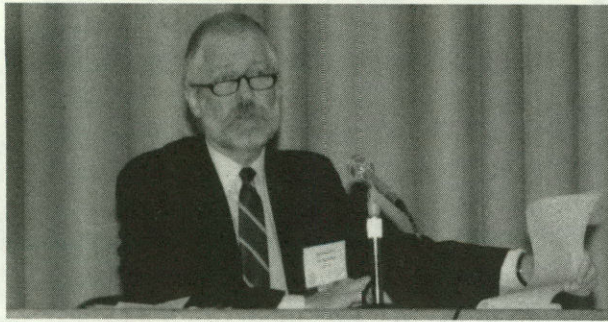
Emergency
Medical
Technician
(con't)

...here's more

3	Hospital	213335	12	78.92	Dec	Barnett
7	Independent	031201	14	78.29	Dec	Miles
1	Jr College	512373	11	78.09	Dec	Sneed
1	Jr College	512365	13	78.08	Nov	Sneed
5	Sr College	011306	24	77.92	Dec	VanSant
5	Jr College	814304	22	77.91	Dec	Bradshaw
3	Jr College	011369	10	77.70	Dec	Brown
1	Fire Dept	061344	10	77.60	Oct	Thompson
7	Independent	024202	12	77.58	Nov	Land
3	Jr College	032368	18	77.28	Dec	Davidson
4	Hospital	024256	12	76.92	Oct	Olexa
5	Hospital	473302	13	76.69	Nov	Mount
3	Jr College	011368	18	76.33	Dec	Sinclair
8	Jr College	269339	24	75.58	Dec	Espinol
7	Independent	050203	14	74.57	Nov	Kidder
2	Sr College	013325	11	74.55	Oct	Coker
7	Independent	002203	12	74.33	Oct	Anderson
5	Hospital	604302	13	73.15	Dec	Wright
6	Sr College	012325	16	71.63	Dec	Garoni

Emergency
Care
Attendant

Region	School Type	Class ID	Class Size	Exam Average	Month Tested	Coordinator
1	Sr College	671452	11	91.45	Dec	Kitzmilller
2	Sr College	013414	11	89.27	Nov	Coker
1	Jr College	532450	12	88.50	Nov	Black
2	Independent	022417	13	87.54	Dec	Eubank
1	Fire Dept	521464	13	87.08	Dec	Mras
2	Sr College	013418	38	86.63	Dec	Coker
2	Jr College	012416	12	85.67	Oct	Ho-gland
5	Fire Dept	875401	10	85.60	Nov	Reed
5	Hospital	614402	19	84.95	Nov	Tippie
1	Independent	512481	18	84.44	Dec	Stephenson
4	Jr College	113353	24	82.58	Nov	Hill
1	Independent	752476	15	82.53	Nov	Crutsinger
4	Independent	353290	14	82.14	Oct	Hamilton
5	Jr College	814406	13	81.85	Dec	Bradshaw
		Mean Score		80.78		
5	Fire Dept	083401	22	80.27	Oct	Wood
1	Jr College	512463	10	79.80	Nov	Sneed
7	Independent	002104	21	79.05	Nov	Anderson
1	Independent	902479	17	78.94	Nov	Persons
1	Independent	861427	11	78.73	Nov	McGowan
4	EMS Service	033297	15	78.67	Oct	Ogden
5	EMS Service	654401	10	78.40	Dec	Rudnick
3	Sr College	011485	12	77.67	Dec	Burchett
5	Fire Dept	503401	10	77.60	Nov	Erwin
8	Independent	520124	14	76.86	Dec	Moseley
4	Independent	353298	18	76.56	Oct	Hamilton
5	Jr College	825401	13	76.00	Dec	Harris
6	Independent	511417	20	75.70	Dec	Fincher
5	Fire Dept	021401	17	75.65	Oct	Thomason
6	Independent	171419	14	75.43	Nov	Dougherty
8	Hospital	269122	13	72.77	Nov	Garner
4	Jr College	113356	13	68.62	Nov	Hill



For years I have been talking to EMS folks about legal issues, trying to help them better understand laws that affect the way they do their jobs. This has often left me possessed by frustration, since the law landscape seems to change with the seasons, becoming more twisted and complex every day.

Sexual discrimination and sexual harassment in the workplace

By William E. Gandy, JD, EMT-P

About the time I think I understand an issue, the Supreme Court changes everything and I have to learn it all over again.

One of the most complex and changing areas that can affect EMS people is that of sexual discrimination and harassment in the workplace. With the Anita Hill/Clarence Thomas business on everybody's mind, followed by Mike Tyson's and Bill Clinton's problems, sexual relationships both in and out of the workplace have been the subject of much thought and debate in the media and wherever people get together to lift a cool one.

When I was growing up in a small Texas town, becoming a member of the volunteer fire department was a big deal. It was like a private club where guys got together to play poker, drink beer and cook barbecue, and no women allowed on the premises, thank you (except on ladies night when they cooked a big dinner and washed the dishes).

In some people's minds this is still the ideal situation, and this mindset even spills over into paid municipal

services. I was told just the other day about a fire department in a medium sized city in West Texas that refuses to hire female firefighters and treats female EMS students doing ambulance internships in a decidedly inferior fashion compared to the way it treats the good ole boys.

