

Texas EMS

M a g a z i n e

**EMS helps Texas reduce
traffic deaths page 3**

**Brenham blast resembles
tornado, fire page 8**

**It's Conference time
again, with patient care
first page 13**

**Nocona, Saint Jo, Pan-
handle get TDH grant
visits page 30**

About this issue



COVER PHOTO: EMS responders deal with fires, blasted homes, blocked roads, burn and trauma victims. Photo by Arthur Hahn, Brenham Banner Press.

- 3 **Congratulations, Texas EMS** DPS director credits EMS with lower traffic death rates *Letter from James R. Wilson*
- 8 **Brenham Blast Kills 3** April 7 explosion calls for responses from local, state, federal agencies *By Melissa Ludwig Haussecker*
- 13 **Texas EMS Conference '92** Now's the time to send in your \$50 registration, nominate an award winner, enter a prize photograph, or reserve a \$450 exhibitor booth.
- 18 **Bloodborne Pathogens** How the new OSHA rule affects every Texas EMS provider *By Kelly D. Daigle*
- 24 **Water Safety** Texas summers mean water, water, water and watch out for the children *By Pauline VanMeurs*
- 30 **Nocona, Saint Jo, Panhandle EMS** Local EMS projects around the state *By Alana S. Mallard*

Departments

Local and Regional EMS News	4
Medic Alert	17
Did You Read...	26
CISD	28
Disciplinary Actions	32
Letters	33
Calendar	35
Bureau Profile	Back Cover

Texas EMS

M a g a z i n e

June 1992

Vol. 13 No. 5

Texas Department of Health

Ron J. Anderson, MD
Chair, Texas Board of Health

David R. Smith, MD
Commissioner of Health

Bureau of Emergency Management

Gene Weatherall, Bureau Chief

Magazine Staff

Alana S. Mallard Editor
Jan Brizendine Production and Design
Kelly D. Daigle Information Specialist

Editorial Review Board

Debbie Bradford Paul Tabor
Ted Chinn Pam West
Jerry Lester Jim Zukowski

Texas EMS Magazine (ISSN 1048-8235) is published February, March, April, May, June, July, August, September, October, 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 Magazine* 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 subscription, write to *Texas EMS Magazine* 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 Magazine*, 1100 W. 49th Street, Austin, Texas 78756.

DPS credits EMS with reducing traffic deaths

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N LAMAR BLVD BOX 4087 AUSTIN TX 78773-0001
512/465-2000



JAMES R. WILSON
DIRECTOR

DUDLEY M. THOMAS
ASST. DIRECTOR

March 18, 1992



COMMISSION
ROBERT B. HOLT
CHAIRMAN
CALVIN R. GUEST
ALBERT B. ALKEK
COMMISSIONERS

Chief Gene Weatherall
Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Dear Chief Weatherall:

Our final count of traffic deaths in 1991 reflects another year in which traffic deaths decreased. This decrease was accomplished even while the totals of vehicular miles traveled, traffic accidents, and traffic accident injuries were on the increase.

We know that enforcement of the traffic laws, with particular emphasis on speeding and drinking drivers, increased safety belt use, and motorcycle helmet mandates contributed to the lower death rate. We are also aware of, and appreciate, the significant role the emergency medical services community throughout the state plays in this reduction.

Please convey our best wishes and sincere thanks to the emergency medical services providers in Texas.

Sincerely,

A handwritten signature in cursive script that reads "James R. Wilson".

James R. Wilson
Director

JRW:jts

COURTESY • SERVICE • PROTECTION

Good work, Texas EMS

Local and Regional EMS News

What is happening in your area?

Let us know!
Are you planning a fund-raising fish fry or carnival?
A training class?
Do you have new people on board?
Elected new officers?

Send your news to:

Texas EMS Magazine
Alana S. Mallard, Editor
Bureau of Emergency Management
1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7550

Spotlight on ... Region 1

Public Health Region 1 covers 30 counties in the Central Texas area and in 1991 had a total population of 1,760,924. The largest county by population is Travis, with 584,682 residents. According to April 15 data, Public Health Region 1 has 103 EMS services: 91 capable of basic life support, three capable of advanced, and nine with MICU capabilities. Of services with MICUs, Bell county has three, Travis county has two, and McLennan, Hays, Brazos, and Washington counties each have one.

The region boasts of 5,902 people certified as EMS personnel as of March 26. Of that number, 1,868 were certified as ECAs, 3,088 as EMTs, 243 as EMT-Is, and 703 as paramedics. There are also 75 course coordinators, 88 instructors, and 112 examiners in the region. Charles Webb, MD, is the regional

director; Rod Dennison is the EMS program administrator.

Houston EMS director first at crash scene

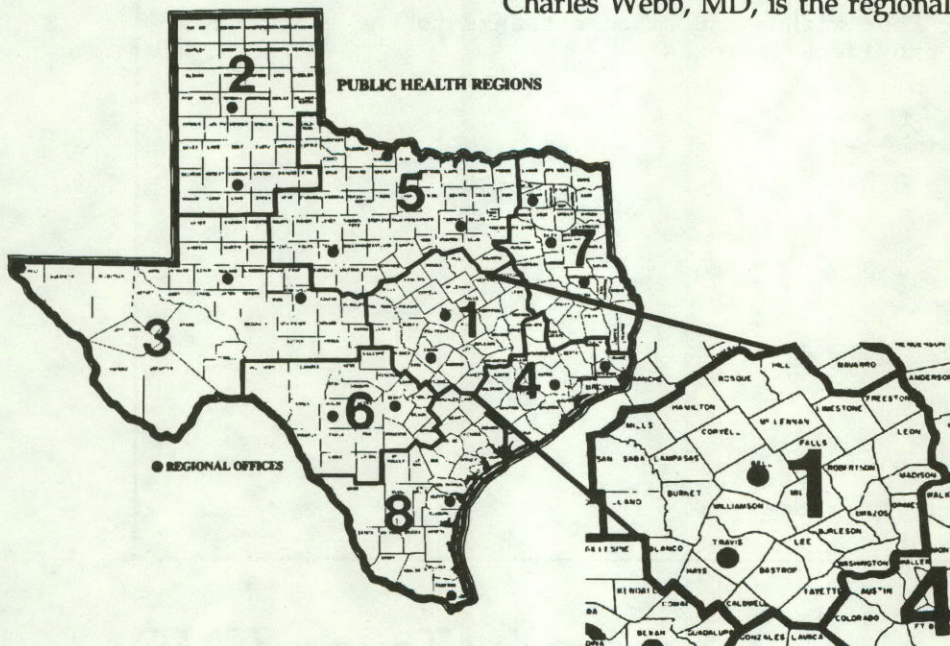
The place: New York City. The scene: A USAir jet has just crashed on takeoff at LaGuardia Airport. The first doctor to arrive: Paul Pepe, medical director of Houston Fire Department EMS. Huh?

In a profile published in the April 6 edition of the *Houston Post*, Pepe explains that he just happened to be in New York, riding the streets in an ambulance. By chance, he chose the one that would be first to arrive at LaGuardia.

"That," he says in the article, "was not planned. I've been lucky. Call it the Luck of the Irish. I can thank my mother for that."

Most nights, though, Pepe cruises around Houston in his red 1985 Ford Crown Victoria, responding to calls, or takes care of patients at Ben Taub Emergency Trauma Center. Since 1982, when he arrived, the department has seen a tremendous improvement in its response time. Paramedics and firefighters now answer first priority calls in less than five minutes.

But Pepe also maintains a full life outside EMS, according to the profile. He enjoys traveling, and has been to every continent except Antarctica. He has climbed Mount Kilimanjaro and walked the Great



Local and Regional EMS News

Wall of China. His wife, Linda, is a news producer at KHOU-TV in Houston.

New video stars rise over Harlingen

KGBT-TV in Harlingen recently produced a public service announcement starring Harlingen EMS. The television station produced the five-minute video to make the public aware of the many facets of EMS services.

The system, which covers all of Cameron County, answers about 36,000 calls a year – about 100 a day. The \$1.3 million budget is covered half by fee charges, and half by taxes. Taxes cost each person in the county about \$5.17 a year.

The video is shown on television stations, and is part of EMS education for schools, health fairs, job fairs, and civic groups. EMS personnel wrote the script based on the questions most asked about EMS.

"The video will be shown to 20,000 people this year," said Bill Aston, director of Harlingen EMS, adding that the video is updated each year.

In addition, as part of a matching grant program with a television station, Harlingen EMS is able to buy air time to show all or part of the video during newscasts, football games, and popular television shows.