So perhaps we ought to review the laws of sexual discrimination and sexual harassment briefly. The subject is so complicated and involved that a whole

One of the most complex and changing areas that can affect EMS people is that of sexual discrimination and harassment in the workplace.

encyclopedia has been written about it, and don't get the idea that this article will give you a quick and cheap answer to any problem of this nature you might have. Articles like this are not meant to give legal advice; if you have a legal problem of any kind, you need a lawyer, not a paramedic!

Title VII of the 1964 Civil Rights Act prohibits employment discrimination based on race, color, national origin, sex

Gene Gandy is a popular presenter on medical-legal issues at the Texas EMS Conference. He directs the Tyler Junior College EMT program and serves on Texas EMS Advisory Council as an EMS educator.

or religion. That means you can't discriminate in hiring, pay, work condi-

That means you can't discriminate in hiring, pay, work conditions, or in any other way that would amount to unequal opportunity for the affected employee.

tions, or in any other way that would amount to unequal opportunity for the affected employee.

Fire departments at one time attempted to exclude female firefighters by developing so-called job related tests, such as physical fitness tests - weight lifting for example - which females would not be able to pass. The courts held that if females who were denied employment could show that the tests



Sexual harassment is a sexual assault crime

Sexual harassment is one type of sexual assault. In many cases, it can be the precursor to a more violent type of sexual assault. It is a crime. In a 1976 survey of 9,000 readers of *Redbook Magazine*, 88 percent reported they had experienced sexual harassment. Seven out of ten working women are sexually assaulted sometime in their working lives, according to a November, 1983, article in *USA Today*.

Victims of sexual harassment often do not report the offense for the same reasons victims of sexual assault may not report: isolation, lack of support, guilt or feelings that the victim may have contributed to the event, shame, embarrassment, and fear of reprisal. Common reactions to harassment are anger, helplessness, physical illness, and interference with job performance or educational goals.

Governor Ann Richards has proclaimed April, 1992, as Sexual Assault Awareness Month. To increase public

discriminated against them, and that there were other tests available which were just as job related that females could pass, then the employer had to come in and show that the practice was not discriminatory. The result is that many, if not most, fire services now are open to females, and certainly EMS positions must be open to females.

It was not until more recently that courts began to hear cases involving sexual harassment in the workplace. In the first place, the term is hard to define and what is acceptable conduct in one person's mind might not be in another's.

In 1980 the Equal Employment Opportunity Commission (EEOC), which investigates discrimination cases on the federal level, issued regulations defining sexual harassment as a part of sex discrimination and making employers liable for acts of sexual discrimination by supervisors, sometimes even when the employer didn't know the

awareness about the problem of sexual assault and to encourage citizen involvement in the fight against its violence, the Texas Association Against Sexual Assault and the Texas Department of Health's Sexual Assault Prevention and Crisis Services Program have adopted the theme "Sexual Assault: The Art of Surviving, Reclaiming Mind, Body and Spirit."

If you want more information about sexual assault prevention, including sexual harassment and sexual discrimination, or about Sexual Assault Awareness Month, contact Cecelia McKenzie, Program Administrator of the Bureau's Sexual Assault Prevention and Crisis Services Program at (512) 458-7550 or your local sexual assault prevention program. Local programs are available to conduct training sessions for emergency medical services personnel. A one-page brochure called "Sexual Harassment" is available from the Sexual Assault Prevention and Crisis Services Program. - *Alana S. Mallard*

problem was happening.

Two kinds of sexual harassment are usually described: one that happens when a supervisor demands sexual favors from a subordinate and either awards benefits for compliance or withholds them if the employee refuses; and the other when an environment of sexual harassment exists which "alters the conditions of employment." This might consist of anything from sexual comments to dirty jokes to actual physical abuse. Recently the Supreme Court considered a case where a female plaintiff complained of sexual harassment in the form of nude pictures of females which were put up on the walls by her male coworkers.

Employers found guilty of sexual discrimination by supervisors can be held strictly liable for damages, which may consist of back pay and benefits if the employee has been forced to quit her job, and in some cases punitive damages. Employers accused of "hostile environment" type of harassment should be given an opportunity to correct the situation by formulating rules and procedures to stop the practice. Then if the employer does not take adequate steps to stop the harassment, the courts can step in.

Texas has an agency to enforce sexual discrimination laws, the Texas Human Rights Commission, which enforces Article 5221(k), Texas Civil Statutes, passed in 1983 for that purpose, and a person having a sexual discrimination or harassment complaint can proceed on the state level through that commission and the state courts, or may choose to proceed on the federal level through the EEOC and the federal courts.

As more people become aware of their rights under the law, it is a safe bet that more law suits will be filed and damages for violations awarded. You good ole boys better watch out!

Thanks to Stephen Pope, EMT-I, for his legal research.

Target 2000: The Future of Emergency Medical Services

The Teleconference Network of Texas, a part of The University of Texas Health Science Center in San Antonio, offers a monthly one-hour program every Tuesday evening from 7 to 8 p.m. The program runs through March 9, 1993, and features a slide presentation and two-way voice communication over a telephone line with EMS experts from Texas and the nation.

Contact Teleconference Network of Texas at 1-800-9828-TNT or (512) 567-2700 for cost and registration information, or write to 7703 Floyd Curl Drive, San Antonio, Texas 78284-7978.

The course directors for the Target 2000 series on EMS are Ron Hilliard and Dr. Donald Gordon.