San Saba elects new officers

San Saba EMS recently elected new officers. The final vote was Howard Ruddick, president; Barbara Gilger, vice president; Sandra Deans, secretary; and Jean Sowers, treasurer. Directors elected include Kevin Keeney, Janet Hoyt, and Chee Chee Brockman.

In the just-for-information department, San Saba EMS kept busy in February, making 54 runs in three ambulances. The units traveled a total of 3,200 miles for an average of 65.8 miles per run. The information comes from the San Saba County EMS newsletter, called *Code 3*.

And speaking of newsletters ...

Medstar in Fort Worth publishes a biweekly newsletter for its corps. Called the *Medstar Bulletin*, it covers news about the service, including shifts available and a suggestion column – with answers from management. But the best part is the "kudos" column. Medstar has recently begun a new procedure in which patients are called after they use Medstar. The best comments – with medics' names – are printed. That's a real pat on the back for folks who deserve it.



San Saba Volunteer EMS officers include (back, from left) Howard Ruddick, president; Sandra Deans, secretary; Jean Sowers, treasurer; Kevin Keeney, board member; (front, from the left) Janet Hoyt, board member; Chee Chee Brockman, board member; and Barbara Gilger, vice president.

Local and Regional EMS News



Servando Garcia talks with Ready Teddy at the Benavides Community Center. Ready spoke to a group of older citizens about safety as well as making the usual visits to younger bear fans.

Ready Teddy discovers long-lost relatives

Harlingen EMS will be home to another Ready Teddy, the Texas EMS mascot and spokesanimal for child safety and EMS awareness. The service decided recently to purchase a Ready Teddy suit.

"The bear has been very successful in educating the kids about safety," said Jay Garner, EMS program administrator for Region 8. "They were getting so many requests they decided to get their own."

The Ready Teddy suit, a copyrighted design, must be ordered through the Department of Health and costs about \$500. This ensures that all bear suits will be alike.

Two educator groups in the Valley region are also considering the purchase of one bear to be shared by both groups.

... and makes an unusual visit in April

Although there were Ready Teddy sightings all over the state

in April, from Presidio to Groesbeck, the most unusual visit was probably to a group of senior citizens in Benavides. Servando Garcia, an EMT in Benavides, explained why Ready needed to make the visit to the community center.

"Sixty percent of our people in Benavides are elderly," he said. "We don't have a nursing home, so they call us."

Both young and the not-so-young enjoyed the furry guest.

Goldthwaite gets long distance pat on the back

Mills County EMS recently responded to a call involving a 71-year-old man from Blum who had collapsed after attending a funeral. A bystander began CPR, and the ambulance arrived in two minutes and converted the patient to a rhythm. After a 40-mile ride to Brownwood, the patient was taken by CareFlight to Fort Worth, where he stayed in ICU. He was released with only minor damage to his heart.

The man's wife wrote a letter

to the editor of the *Goldthwaite Eagle* thanking EMS for their "superior care of my husband ... we were ... truly blessed to happen to be in a town with such skilled paramedics."

Norman Atha, director of Mills County EMS, says that credit also needs to be given to the bystander, Stefan Jones, who was willing to help a stranger, and provide a vital link in the patient's survival.

Fire association awards scholarships to students

The Friendship Veterans Fire Engine Association of Alexandria, Virginia, has announced the winners in their annual scholarship competition. Although no one from Texas received a scholarship this year, the contest is open to career or volunteer fire personnel pursuing courses at accredited colleges, including community colleges, and universities that offer degree programs in fire science.

This year's winners of \$500 checks for school expenses are: Firefighter Peter Kertzle, Buffalo,

Local and Regional EMS News

(New York) Fire Department; Captain R. Thomas Rohrer, Alexandria (Virginia) Fire Department; EMT/firefighter Lori Lynn Leisen, Decatur Township (Indiana) Fire Department; and student Samuel Villani III, Ocean City (Maryland) Fire Department.

To apply for next year's awards contact Bill Kehae, 107 South Alfred Street, Alexandria, Virginia, (703) 751-6416.

EMS honored during Volunteer Month

In honor of Volunteer Month in April, all EMS services in Public Health Region 6 received certificates of appreciation.

"Often, these individuals are overlooked in the day-to-day flow of life," said Lee Sweeten, EMS program administrator. "Yet almost 11 million volunteer hours per year, with an estimated savings to the taxpayers of 75

million dollars, are given so that an ambulance with trained personnel is available to respond to emergencies."

The Region 6 office awarded 28 certificates during the month.

Washington County EMS responds to explosion

Brenham EMS made national news recently as they were first responders to the tragic gas explosion near Brenham April 7. The blast killed a six-year-old boy, fatally injured two adults, and left many others hurt.

Ron Haussecker, EMS director, says that 13 EMS personnel responded to the explosion, which happened during a shift change.

"It was so loud and so heavy, there was no question about it," said Haussecker, who was getting ready for work at the time of the explosion. "They just loaded up and headed out there."

Ron's account of the incident begins on page 8.

Region 2 plans provider seminar

Public Health Region 2 plans an EMS Provider Seminar from 9 am to 4 pm July 11 at the Texas Department of Health office, 1109 Kemper Street in Lubbock. The seminar is free to any firm in Public Health Region 2.

The seminar will include presentations on the EMS firm licensing process, proposed EMS rules and regulations, unannounced spot inspections, the annual run response summary, and a demonstration of TEXEMS software. Firms with licenses expiring on September 30, 1992, should be particularly interested in the meeting.

Call the regional office at (806) 744-3577 by July 8 to reserve your place.



In honor of Volunteer Appreciation Week in April, Lee Sweeten, left, delivers a certificate of appreciation to Frio Canyon EMS in Leakey. With Sweeten are Dianne Rogers, training coordinator of Frio Canyon EMS, and Glenn Bradley, president.

Emergency medical services from Washington county and Austin county lead response

Brenham Blast Kills 3

By Melissa Ludwig Haussecker

WASHINGTON COUNTY WAS BLOWN out of its bed April 7 when an explosion at a salt dome gas storage facility rocked the countryside at 7:06 am, killing one child outright and injuring 22 people. By the end of the week, two critically burned victims also died from their injuries. ■ Ron Haussecker, director of Brenham-based Washington County EMS and emergency management coordinator for the county, was still at home north of Brenham discussing with his wife plans for that Tuesday when the massive blast rocked their brick home. The explosion, coming from the south, caused the south wall of their home to move, windows to rattle and strain. ■ Melissa Haussecker ran for the nearest window to

see if the truckstop or fuel depot behind their home had exploded. "Get away from the window," Ron yelled to his wife. "You don't know what's out there!" As the Hausseckers' teenage son and their niece stumbled into the couple's bedroom, everyone wondered aloud about the explosion. Did it involve only their immediate area? Was it something bigger, much more horrible? They had no way of knowing that as far away as Houston, 70 miles to the southeast, people wondered the same thing.

Ron Haussecker threw on his EMS uniform, grabbed his communications gear, and told Melissa to call Donna Gomez, Washington county's assistant EMS director, to have her order an

immediate recall of all EMS personnel.

At first Melissa Haussecker was dazed as she tried to understand the situation. Just how bad could it be to warrant a recall? And how could her husband evaluate the seriousness of the situation so quickly? Their voices shook as Melissa Haussecker and Gomez talked by telephone. As soon as Gomez cleared the line, the telephone rang.

Everyone wondered aloud about the explosion. Did it involve only their immediate area? Was it something bigger, much more horrible?

Paramedic Tim Wagers called to let Brenham's EMS chief know that his crew was responding to an explosion off FM 109, a farm-to-market road in the southwestern part of the county. Wagers voice shook, too.

As Ron Haussecker left his home and raced south toward town and the explosion, his instinct and training told him to expect the worst. That instinct and training, developed by a stint in crash rescue in the Air Force, work in Texas oilfields as a youth, and many

years in EMS, quickly drew a horrifying picture that his mind did not want to see.

Topping a hill, Haussecker saw a large, pink, mushroom-shaped cloud rising to the south. The cloud confirmed his fears. Flooding the radiowaves of Haussecker's car radio were the voices of dispatchers trying to communicate with their officers and of officers trying to determine the exact source of the explosion. "It's the salt dome" drew emergency crews to a location just off FM 109 on Oilfield Road near the community of Wesley, 6 miles southwest of Brenham. Here, an underground salt dome serves as a storage facility for liquified petroleum gas.