May 12, 1992 <i>Infection Control in the Future</i> Katherine H. West, BSN, MSED, CIC Infection Control Consultant Springfield, Virginia	September 8, 1992 <i>First Responder</i> Donald J. Gordon, MD, PhD Ron Hilliard, BSN, RN, EMT-P Emergency Medical Technology The University of Texas Health Science Center San Antonio, Texas	December 8, 1992 <i>Stress Debriefing</i> Jeff Mitchell, PhD University of Maryland Catonsville, Maryland
June 9, 1992 <i>Medical Director Roles and Responsibilities</i> Nicholas Benson, MD, Associate Professor Department of Emergency Medicine East Carolina University School of Medicine Greenville, North Carolina	October 13, 1992 <i>Maximizing the Management of Geriatric Patients and their Families</i> Michele Saunders, DMD Director of Geriatric Education Center The University of Texas Health Science Center San Antonio, Texas	January 12, 1993 <i>EMS - Future of Shock Management</i> Lt. Col. Margaret J. Knapp, MD Chief, Emergency Medicine Brooke Army Medical Center Fort Sam Houston, Texas
July 14, 1992 <i>Advanced Medical Priority Dispatch</i> Jeff J. Clawson, MD Medical Priority Consultants Salt Lake City, Utah	November 10, 1992 <i>EMS in the Streets...When Violence Erupts</i> Dennis R. Krebs, CRT Baltimore County Fire Department Cockeysville, Maryland First Sergeant Mark B. Gabriele, EMT-P Maryland State Police Baltimore, Maryland	February 9, 1993 <i>Legal Issues in EMS</i> Carol J. Shannenberger, Attorney, Paramedic National Association of EMS Physicians Lakewood, Colorado
August 11, 1992 <i>Politics in EMS</i> James O. Page, JD, Publisher JEMS Communications Carlsbad, California		March 9, 1993 <i>The Role of AED</i> Donald J. Gordon, MD, PhD Ron Hilliard, BSN, RN, EMT-P Emergency Medical Technology The University of Texas Health Science Center San Antonio, Texas

April is National Child Abuse Prevention Month. Let's do our part for the children by planning for this illness like we do for any other.

Preplan EMS response to suspected child abuse



By Pauline VanMeurs

The injured and frightened child in your care is being exceptionally brave and cooperative - not much crying and trying to answer your questions. The ideal patient that many children tend to be, you think. As your secondary survey progresses, you find more and more older injuries in various stages of healing.

The adult's story that the child tripped over the curb does not explain the fractured left leg and the broken ribs on the right side of the chest, the black eye, or the contusions to the upper arms. It has been two hours since the initial injury. This is rapidly becoming an emergency worker's nightmare.

When faced with a scene involving a suspected abused child and the possibility that the abusive adult is standing within arm's length, many prehospital medical personnel may not be prepared for the intensity of their own emotions and the confusion caused by the demands of the task at hand versus their instincts. Many people have found themselves victim to a loss of control of

the situation which leads to confrontation and accusation. The need for preplanning to ensure the best outcome for patient, family and medic is as critical as for complicated extrication or disasters. The right tools to do the job have to be in place prior to the event.

The basic concept of preplanning in child abuse applies equally to first responder volunteer agencies and EMS systems. Plans should include:

1. *Learn the "red flags" of child abuse.* Contact and involve local authorities specializing in child abuse in the identification training and management training of all personnel in your agency.
2. *Know reporting requirements and procedures.* Medical personnel need to be aware of the legal obligation to report suspected child abuse. Volunteer agencies can coordinate with local law enforcement agencies or hospitals to be included in the existing reporting procedures or to help create such a plan. EMS providers can include a reporting procedure in their organizational manuals.
3. *Pre-plan the scene.* Scene management becomes a high priority in these cases. Make sure you are prepared to

Pauline VanMeurs, a paramedic with City of Austin EMS for ten years including three years as a STARFlight flight paramedic, joined the Bureau of Emergency Management in March as program administrator of the EMS for Children program.



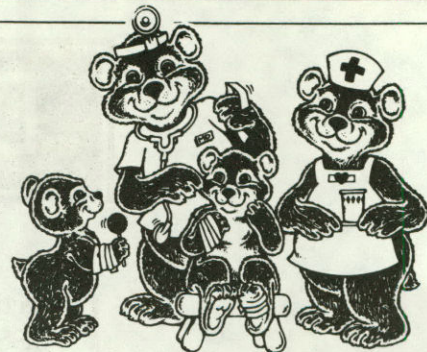
be completely nonjudgmental at these scenes. No matter how obvious things may appear, the medic on the scene has only suspicions. Patient care and careful documentation of

injuries and patient history are critical. Be observant of the surroundings and be prepared to give as detailed an account of the scene and events as possible for later reporting procedures. A confrontation with a parent or the child's responsible adult at this point is disastrous for patient care and for the psychological well-being of the patient.

4. *Be ready to handle the emotional well-being of the emergency medical responder.* Last but certainly not least is the effect that such calls have on the personnel involved. During the entire call, the medic is required to suppress any emotions or any judgments that have developed. It is impossible to ask someone to just move on and forget the experience. Open access to emotional support is a must. Critical incident stress debriefing or peer counseling is the best possible solution. If such mechanisms are not yet in place in your organization, this could be an opportunity to develop a team. Involve local agencies specializing in abuse to provide information on dealing with the devastation of these situations.

The reporting of a suspected child abuse is the law. Early intervention saves lives in this situation as it does in so many of the calls that the prehospital emergency medical professional manages. The report may be the first definitive treatment opportunity for your young patient and his or her family and the first step on the road to a lasting recovery.