Haussecker followed a Texas Department of Public Safety trooper to the explosion site and a half-mile out saw that the blast force and fire had devastated almost everything in a several-mile radius. Calls to Trinity Medical Center, Brenham's 99-bed facility, requesting that the hospital go into its disaster plan and to Washington County Sheriff's Office to request medical helicopters from surrounding areas were Haussecker's last calls of the day on his cellular telephone. Communications lines jammed with over 30,000 calls in the first minute after the explosion.

Looking across a blackened and smokey ravine on Oilfield Road, Haussecker saw medics from two Washington County EMS units working in a totally demolished car that blocked the road through the ravine. A tree on top of the car continued to burn as paramedic Robert Callender and a volunteer firefighter tried to free the last of three occupants from the car. In a driveway near the same ravine, paramedic Tim Wagers worked with two burn victims. The house at the end of the driveway was totally demolished and its residents, dazed and injured,

needed help for their minor wounds.

Haussecker pulled into the driveway to assist Wagers when a firefighter requested medical help for a critically injured woman and small child buried in the rubble of their doublewide mobile

Communications lines jammed with over 30,000 calls in the first minute after the explosion.

home located a half mile away near the fence line of the salt dome. The EMS chief assigned a volunteer EMT from Austin County EMS to help Wagers instead, and Haussecker radioed the sheriff's department for mutual aid from Austin county, which had also suffered explosion damage.

A third Washington County EMS ambulance drove up from the FM 332 side of the blast site and Haussecker directed the crew to the mobile home. Haussecker warned the crew that a vehicle blocked the road and that triage areas would have to be set up on both sides of the ravine. Assistant EMS director Donna Gomez, driving toward the blast site in her private vehicle

Authorities speculate that an auto may have sparked the explosion. Photo by Melissa Ludwig Haussecker.





The blast registered a 4.0 on the Richter Scale, creating piles of rubble where homes once stood. Photo by Lynette Black, Brenham Banner Press.

loaded with medical supplies and burn packs, radioed the chief that additional personnel and vehicles were responding and that the Red Cross was on its way.

The EMS chief and Washington County Sheriff's Department chief Deputy Ken Hughes set up a command post near the ravine on Oilfield Road approximately one mile away. All vehicles, including ambulances, would be dispatched as needed from the staging area.

After the Washington County medics treated the three critically burned victims from the vehicle that blocked Oilfield Road, an Austin County EMS unit received clearance into the area to load and transport two of the victims, a mother and her three-year-old child, to Trinity Medical Center. The third burn victim, the child's grandmother, was transported by Washington County EMS also to Trinity Medical Center. All three victims had second and third degree burns.

Once the vehicle's occupants were transported, a local car dealer brought out his heavy equipment to clear the vehicle from the road. Even then, because of rubble thrown from the blast, traffic could not travel the road.

At the same time the two Washing-

ton County EMS crews worked with the burn victims in the vehicle, another crew made up of paramedics Brett Coghlan, Jaime Garcia, and David Erwin

Ten helicopters and three small planes circled the explosion area.

and EMT Beth Wessinger worked at the demolished mobile home, treating one woman with massive trauma injuries. A justice of the peace was requested at the scene. The woman's six-year-old son had been blown through a wall by the impact of the blast and died.

A Life Flight helicopter from Houston's Hermann Hospital landed at the scene and the Washington County EMS ground crew transferred the seriously injured woman to the helicopter crew for transport directly to Hermann Hospital. Her injuries included serious trauma to her chest, legs, and arms, and a foot and fingers that were partially amputated. At the time that Life Flight received clearance to land at the scene, ten helicopters and three small planes circled the explosion area.

Profile: Washington County EMS

Two pipeline employees at the triage area were treated for minor upper extremity injuries, packaged, and transported to Trinity Medical Center by an ambulance dispatched from the staging area.

As Washington County EMS crews triaged and treated victims of the blast, a third unit staffed by paramedics Dan

Officials would estimate that 150 residences received damage in Washington county, and would set property losses at more than \$4 million.

Zimmerman and Randy Parkison assisted in search and rescue operations. Rescue crews completed a door-to-door search for injury victims and for a preliminary damage assessment. Days later, officials would estimate that 150 residences received damage in Washington county, and would set property losses at more than \$6.5 million. Burleson, Austin, and Harris counties also received damage, according to Red Cross officials.

Trinity Medical Center in Brenham, meanwhile, had received a number of walk-in patients who had minor injuries from the explosion. As many as ten people arrived by private vehicle and by Austin County EMS. The Brenham hospital admitted two patients and transferred the three burn victims from the vehicle to Houston's Hermann Hospital by Life Flight helicopter.

Much of southeastern Texas felt the initial explosion at 7:06 am, and within one hour and 15 minutes, by approximately 8:30 am, medics had located victims and triaged, treated, and transported them to hospital care.

Washington County Judge Dorothy Morgan, briefed at the scene by

- Washington County EMS, based in Brenham, began May 9, 1979 when the local funeral homes decided they would no longer provide emergency medical services.
- The county finances EMS as a third service through taxes and fees.
- County population is 26,000, with 13,000 of that in Brenham.
- The service covers a little more than 700 square miles, which includes all of Washington county and a small part of Fayette county.
- The service makes between 2,200 and 2,400 calls each year.
- Ten full-time and four part-time EMS personnel work 24-on/24-off shifts.
- 12 are EMT-P; two are EMT.
- Four ambulances are stationed at one location.
- Trinity Medical Center in Brenham has a 24-hour emergency room; the medical director is actually a group of three emergency physicians.
- Life Flight from Hermann Hospital in Houston and Austin's STARFlight service the county.

- Ron Haussecker



Back, from left: Paramedics Ron Haussecker, director; David Erwin; Ronald Woelfel; Randy Parkison; Dan Zimmerman; Brett Coghlan, station captain; and Jaime Garcia.

Middle, from left: Beth Wessinger, EMT; paramedics Linda Dobos, station captain; and Donna Gomez, assistant director; Dr. Henry Boehm, medical director, and Dr. Robert Start, medical director.

Front, from left: Paramedics Debbie Hein, Tim Wagers, and Robert Callender, and EMT Ricky Whited.



The explosion site looked as though a tornado accompanied by a fire had raced through the area.

Photo by Arthur Hahn, Brenham Banner Press.

Haussecker and Hughes, requested assistance from other agencies, and throughout the day personnel from dozens of agencies arrived at the scene.

Approximately 300 media representatives from across the state and nation spent three days in the Washington county area.

Houston Police Department provided a helicopter for Haussecker and Washington County Road and Bridge Administrator Erwin Sander to survey the scene for injury victims, property damage, and heavy equipment needs. Texas Department of Public Safety set up a mobile communications center at the blast site and provided dispatchers, traffic control, and security. Railroad Commissioners Lena Guerrero and Bob Krueger, State Senator Jim Turner, and members of the Governor's staff visited the area before day's end.

Federal and state agencies including National Transportation Safety Board, Salvation Army, American Red Cross, Texas Water Commission, U.S. Marshal's Office, and Texas Department of Health's Bureau of Emergency Management provided assistance.

Veterinarians answered requests to treat injured livestock and help dispose of the approximately 75 livestock killed by the explosion. Oilfield

firefighting experts came in to devise a pilot light to burn off the remainder of the gas. Approximately 300 media representatives from across the state and nation spent three days in the Washington county area. Explosion coverage appeared on all national network news programs, on CNN, and in newspapers nationwide, including *USA Today*.

In addition to Washington County EMS and Austin County EMS, eight other emergency medical services responded to the blast area. They remained on standby at the staging area and at Trinity Medical Center. Eighteen law enforcement agencies responded to requests for assistance. Firefighters from Salem, Latium, Brenham, and Industry volunteer fire departments fought eleven fires at the explosion site. Other fire departments remained on standby at the staging area.

Within the first 24 hours of the explosion, the blast claimed one life, 6-year-old Derrick Meinen, and injured 22 others. Forty-six people received treatment for minor injuries from the blast over the next several days. And on April 10, 46-year-old Gloria Diver died at Hermann Hospital in Houston from burns she suffered. The following day, her daughter, Delores Medve, 28, also died. Medve's son, 3-year-old Travis, was released from Hermann Hospital on May 1 and is recovering from his burns. Thirty-year-old Jane Meinen, mother of Derrick Meinen, remains in good condition at Hermann Hospital.

Melissa Ludwig Haussecker, a paramedic, works as an information specialist for Trinity Medical Center in Brenham. She graduated from Texas A&M University with a degree in journalism.