Emergency Medical Services for Children



The Texas EMS for Children Project is a two-year federally funded grant program with these goals:

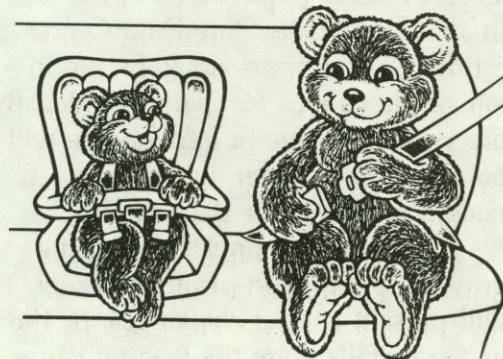
1. Increase the level of knowledge regarding pediatric emergency response for EMS providers, rural physicians, and nurses.
2. Integrate a pediatric component into the planning and implementation process of the statewide EMS/Trauma system.
3. Build pediatric data collection and analysis components into the EMS/Trauma registry.
4. Develop public education materials directed toward low income and/or illiterate parents regarding prevention of injury and illness and appropriate use of and access to the EMS/trauma system.

The mission of the project is to improve response to the needs of pediatric emergency patients within the state of Texas with a broad-based approach that considers the full continuum of issues ranging from injury prevention to improved rehabilitation outcome for pediatric emergencies.

Pauline VanMeurs, a paramedic with City of Austin EMS for ten years including three years as a STARFlight flight paramedic, joined the Bureau of Emergency Management in March as program administrator of the EMS for Children program. She has a bachelor's degree in psychology from The University of Texas at Austin, and an associate's degree in paramedic technology from Austin Community College.

VanMeurs' plans include developing pediatric internships for prehospital instructors; presenting pediatric emergency care courses and an interactive video for rural EMS providers; and offering instructor programs for instructors with a specialty interest in pediatrics. She and her staff will develop courses in pediatric emergency care for nurses and physicians who work in rural facilities. Program objectives aimed at preventing child injuries include a poison public education campaign, developing materials for low income or illiterate parents, and using Ready Teddy as a child safety spokesbear in television announcements and education videos.

- Alana S. Mallard



For information on the EMS for Children Program contact VanMeurs at (512) 458-7550 or Texas Department of Health, Bureau of Emergency Management, 1100 West 49th Street, Austin, Texas 78756.

Did you read...

By Kelly D. Daigle

Infection with HIV, which causes AIDS, has been listed for the first time as a leading cause of death in Texas, according to the Bureau of HIV and STD Control of the Texas Department of Health.

Texas has one of the largest elderly populations in the US. In 1989, the Texas State Data Center estimated that approximately one in ten residents was 65 years or older. By the year 2030, one in four people will be age sixty or older.

Infection with HIV, which causes AIDS, has been listed for the first time as a leading cause of death in Texas, according to the Bureau of HIV and STD Control of the Texas Department of Health. HIV-related death replaced cirrhosis of the liver as the tenth leading cause of death. In 1990, 1,836 Texans died as a result of HIV infection, an increase of 314 over 1989. For the nation, HIV infection was listed as the 11th leading cause of death for 1989 and 1990.

The first nine leading causes of death in Texas have not changed. Heart disease tops the list, followed by cancer, cerebrovascular disease, and accidents. Fifth on the list is chronic obstructive pulmonary diseases and allied conditions, with pneumonia and influenza, diabetes mellitus, homicide, and suicide ranking above death due to HIV infection.

The statistics are compiled by analyzing death certificates.

(*HIV Prevention News*, Texas Department of Health, HIV Division, Bureau of HIV and STD Control, 1100 W. 49th St., Austin, Texas 78756)

With 17 million residents, Texas can boast of having one of the largest populations of any US state. This also means Texas also has one of the largest elderly populations in the US. In 1989, the Texas State Data Center estimated that approximately one in ten residents was 65 years or older. By the year 2030, one in four people will be age sixty or older, and one in ten people will be older than 85.

For EMS personnel, treating the growing population of older Texans will present special challenges. In 1989 in Texas, falls were the leading cause

of accidental death of people 65 years and above, accounting for more than 33 percent. In the over 80 age group, the figure jumped to 45 percent. Of the injuries, hip fracture, especially in older women, was the most prevalent and that injury was the number one reason for hospital admissions in the US.

(*The Interchange*, Texas Department of Health, Public Health Promotion, 1100 W. 49th Street, Austin, Texas 78756-3199)

The Winter 1992 issue of *Management Focus* outlines new regulations, effective March 6, 1992, affecting the consumption of food and beverage in ambulances. One new OSHA regulation, which involves bloodborne pathogens, prohibits the storage, transportation, or consumption of food in the patient compartment of any ambulance. However, the practical impact of the rule would also prevent crew members from eating or drinking in the cab as well.

To consume food or beverage in the cab of an ambulance after a call, the door between the patient compartment and the cab must be closed, and the employer must have implemented procedures to permit employees to wash up and change clothes prior to entering the cab. Also, no coffee, soda, or candy will be allowed in units between assignments, and smoking and the application of make-up or lip balm will also be restricted.

Recently, under pressure from Congress, OSHA has stepped up enforcement of the rule, and a service is subject to penalties of up to \$70,000 per violation.

Other rules from OSHA, which take effect in May, also affect EMS

systems. They include: a rule requiring an Exposure Control Plan to be in writing and available to employees; a rule requiring employers to provide equipment such as gloves and face shields, and to see that the equipment is used; new rules regarding the handling of contaminated items, such as sharps and laundry; a rule requiring training programs to be offered at no cost to the employee about exposure control, and the selection and use of protective equipment; and a rule requiring employers to keep employee medical records for the duration of employment and for a period of 30 years thereafter.