What you should know about the health department's Texas EMS Conference and the 1,200 people who come to Austin to attend it

Paramedics. EMTs. ECAs. Firefighters. Law enforcement. Dispatchers. ER docs and nurses. Volunteers. Educators. Manufacturers. Students. Veterans. Administrators. You name it, EMS comes to Austin for the state's annual EMS conference.

They come for CE and they come to instruct. Some want clinical education and this year they'll get it in Trauma, Medical, and Pediatric tracks.

Some come to learn how to run a system or how to protect themselves. And this year the new EMS Academy track and the Healing the Healer track fills the bill.

And everybody comes for a good time. An inspiring opening session starring Texas lifesavers. Awards luncheon. Golf tournament. Dance Across Texas. Texas' favorite (and future favorite!) vendors.

Be part of it. Come for the classes, come for the fun, and come to meet the

people across the state who put patient care first.

Put November 23-25 at Palmer Auditorium on your calendar now and make your \$55 hotel reservation at the Hyatt (512/477-1234). - *Alara S. Mallard*

REGISTRANT

Texas EMS Conference '92 Registration Form

I'm convinced! Here's my \$50

Date _____ Make check to: **Texas Health Foundation**
 Mail to: **Texas EMS Conference '92**

Enclosed \$ _____ **PO Box 26399**
Austin, Texas 78755-0399

\$50 through 9/1/92
 \$75 after 9/1/92

Name _____

Address _____

City _____ State _____ Zip _____

1992 EMS Awards

Each year the Texas Department of Health recognizes outstanding achievement in the EMS field.

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

1. Category for which nomination is being made;
2. The name of the individual or organization being nominated; and
3. The name of the individual or organization submitting the nomination (include complete address and daytime phone number).

You may include letters of support from people or organizations who know the nominee's accomplishments, including the EMS Program Adminis-

trator in your Public Health Region.

The nomination package should describe the significant accomplishments for which the nominee should be considered as a recipient.

Deadline for nomination is November 1, 1992. An EMS organization may nominate itself. You must submit 5 copies of your nomination to:

1992 EMS Awards

Bureau of Emergency Management

Texas Department of Health

1100 West 49th Street

Austin, Texas 78756-3199

If you have any questions, contact Steve Hosford at (512) 458-7550. Winners will be announced at Texas EMS Conference '92 during the Awards Banquet on November 24, 1991.

Deadline for nominations is November 1, 1992.

Awards are divided into the following categories:

EMS Educator Award honors a state-certified EMS Instructor or Course Coordinator who has advanced EMS education in Texas.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for a BLS or an ALS service in Texas.

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

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

Citizen Award honors a private citizen for heroic lifesaving act or unique advocacy of EMS.

Private Provider Award honors a

privately-owned commercial organization which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Public Provider Award honors an organization operated by a county, municipality, tax-based hospital, or state or local government agency which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

Volunteer Provider Award honors an organization staffed by volunteers which assumed a leadership role in EMS by achievement in areas of patient care, public access, medical control, disaster preparedness, public education, and training.

1992 Texas EMS Photography Contest

It's time again to enter the annual Texas EMS photo contest. Good patient care should be exemplified in your entries.

Your photo could be your medical director watching a paramedic during a skills exam, a first responder helping move a car crash patient, or EMTs talking to children about safety rules.

All entries in the 1992 Texas EMS Photography Contest will be displayed in a special exhibit November 23, 24, and 25 at Texas EMS Conference '92 in the Palmer Auditorium Exhibit Area. Some entries may be selected for publication in the *Texas EMS Magazine* and in educational brochures published by the Bureau of Emergency Management. Photographers will receive photography credit and complimentary copies.



PHOTO CONTEST

More than 100 photo entries were displayed at Texas EMS Conference '91.

The Rules

- Anyone is eligible.
- No entry fee is required.
- Entries must be received **no later than November 1, 1992**, and the winners will be announced at the Texas EMS Conference, November 23-25, and in the January 1993 issue of the *Texas EMS Magazine*.
- Unmatted prints **8x10 inches** or **5x7 inches** may be submitted, in color or black-and-white. Fill out the entry form on this page, tape it to the back of your photograph, and mail your entry to Texas Department of Health, Bureau of Emergency Management, 1992 Texas EMS Photography Contest, 1100 W. 49th Street, Austin, Texas 78756. Every photograph must be identified with an entry form taped to the back of the photograph.
- Entries become the property of Texas Department of Health, Bureau of Emergency Management and will not be returned.
- Three grand prize winners will receive \$100 each and an award certificate and fifteen honorable mention winners will receive award certificates. Judges will select winning photographs based on artistic composition, originality, visual appeal and good patient care.

1992 Texas EMS Photography Contest Entry Form

Photographer's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____

(work) _____

Deadline for entering: November 1, 1992

Tape this form to the back of photograph entry.

Mail to: Texas Department of Health
Bureau of Emergency Management
1992 Texas EMS Photography Contest
1100 W. 49th Street
Austin, Texas 78756

For more information contact Alana Mallard 512/458-7550.



Exhibitors, You Need to Be Here!

Texas' biggest EMS conference is November 23, 24, and 25 in Austin. Call Jan Brizendine at (512) 458-7550 for exhibitor details.

EXHIBITORS	-----		
	1992 Texas EMS Conference Exhibitor Registration Form		
	Firm Name _____		
	Representative's Name _____	Date _____	
	_____	Enclosed \$ _____	
	_____	\$450 through 9/1/92 \$550 after 9/1/92	
	Address _____	Make check to: Texas Health Foundation	Mail to: Texas EMS Conference '92
	Phone _____	P.O. Box 26399 Austin, Texas 78755-3399	
City _____	State _____	Zip _____	
Type of business/products _____			
How many booths? _____ Vehicle space? _____ Electrical power? _____			

When brakes don't work - stop and look at the brake fluid

An article in the Fall, 1991 edition of the Oregon *EMS Update* has sparked concern about brake failures on Ford-based ambulances. According to a consultant at Ford, the problem has been most acute on vehicles which are frequently driven under severe braking conditions, such as long periods of mountain driving, where moisture in the brake fluid has actually caused the fluid to boil. Only a tiny fraction of our services in Texas have any mountain roads within their service area so the problem is not likely to manifest itself as openly in Texas as it would in Oregon.

In discussing the problem with Ford and various brake fluid manufacturers, however, a few points were made which can be applied even to flatlanders.

First, brake fluid should be considered a perishable commodity and, once opened, it should be used or disposed of within a month. Apparently, it is very susceptible to the absorption of dust and moisture that will cause the fluid to deteriorate.

Second, all brake fluid used in various vehicles should meet at least the DOT 3 Standard, unless the vehicle manufacturer has specified a different standard. The DOT standard should be clearly marked on the fluid container. Within the DOT 3 Standard there are a number of fluids available with a variety of boiling points ranging from 450 to 550 degrees F. Ford vehicles require the higher boiling points sold by Ford and by Quaker State. Other brands may be used in Ford vehicles, however, read

the label and purchase only those brands with the highest boiling point available.

Third, more expensive DOT 4 Standard brake fluid is available. It has a higher boiling point than DOT 3 and is mixable and compatible with DOT 3. DOT 4 brake fluid can be used in vehicles that have used or require DOT 3 fluids. It is a better fluid.

DOT 5 brake fluid is now being sold in a few parts stores. It has some excellent properties; however, it has a different chemical base and cannot be used with any DOT 3 or 4 Standard fluid. The price for DOT 5 Standard fluid is roughly three times higher than a comparable quantity of DOT 4, so if the DOT standard doesn't get your attention, the price tag will!

- Bill Baker

Next Month

EMS proposed rules will be published in the July issue. These rules were approved by TEMSAC February 14 and approved by Texas Board of Health as proposed rules on May 16. Accreditation is not part of this package of rules.

A public hearing on the proposed rules is scheduled for July 24. The 90-day comment period will run through August. The rules could be approved by the Board of Health as final rules in September.



How the new OSHA regulations will affect every EMS provider in Texas

Bloodborne Pathogens

The Occupational Health and Safety Administration, or OSHA, recently published the final version of a set of provisions designed to protect employees from exposure to bloodborne pathogens, the body fluids that could carry the HIV or hepatitis B virus. The new regulations were developed at the request of health worker unions, who filed grievances with OSHA about the perceived safety of the health care workplace. Some of the new OSHA regulations follow.

By Kelly D. Daigle

Final interpretation of these rules -- how they will assess violations -- will rest with OSHA. Although OSHA officials and other experts provided some interpretations of the new provisions, nothing in this article should be construed as a legal opinion. Check with the OSHA office or an attorney if you have any questions.

Here, we explain some of the key provisions of the new OSHA regulations as they relate specifically to EMS personnel, who must comply, and what some EMS services from around the state are doing.