(*Management Focus*, Fitch and Associates, Inc., 303 Marshall Road, Box 170, Platte City, Missouri, 64079-0170)

The OSHA regulations detailed in the January 1992 edition of *Emergency Medical Services* require all health-care employees -- including EMS personnel -- to have follow-up procedures for HBV and HIV exposures as part of their infection-control programs. For EMS agencies, this means a post-exposure management system must be in place immediately. And OSHA also now requires employers to provide free HBV vaccinations to all at-risk employees.

The magazine also details the Ryan White Law, which encompasses protocols for exposures to airborne and bloodborne diseases. The law also sets a formal time frame for notification and followup: 48 hours for most exposures, although some, such as bacterial meningitis, are set at 24 hours.

Also, the law will require all EMS agencies to appoint an infection-control officer to assist with exposure notification and reporting, and documentation of medical followup. This officer

should maintain a complete reference file on appropriate medical follow-up for every communicable disease. The file will serve as a basis for training, compliance monitoring and quality assurance.

(*Emergency Medical Services*, 7628 Densmore Avenue, Van Nuys, California, 91406)

Texas EMS Magazine will cover the new OSHA regulation in more detail next month.

The February 1992 issue of the *Journal of Emergency Medical Services* reports that the presence of guns in a household is linked with an increased risk of suicide among adolescents. The article quotes a paper published in the *Journal of the American Medical Association*, which says that in the past 25 years suicides have increased threefold in adolescents. The authors of the JAMA paper believe the availability of handguns may play a role. They found that suicide victims were twice as likely to have had guns in the home than were the suicide attempters or patients with a psychiatric history or diagnoses. (*Journal of Emergency Medical Services*, 1947 Camino Vida Roble, Suite 200, Carlsbad, Calif., 92008, 619/431-9797)

And the December issue of *Emergency Medical Services for Children News* lists another disturbing statistic about teenage suicide: each year, three to four children die each day from self-inflicted gunshot wounds. According to the Center for Disease Control, 27.3 percent of students in grades 9 to 12 are thinking seriously about attempting suicide, 16.3 percent report making specific plans, and 8.3 percent actually attempt it. (*EMSC News*, 1001 W. Carlson St., Suite S, Torrance, California, 90502, 310/328-0720)

One new OSHA regulation, which involves bloodborne pathogens, prohibits the storage, transportation, or consumption of food in the patient compartment of any ambulance.

The law will require all EMS agencies to appoint an infection-control officer to assist with exposure notification and reporting, and documentation of medical followup.

Citations used with permission.

*The more people who know
about it, the more people
will come*

Publicity: make it an important part of your formula

By Kelly D. Daigle

For many emergency services, fundraising is a way of life. And if you've ever put together a fish fry, carnival, or other money maker, you know how important it is to publicize your event. The formula is simple: the more people who know about it, the more people will come, and the more money in your coffers to buy equipment!

Mass media, such as newspapers, radio and television, are many times the most efficient way to get the word out. Best of all, if you are non-profit, most of your publicity can be absolutely free.

There are three common types of publicity: the press release, the written public service announcement, or PSA, and the videotaped PSA. For most groups, the first two are the only alternatives as a videotaped PSA can be quite expensive to produce.

The press release is an advance story about your event. It can be run in full in a newspaper, or be digested into a listings column. A PSA is a very short paragraph of information about your event which can be read over the radio in just a few seconds. Newspapers should receive a press release, and radio stations, a press release and a PSA. Television stations should be sent a press release in case they want to cover the story the day of the event.

Most newspapers, radio and television stations are tickled to get information from non-profit groups about upcoming events. As a former editor of a semi-weekly newspaper, I would often receive information

from non-profit groups I wanted to use. But for one reason or another - either it arrived too late, or there was no contact phone number listed -- I didn't print it. However, if you follow these few basic rules, your chance of getting free publicity greatly increases.

Begin early. Send out press releases and public service announcements at least three to four weeks prior to your event. Newspapers, especially weekly papers, or regional editions of papers, have very early deadlines. For the fundraising person, this means that the publicity planning must begin six to eight weeks before the event.

KISS -- Keep it simple and short. In press releases and public service announcements, use plain language and in the first paragraph, state what the event is, and the time, date, and place. A press release should rarely exceed one or two pages; a public service announcement only needs a few paragraphs. Include the price of advance tickets, and the price of tickets at the door.

Make it professional. Type your information and double space it, and always include a daytime phone number of someone who can be contacted. There is nothing more frustrating for a media person than to have a good press release, and to have no one to call for more information. Or worse, a phone number that no one answers in the daytime. Also, press releases should be on light or white paper only as darker-colored papers can be hard to read. If possible, address the

Kelly D. Daigle, formerly an editor with the Round Rock Leader, joined the Bureau of Emergency Management as a staff writer for Texas EMS Magazine. She'll write about her visit with the New Braunfels Fire Department EMS in the May issue.

information to the editor, or entertainment/listings editor. When I was with the newspaper, I was impressed with organizations who took the time to find out basic information about who they were mailing to.