Who must comply?

Because Texas is not an OSHA state, Texas does not have an OSHA-approved occupational and safety plan; so technically, only private providers must comply with the new regulations. Governmental providers, including municipalities, must comply with only state laws, according to Del Krehbiel, PhD, Regional Industrial Hygienist with the OSHA office in Dallas. However, OSHA has promised to put pressure on the governors of non-OSHA states such as Texas to adopt the OSHA regulations. In fact, Texas has already begun writing regulations similar to OSHA's that will cover government employees.

"We think it is good practice to have everyone covered," said Krehbiel, "even if they are not under OSHA jurisdiction."

Federal OSHA also holds no jurisdiction over volunteers, unless they receive any compensation.

"Volunteers are not covered under the provision unless they are paid cash or receive something of cash

value," said Krehbiel. "Providing gas mileage or uniforms does not constitute payment but buying lunch does."

According to Krehbiel, a banquet once a year would probably not constitute payment; providing lunch on a daily basis might.

What about services with some paid employees and some volunteers?

"Only those people who are paid would be covered by the regulations," said Krehbiel.

Who is covered may change, however, if the Texas Department of Health adopts the OSHA regulations. At that point, every health care worker, regardless of employer, would be covered under the provision, according to Jerry Lauderdale, division director of Occupational Health for the health department.

"Everyone should realize that this is a serious enough problem that we have to do something about it," said Lauderdale. "We can't just ignore it. The potential for harm is too great."

Whatever the case, the best policy would probably be for everyone, from large municipality to volunteer, to comply with the new regulations. Not only for worker safety, but the courts have interpreted liability broadly in recent years. For instance, if a volunteer or a patient contracted a communicable disease, a court might hold the EMS organization's board of directors liable based on standard of care.

"A standard of care is a phrase used a lot in negligence law when dealing

with professional organizations," said Monty Waters, an attorney for the Department of Health. "Care is supposed to be up to a certain standard based on what is reasonable in the community. Even though municipal facilities may be exempt, the OSHA regulations are indicative of, or create guidelines for, standards of care."

Several Texas firms believe it is in their best interest to comply. At the urging of their risk management department, privately run Medstar in Fort Worth began complying with the regulations two years

ago when the rules appeared in draft form.

Harlingen EMS, a county-subsidized service, believes they, too, should comply.

"Anything we can do to reduce exposure to our employees," said Bill Aston, director of Harlingen EMS, "we will do it."

City of Austin

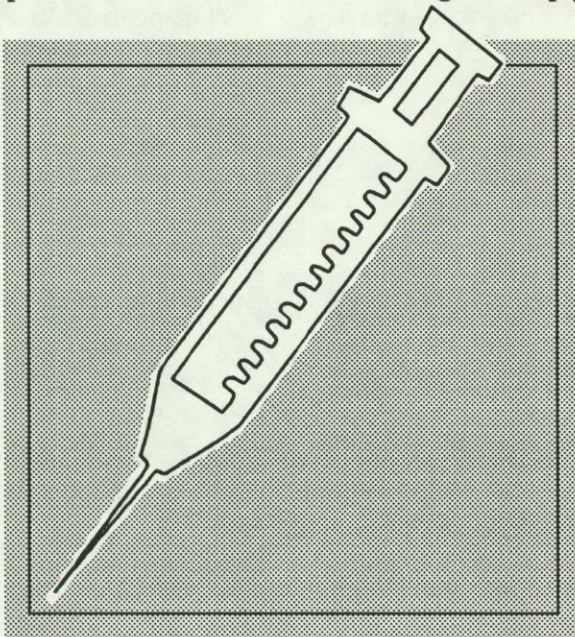
EMS also began complying with the regulations before the final provisions were adopted. Being a municipality should not exempt a service from compliance, said David Wuertz, director of Austin EMS.

"Are public employees any less at risk than private employees?" asks Wuertz. "Governmental immunity is not an excuse for not providing a safe work environment."

For most services the chance of a spot inspection is small. OSHA inspectors must inspect all private hospitals, clinics, funeral homes and dental offices.

Furthermore, only firms with more

"Everyone should realize that this is a serious enough problem that we have to do something about it," said Jerry Lauderdale, director of the Occupational Health Division for the health department.



Kelly D. Daigle, a Texas EMS Magazine staff writer, joined the Bureau in March. Her journalism degree is from the University of Texas in Austin.

"A standard of care is a phrase used a lot in negligence law when dealing with professional organizations," said Monty Waters, an attorney for the Texas Department of Health.

than eleven employees make the list for routine inspections. Smaller firms are not visited routinely.

"Generally, what brings us to those places is a complaint," said Krehbiel.

The penalties for non-compliance can be stiff -- up to \$70,000 per violations. And OSHA has changed its enforcement policy. Mark Flaherty, an EMS labor attorney, says that services should expect OSHA to be as aggressive as the IRS in fining violators.

A partial list of the regulations that most effect EMS services follows. For a complete copy of the OSHA regulations, use the order form on page 23.

Exposure Control Plan

This provision requires that each employer with employees meeting the definition of occupational exposure must have developed a written exposure control plan by May 5, 1992, identifying all job classifications, as well as specific tasks and procedures, where occupational exposure occurs.

The plan must contain the following elements: 1) a schedule and the methods for implementing all the new regulations; 2) HBV vaccination information, post-exposure evaluation and followup; 3) communication of standard; and 4) recordkeeping.

The plan must include a list of all job classifications and tasks with occupational exposure, "without regard to use of personal protective equipment." OSHA defines occupational exposure as "reasonably anticipated skin, eye, mu-

cous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."

In addition, a copy of the plan must be available to all employees, with the plan reviewed and updated annually, or sooner if regulations regarding procedures for occupational exposure are modified. Many EMS firms already have a plan in place, although it may not include all the requirements listed in the provision.

Harlingen EMS, for example, has had an exposure control plan since 1986, and have now expanded it and ap-

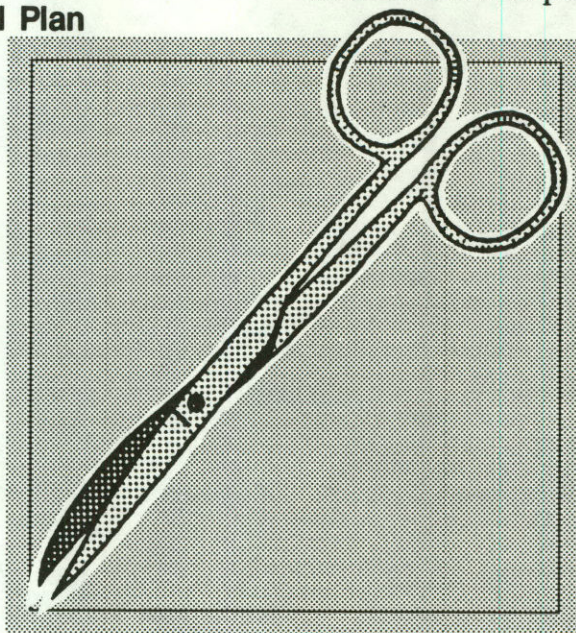
pointed an infection control officer.

Methods of Compliance

This section may require the most extensive changes in EMS services. It mandates that the Centers for Disease Control (CDC) "universal precautions" be used, which means personnel

should treat all bodily fluids as if they were infected. As Texas Health and Safety Code (85.204) already mandates that health care workers adhere to universal precautions, this in itself may not present a change.

The OSHA provision stresses handwashing and requires employers to provide handwashing facilities readily accessible to employees. If soap and water cleansing is not feasible, as in an ambulance after a call, the provision mandates that employers provide an antiseptic cleanser and clean cloth or



paper towels, or antiseptic towelettes.

The provision also states that it is the employer's responsibility to see that employees wash their hands as soon as possible after removing personal protective equipment.

This part of the new regulations also prohibits eating, drinking, smoking, the application of lip balm or the handling of contact lenses in work areas where there is a reasonable likelihood of exposure. In other words, none of those activities are allowed in the patient compartment of the ambulance.

Krehbiel of OSHA interprets that to mean eating is allowed in the cab provided the door is closed between the cab and patient compartment and workers "wash their hands and clean up so there is no possible transmission of exposure."

To eat in the cab after a call, employees must have removed protective gear, have on clean uniforms, and have been able to thoroughly wash all skin that came

in contact with blood or other potentially infectious surfaces. What constitutes a clean uniform is open to interpretation.