Mail to all the media in your area. Remember that people are more mobile these days and often take weekend trips in lieu of longer vacations. Include in your mailing list any town which is within a two to three hour drive. Texas Press Association has a list of all the newspapers in Texas and their addresses available for \$30. (Texas Press Association, 718 W. 5th St., Austin, Texas 78701 512/477-6755.) And the Texas Association of Broadcasters has a list of broadcasters available for \$3. (Texas Association of Broadcasters, 1907 N. Lamar, Suite 300, Austin, Texas 78705, 512/322-9944.) If that seems a bit expensive, contact your local newspaper, and radio and television stations to see if they have a list you could borrow. Most professional media are members of one of the organizations. Also, the Texas Department of Transportation publishes a free, quarterly listing of events around the state. One warning: the information must be submitted well in advance. The deadline for the Sept./Oct./Nov. issue is June 1. The book is mailed to anyone who requests it. (Texas Department of Transportation, Ann Kelton, Texas Events Calendar, PO Box 5000, Austin, Texas, 78763, 512-467-3720.)

Call the people you mail to a week later. The old squeaky wheel and grease rule applies here. Newspapers and broadcasters receive literally hundreds of press releases and public service announcements each month. To make your event stand out, call each organization you mailed information. This lets them know that you represent an active, interested organization, and gives them the opportunity to ask any questions.

The simple truth: media organizations rely on groups like yours to send them information about what is happening in your community, and with your organization. If you play by their rules, and make it as simple for them as possible, you are almost guaranteed a successful publicity effort.

Do you need help in establishing a 501(c)3 organization or getting tax-exempt status for your organization? Is your financial situation such that you are considering charging for services? Are you thinking about developing a subscription program?

The *Texas EMS Management Guide* is available to assist you. Just call (512) 458-7550 or write to:

Steve Hosford, EMS Management Specialist
 EMS/Trauma Systems Development Program
 Texas Department of Health
 1100 West 49th Street
 Austin, Texas 78756

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The information in this section is intended to provide public notice of disciplinary action by the Texas Department of Health and the Bureau of Emergency Management and is not intended to reflect the specific findings of either entity. This information may not reflect any number of factors including, but not limited to, the severity of harm to a patient, any mitigating factors, or a certificant's disciplinary history. This listing is not intended as a guide to the level of sanctions appropriate for a particular act of misconduct.

For information, contact the Bureau's Chief Investigator Vic Dwyer at (512) 458-7550.

Bird, Tamara C., El Paso, Texas. Revocation of EMT certification. EMS Rule 157.51 conviction of felony while certified.

Cantor, Dana A., Harker Heights, Texas. Revocation of EMT certification. EMS rule 157.51 (a)(4)(J), conviction of misdemeanor while certified.

Charanza, Paula, Wallis, Texas. Revocation of EMS certification. EMS rule 157.51, conviction of misdemeanor while certified and interference with EMS personnel.

Felps, Sam Bob, Menard, Texas. Denial of EMT certification; hearing held. EMS rule 157.44, felon applying for certification.

* **Flesher Ambulance Service**, Van Alstyne, Texas. Eighteen months probation of suspension of provider license effective March 10, 1992. Violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

Flores, Jose Alfredo, Laredo, Texas. Revocation of EMT-Paramedic certification. EMS Rule 157.51 (a)(4)(E) and (S), jeopardize health and safety of patient.

Freeport Fire Department, Freeport, Texas. Eighteen-month probation of provider license effective through May, 1993. Health and Safety Code, Chapter 773.050, failure to staff emergency medical services vehicle with at least two certified personnel.

Haynes, Danny H., North Richland Hills, Texas. Emergency suspension of paramedic certification. EMS Rule 157.45, failure to pass and retest for recertification.

* **Heartbeat EMS**, Del Valle, Texas. Three-month suspension of provider license effective January 31, 1992. Violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

* **Hood, Arthur J.**, Houston, Texas. Suspension of EMT-Basic certification for 6-month period effective March 9, 1992. EMS Rule 157.51 (a)(4)(k), practicing beyond the scope of certification without medical direction.

Koerth, Melvin Lee, Iowa Park, Texas. Suspension of EMT certification for 12 months through December, 1992. EMS rule 157.51, failure to report conviction on certification application.

Lively, Lois G., El Dorado, Texas. Revocation of EMT-Intermediate certification. EMS rule 157.51, obtaining certification through misrepresentation of ambulance internship.

Malkan, Pradip C., Houston, Texas. Emergency suspension of EMT certification, EMS Rule 157.45, failure to pass exam and retest for recertification.

* **Mochman, Daryl**, Pittsburg, Texas. Revocation of EMT-Paramedic certification and one-year probation of EMT-Intermediate certification effective February 19, 1992, EMS rule 157.51 (a)(4) I, obtaining certification by fraud, forgery, deception or misrepresentation.

Nolte, Randy, Winters, Texas. Revocation of EMT-Paramedic certification. EMS rule 157.51, convicted of felony while certified.

* **Payne, Jerry Lee**, San Antonio, Texas. Revocation of EMT-Basic certification. EMS rule 157.51 (a)(4)(c), represent that he is qualified at higher level than current certification and 157.51 (a)(4)(E), possession of altered EMS certificate.

Reynolds, Donald W., Pittsburg, Texas. Emergency suspension of Paramedic certification. EMS rule 157.51, (a)(4)(A),(D),(I),(K),(N),(Q) and (S).

* **Sinton Area Volunteer Emergency Service (S.A.V.E.S.)**, Sinton, Texas. \$250 administrative penalty for violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

Young, Michael, San Angelo, Texas. Six-month probation of paramedic certification through May, 1992. EMS rule 157.51, assisting another to gain certification through misrepresentation.

* These listings are new this issue. Denials and revocations will be printed in three consecutive issues. Suspensions and probated suspensions will be printed until suspension or probation expires.

April 25, 1992, **Haz-Mat Recognition and Identification Class.** Texarkana College. 903/838-4541 ext. 270.

April 24-25, 1992, **Trauma-The Twentieth Century Epidemic: Critical Decisions - Are We Thinking?** Colorado Springs, CO. 719/636-8800.

April 24-25, 1992, **Tri-State Trauma Symposium.** Amarillo, Texas. 806/371-5091.

April 25-26, 1992, **Basic Vertical Rescue.** Fire Commission approved. All equipment provided except leather gloves. \$75, Renee Michalski at MCC, Waco. 817/750-3512.

April 30, 1992, **Neurological Update '92.** Current issues and advanced techniques in the treatment of head and spinal cord injuries. Texarkana College. 903/838-4541 ext. 270.

May 1, 1992, **Orthopedic Update '92.** Benefits health care professionals responsible for the care of patients with orthopedic problems. Texarkana College. 903/838-4541 ext. 270.

May 6-8, 1992, **American Trauma Society's 19th Annual Meeting and Educational Symposium.** McLean, VA. American Trauma Society, 8903 Presidential Parkway, Suite 512, Upper Marlboro, MD 20772.

May 7-9, 1992, **EMS Expo '92.** CMC Registration Department, 200 Connecticut Avenue, Norwalk, CT 06856-4990. 800/243-3238.

May 10-16, 1992, **EMS Week.** Sponsored by Texas Department of Health and ACEP, contact Alana Mallard. 512/458-7550.

May 15, 1992, **Emergency Medicine Update '92.** Beaumont Plaza, Holiday Inn. Greg Smith 409/899-7888.

May 16-17, 1992, **Preshospital Trauma Life Support (PHTLS).** Texarkana College. 903/838-4541 ext. 270.

May 16-17, 1992, **Basic Vertical Rescue.** Fire Commission approved. All equipment provided except leather gloves. \$75, Renee Michalski at MCC, Waco. 817/750-3512.

May 28, 1992, **Difficult Employee Problems.** Seminar to assist managers and supervisors. Texarkana College. 903/838-4541 ext. 270.

May 28-30, 1992, **Advanced Vertical Rescue.** For graduates of the basic class: ascending, haul systems, rough terrain litter handling, midface loading, cliff work at night. \$130, Renee Michalski at MCC, Waco. 817/750-3512.

June 10-11, 1992, **Tenth Annual Emergency Care Update.** Sponsored by CareFlite Dallas. Arlington, Tx. Hospital and pre-hospital personnel. Robin Beardsley 817/882-4010, 1-800-772-5840 or Louann McGrath 214/944-8143.

June 25-28, 1992, **CISD Training.** Austin. Contact Paul Tabor 512/458-7550 for details.

July 24, 1992, **Inviting Success.** Image building. Texarkana College. 903/838-4541 ext. 270.

July 16-18, 1992 **Team Rescue,** Holiday Inn, Virginia Beach, VA. 619/8088.

July 30-August 1, 1992, **Eighth Annual Colorado Trauma Symposium,** Breckenridge, CO. Contact The Colorado Trauma Institute, 777 Bannock Street, 3rd Floor W, Denver, CO 80204. 303/893-6266.

August 5-7, 1992, **Oklahoma Public Fire Education Conference.** Tulsa, OK. 918/493-7000.

September 12-16, 1992, **Imagine Tomorrow.** International Association of Fire Chiefs', 119th conference, Anaheim CA. Timothy Butters 202/833-3420.

November 23-25, 1992, **Texas EMS Conference '92.** Austin, Texas. Hyatt Regency, Palmer Auditorium. \$50 registration fee, \$450 exhibitor fee. Contact Kelly Daigle for information at 512/458-7550.

Communications Specialist/Dispatcher: CareFlite of Dallas accepting applications for communications specialist. Texas registered EMT with experience in Dallas area. 214/944-8558 or apply at 1401 Stemmons Ave., Dallas, TX 75265.

Paramedics: Galveston EMS. 9-1-1 MICU. Advanced protocols. \$20,220 after 6 mo. for EMT-P with experience. S. Atwell, PO Box 838, Galveston, TX 77553. 409/766-2144.

Paramedic: Certified as paramedic at least 5 years. Experience in field of ALS or MICU. State certified instructor preferred. Resume: Edinburg EMS, Noe Ramon, 720 N 12th, Edinburg, TX 78539.

EMS Administrative Director: Operational management of ALS service, Orange County, TX. Interaction with board of directors, healthcare and public organizations. Communication/marketing skills needed. Accomplishments, salary history and professional experience to Jamiel Yamen, Fitch & Assoc., 303 Marshall Rd., Box 170, Platte City, MO 64078-0170. 816/431-2600. (12)

EMT-I/Paramedic: TX Dept. of Corrections. \$1654/mo. Texas certification EMT-I/Paramedic. TDC, Box 99, Personnel, Huntsville, TX 77342. 409/291-4029.

Executive Director: Volunteer EMS in Harris County, Texas. Manage operations. \$25K(+). Resume (mark confidential) E. Ortega, P.O. Box 2521, 3752, Houston, TX 77252-2521.