"If you have three drops of blood on your uniform and you want to eat, it's a borderline case," said Krehbiel. "It's a judgement thing -- is there enough to cause contamination?"

The provision also prohibits the storage of food and drink in any area where infectious materials may be present. This covers the patient compartment of the ambulance, which will affect

workers who buy food and bring it back to the station. Under this provision, the food must be transported in the cab rather than the patient compartment. Food may be transported in an outside compartment of an ambulance if the compartment is dedicated to food transportation only.

Some EMS services, like Medstar, have begun out-of-vehicle breaks, which effectively take an ambulance out of service, but eliminates the threat of bloodborne contamination in food.

According to the provision, employers must provide, at no cost to the employee, personal protective equip-

ment such as gloves, gowns, masks, mouthpieces, and resuscitation bags. Employers must also clean the equipment, and repair or replace it if necessary at no charge to the employee. Most EMS firms already provide much of the required equipment.

"We haven't had that much in the way of expense as we have been providing personal protective gear for years," said Aston.

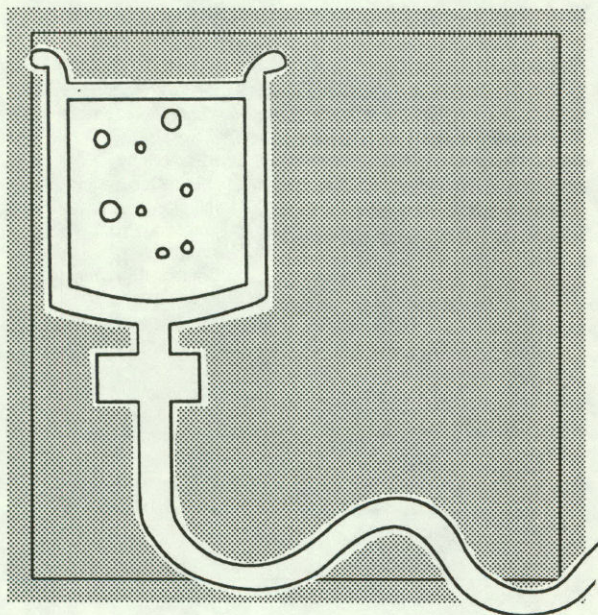
Medstar's Doug Key agrees.

"For us, the only thing that will change is what constitutes personal protective equipment," said Key, Medstar's Chief Operating Officer.

"There is a question about our gowns, whether moisture resistant needs to be changed to moisture proof."

It is the employer's responsibility to see that employees use the equipment and if they decline, the circumstances

"Are public employees any less at risk than private employees?" asks David Wuertz, director of City of Austin EMS.



"Anything we can do to reduce exposure to our employees," said Bill Aston, director of Harlingen EMS, "we will do it."

must be investigated and documented to determine whether procedural changes can be instituted to prevent such occurrences in the future.

For services that do not now supply their employees with the gear, providing gear could be one of the largest expenses. OSHA estimates the cost nationwide to all health care employers, which include hospitals and dentists, to reach \$334 million.

This provision also requires a written schedule for cleaning, in addition to cleaning which must follow contact with potentially infectious substances. It sets methods for disposing of contaminated sharps, and sets standards for containers to transport contaminated sharps. This may also affect the equipment which ambulances must carry as well as ways a service can dispose of biohazardous materials.

Disposal may be an added expense for some services. For the first time,

Harlingen has added a medical disposal service to their budget. Before, they simply disposed of the waste at the hospital, a practice not possible under the new provisions, because the hospital would be classified as a waste disposal site. Texas Department of Health is working with the Texas Water Commission to ease that restriction, but the OSHA regulation would stand for those firms under federal jurisdiction.

This provision is effective July 6, 1992.

Hepatitis B vaccination and post-exposure evaluation

Another major expense for some services could be the requirement that they provide, at no charge to the employee, a hepatitis B virus vaccination within the first ten days of an employee's beginning work in an area with a likely risk of exposure. Pre-screening may not be required, and employees must sign a waiver if they decline the vaccine. The waiver does not prevent the employee from receiving the vaccine at a later date, however.

If an employee is exposed, the employer must provide post-exposure evaluation and follow-up, including a healthcare worker's written opinion about the evaluation.

Some services may save expenses by taking advantage of a health department program making the hepatitis B vaccine available to county and city services for approximately \$30 per dose of a three-dose vaccine.

Volunteer services may also be eligible for the vaccine if they request it through a city or county entity.

Brad England, Executive Director of Cypress Creek EMS, a volunteer service, said that although they already provide the hepatitis B and flu vaccines, they will now have to document people who refuse the vaccine. The extra cost for Cypress Creek, estimated at \$2,000 a year, comes from the increase in the cost of the vaccine.

The provision becomes effective July 6, 1992.

References

1. CFR Part 1910.1030: Occupational Exposure to Bloodborne Pathogens, Final Rule, *Federal Register*, December 6, 1991, Department of Labor, Washington, D.C.
2. Occupational Exposure to Bloodborne Pathogens: OSHA (publication) 3127, U.S. Department of Labor, Occupational Safety and Health Administration, Washington, D.C.
3. Bleicher, B.K. OSHA Gets Tough on Protecting Providers. *Journal of Emergency Medical Services*, March 1992.
4. Costello, L. OSHA Tackles Infection Control. *Emergency Medical Services*, July 1990.
5. Fleming, Susan H. News, Office of Information 91-818 (Unpublished); December 2, 1991, Department of Labor, Washington, D.C.
6. West, K. and Cross, J. The Infection Connection: Rules and Regs. *Emergency Medical Services*, January 1992.
7. West, K. The Infection Connection: The Final Word. *Emergency Medical Services*, March 1992.
8. Worsing Jr., R. Occupational Exposure to Bloodborne Pathogens: Final Rule. *Emergency Services Newsletter*, January/February 1992.

Communication of hazards to employees

Employers must provide infection control training to all employees by June 4, 1992, and each employee must have training annually. If videotapes are used as part of the training, a qualified person must be present to answer questions. Videotapes alone will not meet OSHA requirements. Training programs must include:

- Access to a copy of the OSHA regulations and an explanation of its contents
- Explanation of bloodborne diseases and their transmission, and information on hepatitis B vaccine
- Explanation of exposure control plan, work practices, and personal protective equipment.
- Information on procedures to follow in the event of an exposure incident.

Recordkeeping

This provision, in effect June 4, 1992, specifies that employers must keep detailed medical records on employees for the duration of employment plus 30 years. Training records, which include dates of training sessions plus names and titles of all the people who attended and the qualifications of the person who conducted the class, must be kept for three years.

These rules provide a partial list of the entire OSHA document. Many areas, such as disposal of sharps and contaminated waste, are covered in great detail in the final document.

For more information

For help complying with the new OSHA rule, contact the Bureau's Paul Tabor at (512) 458-7550.

To order hepatitis B vaccine at cost, contact Texas Department of Health Adult Immunization Coordinator Mike Keenan at (800) 252-9152 or (512) 458-7284.

Texas Workers Compensation Commission also has a program, called OSHCON, that helps private firms with fewer than 150 employees. Contact the Commission in Austin at (512) 440-3630.

The U.S. Fire Academy provides detailed guidelines on complying with the new OSHA rule. Order from Gordon Sachs, EMS Program Manager, U.S. Fire Academy, 16825 S. Seton Avenue, Emmitsburg, Maryland 21727.

"If you have three drops of blood on your uniform and you want to eat, it's a borderline case," said Del Krehbiel, PhD, regional industrial hygienist for OSHA.

For a copy of the regulations or a copy of an OSHA checklist for compliance send in the order form on this page. The checklist was compiled by Mark G. Flaherty, an attorney familiar with EMS issues, at the law firm of Husch and Eppenger in Kansas City, Missouri. For questions, call Flaherty at (816) 421-4800.

Mail to:

Kelly Daigle
Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

- Free copy of OSHA Regulations
 Free copy of OSHA Checklist

Phone _____

Name _____

Address _____

City _____ State _____ Zip _____



Summertime

By Pauline VanMeurs

means water safety time

Summer approaches. It is that time of year that all Texans live for and dread at the same time. The long, hot, and dry, sunny days just beg for water. Water to drink, water for the plants, and most of all, water to play in.

Every year, hundreds of people make critical mistakes in or around water. Drowning is the second leading cause of accidental death in children, according to the National Safety Council.

Every year, hundreds of people make critical mistakes in or around water. Drowning is the second leading cause of accidental death in children, according to the National Safety Council. Children must learn the skill of being safe around the water. And like any other skill it takes practice and constant reminders from adults. Up to about three years of age, most children do not even know that water can in any way interfere with normal breathing. Teen-age males, too, are at great risk, because of adolescent dares and peer pressure.

Educating the public in water safety can take many directions. Local ordinances may provide for safety fences around swimming pools and legislation exists to maintain sobriety while operating a boat. However, the law does not replace the common sense required to survive a day at a Texas waterfront.

Often overlooked are the less obvious places where drowning occurs, places where water collects, such as buckets, troughs, and bathtubs.

"Most water accidents are caused by lack of common sense and panic," says Dr. Dighton Packard, a member of Texas Medical Association's Committee on Emergency Medical Services and Trauma. "The best way to ensure water safety is to have adequate training, keep calm and stay sober." Though his statement is directed at the public, it is true as well when applied to the EMS provider, especially the adequate training and staying calm part.



When you are faced with the prospect of the near-drowning pediatric patient, being prepared is the cornerstone to successful treatment. Now is a good time to review those basic premises about all pediatric patients. Pull out that pediatric guide and start looking up the physiological differences between kids and adults. Are there golden rules of drowning resuscitation in children? Sure there are. Remember, if a child in full arrest, chances are it's cardiac arrest secondary to respiratory arrest. Think airway and oxygenation first! Also, never forget that the possibility of secondary trauma from a fall or struggle related to the drowning may have occurred. Carefully examine and package accordingly.

“Ninety percent of the people killed in boating accidents could have survived had they been wearing adequate life preservers,” says Captain Dexter Harris at the Texas Parks and Wildlife Law Enforcement Office.



Now that you have boned up on those pediatric emergencies, here is the bottom line. Nothing is as effective in reducing the number of drowning deaths and disabilities as prevention. No matter how versatile you get at those pediatric sizes, dosages, and decisions specific to pediatric patients, nothing will help as much as avoiding the crisis all together. Even a successful resuscitation does not guarantee a return to previous levels of mental and physical function.

As an EMS provider, take the initiative to inform the public. Be the watchdog of the community in identifying danger signals. Start early in educating the children to the dangers of all water environments and swimming pools in particular. Join the local Red Cross and YMCA/YWCA organizations in bringing the message of water safety to all parts of your response areas, and to parents and children alike. Spend some time at the local recreational areas identifying potential hazards and access problems. Approach county or municipal departments in charge of swimming pools to preplan the water emergency and ensuring the availability of necessary basic equipment such as backboards and straps at each pool.

Visit with the local park authority about joint training exercises in still water rescue and extrication. Make sure all the responders are water safe as well.



Captain Dexter Harris at the Texas Parks and Wildlife Law Enforcement Office reminds us that the operation of any vessel while you are under the influence of alcohol is against the law. A vessel is defined as any watercraft that can be used for transportation. The only exception to this is a craft that is propelled solely by the current of the water such as an innertube. If it has a motor, a sail or a paddle, it is a vessel covered by the law. Remind your community that staying sober near the water is one of those steps that everyone can take to safeguard themselves and their children.

“Ninety percent of the people killed in boating accidents could have survived had they been wearing adequate life preservers, says Captain Harris. “It is not the injuries from the accident that kills many people but the drowning caused by the inability to stay above water.” Remind people to wear those life preservers, not just use them as a cushion or keep them in a storage compartment on the boat. Children under thirteen years of age are required to wear their life preservers at all times when on board a boat. Remind people how hard it is to convert their most comfortable cushion into a life preserver, especially with a fractured arm.



Most of all, if it looks dangerous, call someone’s attention to it. A visit with a pool owner or apartment complex manager on safeguarding their pool may save you from having to make a call to the same location later on in the summer. Invite other people to do the same and help maintain a safe Texas-style summer for your area.

Pauline VanMeurs, program administrator of the Bureau's EMS for children Program puts her 3-year-old and 6-year-old daughters in PFDs whenever they are around water.

Did you read...

By Kelly D. Daigle

The U.S. homicide rate is between 4 and 70 times that of other countries.

Twelve states still do not have laws that require car occupants to wear seat belts.

The most pressing problems facing Texas emergency physicians in their practices are not enough emergency physicians and stress and burnout.

Dr. Louis Sullivan, Secretary of Health of Human Services, reports these statistics about violence in the U.S. in the January 1992 issue of *The EMS Leader*.

- The U.S. homicide rate is between 4 and 70 times that of other countries.

- Homicide leads as the cause of death for all black Americans between the ages of 15 and 24. The homicide rate for black men in this age group exceeds the overall national rate by 700 percent.

- Firearms account for 15 percent of all deaths for people ages 1 to 34, and 12 percent of all deaths in the 1 to 19 age group. For teenagers aged 15 to 19, the percentage of deaths due to firearms jumps to 20 percent.

(*The EMS Leader*, Cornell Communications, 330 Garfield Avenue, Eau Claire, Wisconsin, 54701, (715/834-6046))

According to an report quoted in the September/October 1991 issue of *9-1-1 Magazine*, only twelve states still do not have laws that require car occupants to wear seat belts: North and South Dakota, Nebraska, Alabama, Kentucky, West Virginia, Maine, New Hampshire, Vermont, Massachusetts, Delaware and Rhode Island. (Note that 50 percent of those states are located in the Northeast.)

(*9-1-1 Magazine*, P.O. Box 11788, Santa Ana, California, 92711, 714/544-7776)

Are you having trouble finding and keeping a medical director? A survey in the March 1992 issue of *EMphasis*, a publication of the Texas College of Emergency Physicians, tells why you may be having problems.

According to a membership survey, the most pressing problems facing Texas emergency physicians in their practices are "not enough emergency physicians" and "stress and burnout." Each of these problems was identified by twelve percent of the respondents.

Other problems cited by at least five percent were, in descending order: overcrowding, medical and nursing staff backup, indigent and uncompensated care, professional liability, insufficient reimbursement, increased patient volume, provision of non-emergency care, and lack of referral services.

(*EMphasis*, 1231 Greenway, Suite 320, Irving, Texas, 75038, 214/580-0367)

In a related issue, reported in the April 1992 issue of *The Nation's Health*, the American Hospital Association said recently that a national survey shows that one of every five emergency rooms in the U.S. is so overcrowded that every week patients have to be taken to other facilities.

Emergency department directors say they are taking care of more poor patients and are experiencing heavy losses from uncompensated care. Visits to the ED increased 24 percent from 1985 to 1990, according to the AHA.

(*The Nation's Health*, 1015 15th Street NW, Washington, D.C., 20005, 202/789-5674)

Violence is on the rise among children, according to an article in the February 1992 issue of *Pediatric Emergency Care*. In a study of 458 pediatric patients, 35 percent of the patients were age 13 or younger, and males outnumbered females three to one. Of that total number, 46 percent of

the injuries were due to violent injury, with gunshot wounds accounting for 50 percent of the violent injuries, and stab wounds another 35 percent.

Ten percent of the injuries in the 0 to 5 age group were caused by violence; 14 percent of injuries in the 6 to 13-year-old group; and 64 percent of the 14 to 18-year-olds. The researchers conclude that violent injuries, especially gunshot wounds, are a major contributor to severe injury among urban children. The report differs from other studies, which have listed blunt trauma such as motor vehicle crashes, falls, and sports injuries to be leading causes of injury.

(Lavery R., Tortella B., Griffin C. The Prehospital Treatment of Pediatric Trauma. *Pediatric Emergency Care*; Vol. 8, number 1:9-12, published by Williams and Wilkins, 1992)

The Injury Control Program of the Texas Department of Health recently released its "Reported Traumatic Spinal Cord Injuries in Texas, 1991." From January through December in 1991, there were 285 traumatic spinal cord injuries. Of that number, 81 percent were male, and 75 percent were under age 40. Fifty three percent were motor-vehicle related, including people injured by automobiles, pickup trucks, all-terrain vehicles, and motorcycles. The list also includes pedestrian/vehicle injuries and bicyclist/vehicle injuries.

Of the people in automobiles or trucks, 67 percent were not wearing seat belts; 27 percent of the motorcyclists were not wearing helmets. Of the two people injured on all-terrain vehicles, neither wore helmets.

For those spinal cord injuries which were not motor vehicle-related, 17 percent were caused by penetrating wounds, 16 percent by falls, ten percent by sports and recreation, and eleven percent by miscellaneous causes. Of the penetrating wounds, 96 percent were gun-related.