Flight nurses and paramedics: Immediate opening for part-time, on-call, experienced Flight Medics in Houston, Dallas and Austin. ACLS certified; 2 years critical care/ICU/CCU experience; bilingual; previous flight experience. \$18-\$25/hour. Resume: Mark Monte Mitchell, MD, Air Ambulance America, P.O. Box 4051, Austin, TX 78765.

Paramedics: Hi-Tech Stat Ambulance service. Full-time openings on 24-hour units. ER & fluid pump experience helpful. \$20K starting. Jim Becka, 713/790-9002.

Director: Rural south Texas area. Managerial experience preferred. Strong interpersonal skills essential. Send resume to: Administration, 1400 S. St. Marys, Falfurrias, TX 78355.

Instructor/Coordinator: Bachelors degree preferred. National and state-certified paramedic; ACLS; EMS coordinator and instructor certification. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

Instructor: Health occupations class for Los Fresnos High School Juniors/Seniors. Must be licensed health care professional. Bachelor degree required. Some teaching experience is preferred. Contact Alfredo C. Zamora, Texas Southmost College, Personnel Director, 80 Fort Brown, Brownsville, TX 78520.

EMS Positions: EMS Employment Newsletter. Lists jobs in CA, TX, OH, partial list in other states. \$7 for 3 issues. PO Box 51924, Pacific Grove, CA 93950. (12)

Paramedic: Mature person to work a hospital-based EMS system. Good pay and benefits. Contact Mike Gilbert, Fisher County Hospital, Rotan, TX. 915/735-2256. (12)

EMS Instructors: City of Corpus Christi. ACLS, CPR and Texas EMS advanced Instructors certification required. Resume: Human Resources Dept., PO Box 9277, Corpus Christi, TX 78469. 512/880-3303.

EMT and/or Paramedics: Positions available Medi-Trans Ambulance, San Antonio, TX. Call 512/924-2197. FAX 512/923-7636. (4)

For Sale: Midland LMR radio, 16 CH, programmable; new charger. \$375. 903/785-0370. (3)

For Sale: 1982 Braun Type II high top. Priced for quick sale, \$6,000. Steve, 409/755-4068. (4)

For Sale: Several GE MVP mobile radios. VHF-LO (46.360). Taken out of service 5 years ago. Like new. Make offer. 409/755-4068. (4)

For Sale: Ambulance Type I, II and III. Good to excellent condition. '87 Road Rescue Type III Supermedic, 38 K miles \$27,500; '86 Road Rescue Promedic Type III, 69K miles, \$21,000; '87 Wheeled Coach Type III, 87K miles \$17,500. Road Rescue Emergency Vehicles. 214/602-1400.

When only the Best will do



Dr. Ron McMurry, a physician and a pilot, was happy to pick the pediatric transplant patient up in Abilene and fly her to Dallas. He requested that a paramedic accompany him as he wasn't sure of the girl's condition. Richard volunteered.

McMurry gives the credit to Richard. "By agreeing to go with me, he really made it possible," says McMurry.

EMS personnel are used to making sacrifices, but Richard Best thought he was beyond that when he left Austin EMS a few years ago to complete a master's degree and then go on to work at the health department.

But medical emergencies rarely wait, even for the last night of the bureau's bowling league.

Last February, Children's Medical Center in Dallas sent out a desperate call for transportation for a pediatric transplant patient in Abilene who was thought to be rejecting her second liver. Through the Children's Transplant Association, a group who arranges travel for ill children, the medical center contacted Dr. Ron McMurry, a physician and pilot from Jasper who was attending a committee meeting at the health department just downstairs from the Bureau of Emergency Management.

Although McMurry was happy to pick the girl up in Abilene and fly her to Dallas, he requested that a paramedic accompany him as he wasn't sure of the girl's condition.

In stepped Richard, who volunteered to give up his last night of bowling league to go.

"It was the last night of bowling... and I was planning to bowl a big game," says Richard. "(But) I wanted to do it."

The pair flew the 4-year-old girl to Dallas, and then turned back for Austin.

"Going was not a problem for me," says Richard. "Dr. McMurry was so good about it. He took his own time and his

own expense to fly her to Dallas, fly me back to Austin, and then fly back home to Jasper."

McMurry gives the credit to Richard.

"By agreeing to go with me, he really made it possible," says McMurry.

Back at the office, Richard works in the EMS Certification Program, putting together exams with the help of the Certification Review Committee. The Committee, which is made up of medical directors and paramedic educators, works to review all the questions in the exam database.

"Since they first started over two years ago, they've ... thrown out all the bad (questions)," says Richard, "and started writing newer questions which are more occupationally relevant and are more scenario based."

With help from the committee, Richard has also been working on a new blueprint for the paramedic exam, which goes into effect April 16. Richard uses four different blueprints to pull questions from four databases for the 14 exams he creates each year.

Richard became interested in EMS in his last year of undergraduate school at the University of Texas, where he studied physical education and business. After graduation, he went to work for a private ambulance service as an EMT-I, and then as an EMT and a paramedic for the City of Austin, where he stayed for more than three years. He began his career with Texas Department of Health last year after he graduated with a master's degree in kinesiology from UT.

When he is not putting together exams or flying off to Abilene to pick up a patient, Richard enjoys playing sports, especially volleyball, softball and of course, bowling. Although his average on the Bureau's bowling team was 162, he won the award for highest game for bowling a whopping 225.

"I love any kind of sports," says Richard. "If I'm not playing it, I'm watching it on television."

He and his wife Renee live in Austin.

If you have questions about the database questions or the blueprint for exams, call Richard at (512) 458-7550.

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