(Unpublished report, Injury Control

Program, Epidemiology Division, Texas Department of Health, 1100 W. 49th, Austin, Texas, 78756, 512/458-7266)

The February 1992 issue of *EMS Insider* reports that the Prehospital Trauma Life Support (PHTLS) program now has its own office, staffed by Program Coordinator Dawn Loehn, EMT-I. For a PHTLS program reference guide, staff directory, or a list of courses, contact PHTLS, 200 Mill Hill Ave., Bridgeport, Connecticut, 06610, (800) 94-PHTLS.

(*EMS Insider*, Box 2789, Carlsbad, California, 92018, 619/431-9797)

According to a Consumer Product Safety Commission survey detailed in the November/December 1991 issue of *AAOS Emergency Services Newsletter*, in 1990 237,000 children under the age of 15 were treated at hospital emergency rooms for injuries related to playground equipment. The estimated cost of the injuries exceeded \$718 million. How were children injured?

- 58 percent fell from equipment to the surface below.
- 16.5 percent fell and landed on another part of the equipment.
- 13.1 percent collided with swing or other moving equipment.
- 5.4 percent ran into stationary equipment.
- 6.9 percent caught their clothing on protruding hardware, twisted a limb going down a slide, or caught fingers in a swing chain.

American Academy of Orthopaedic Surgeons has produced a poster and brochure about playground safety, available at no charge. For information, call (800) 824-BONE, or write the American Academy of Orthopaedic Surgeons, P.O. Box 738, Park Ridge, Illinois, 60068.

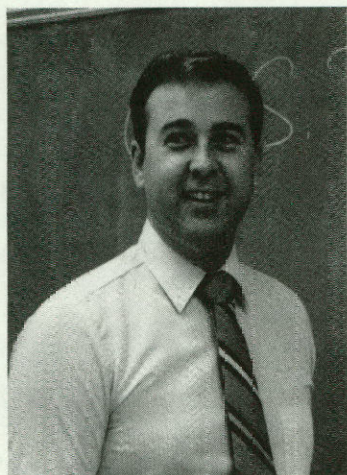
(*AAOS Emergency Services Newsletter*, American Academy of Orthopaedic Surgeons, P.O. Box 738, Park Ridge, Illinois, 60068, 708/823-7186)

There were 285 traumatic spinal cord injuries in Texas in 1991. Of the people in automobiles or trucks, 67 percent were not wearing seat belts; 27 percent of the motorcyclists were not wearing helmets; the two people on all-terrain vehicles did not wear helmets.

In 1990 237,000 children under the age of 15 were treated at hospital emergency rooms for injuries related to playground equipment. The estimated cost of the injuries exceeded \$718 million.

Citations used with permission

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 CISM 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.

The cold air hit her face as she saw the large snake lying in the middle of the deserted road.

The snake glistened and shimmered as it saw her and she saw it. An ancient fear chilled her even through her heavy woolen coat that covered her from neck to ankles. The snake knew her fear.

"If you are afraid, you don't have to be," he said with a smile. "You're one of those warm-blooded things aren't you?"

"Yes, I am, and you, you're a snake."

"Right, and I have made a terrible mistake. I mean, my being out here in the freezing cold. I should be in a hole in the ground, or in a warm pile of fallen wood, at the very least."

She listened, looking into his unmoving eyes. She did want to do something, irrational as it seemed, to help.

He knew it. "I have suggestion, if you warm me on your bosom under that coat, I know I'll get my energy to find that hole, that pile of wood. What can it cost you? How bad, how hard can it be for you to help me?"

"You will bite me," she said.

"I will not bite you. I need; you supply."

In a moment, that need to help, to save, to care, to heal took over. She picked up the snake and placed him on her bosom. It felt strange at first, but soon she considered it a part of her.

She knew she had done the right thing to heal and save, to make that difference in the world. She felt alive with death intimately present. Death was now her friend; its power and kingdom did not apply to her. In the snake, she looked death in the face and now it was her friend.

Suddenly, a sting, a deep pain she had never known, planted itself in her body. She was bitten, made toxic by her friend the snake. And she knew that

toxin would grow until it over whelmed her. She threw the snake to the ground. "You lied. You have bitten me! I thought I knew you through and through, but you have lied and now I am full of fire and death!"

Looking out through those same unmoving eyes, the snake finally spoke the truth. "Oh, yes, I lied. I have filled you with pain, suffering, and even death. But from the first time you saw me, you knew what I could do!"

Looking death full in the face is the daily work of emergency service personnel. And we also have come to believe that by our close association and friendship with it, we, too, are friends. But, like the snake's final truth, we are not friends. We have known from the first view of death that we are heir to that same sting, to that same fire that burns us out and shortens our arms to heal and save.

The Texas Critical Incident Stress Management Network developed by the Bureau of Emergency Management provides aid in the healing of healers wounded by stressful events such as line of duty death, death of a child, multiple casualty and fatality scenes, and extended rescues.

Being a wounded healer is our truth; no one can face death full in the face and not be wounded.

For training information or to request assistance from the Texas CISM Network, contact Paul Tabor at (512) 458-7550.

The Lying Snake

The Case for CISD

Dr. J. Charles Hinds, DMin, has a private practice of counseling and psychotherapy in Spring, Texas and has served on the bureau's CISD Advisory Committee as sub-committee chairperson. A paramedic in Houston, Texas, Hinds has volunteered with Cypress Creek EMS for 16 years. He also faces the reality of being bitten.

Panhandle, Nocona, Saint Jo Systems Receive Visits, EMS Local Projects Funding

Health officials from Austin visited Nocona, Saint Jo, and Amarillo in April to see first hand rural emergency medical services. Among those traveling to North Texas and to the Panhandle to present symbolic checks for EMS local projects funding were new Texas Commissioner of Health David R. Smith, MD, and Gene Weatherall, chief of the Bureau of Emergency Management.

"It's real simple why we come out here," Smith said as he visited with Nocona General Hospital Administrator Wanda Billings. "We're very interested in what happens in places like Nocona."

What happened in Nocona, a town with 3,500 residents, is similar to what has happened in many communities around Texas. The local funeral home gets out of the EMS business and the local hospital, fire department, city government, or volunteer group gets into the EMS business. Nocona General Hospital filled the gap approximately a year ago with the help of the city council and the hospital board, groups which voted to fund EMS.

State Senator Steve Carriker worked

during the Texas Legislature's last session to get money designated for EMS local projects. "Primary health care to all Texans is our goal," Carriker said as he and State Representative Charles Finnell presented a check for \$3,855 to Billings, "and EMS is a cornerstone."

Carriker said he hopes even more money is available for EMS local projects in the next session. The legislature earmarked \$500,000 for EMS local projects in the last session, and the health department added another \$200,000 from a federal grant.

EMS Director Charles Reed, an EMT-Intermediate, says Nocona has 14 EMT-Is and that they plan to start a paramedic class within the next six months. The state grant will pay for training equipment. "Our goal is to have all personnel certified as paramedics," he said. Len Dingler, MD, an emergency physician, is the hospital's EMS medical director.

In Saint Jo, just 14 miles up the road from Nocona, the volunteer fire depart-

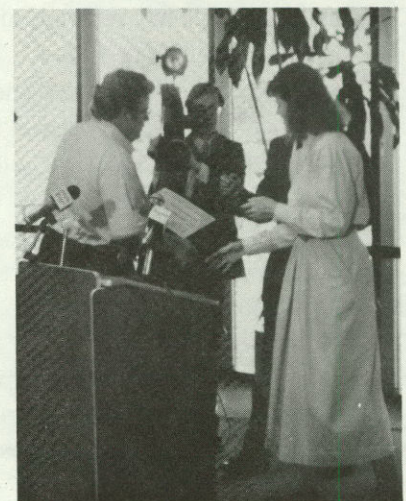


Commissioner David R. Smith (right) helps Senator Steve Carriker try out an automatic blood pressure device in Nocona.

Saint Jo Fire Department provides free emergency medical services in the community.



Dale Pittman was one of ten Panhandle providers receiving EMS local projects funding.



ment took over EMS in July, 1991 when the Texas Department of Health revoked the EMS license of the local funeral home, and provides basic life support with advanced life support capability with its 26 EMS certified personnel. Besides answering more than 100 calls during the last year, the Saint Jo volunteers taught three ECA classes, taught CPR to citizens, and provided fire prevention education to schools and clubs.

The \$3,498 grant from the health department will help purchase an automated external defibrillator for the fire department, says Fire Chief Jerry Raymond. The fire department provides EMS and fire service free of charge and is the only volunteer EMS in Montague and Cooke county.

In the Panhandle, the situation differs from Nocona and Saint Jo in that the Panhandle EMS System has been in place since the 1971. The Panhandle system covers 26 counties and includes 58 EMS organizations. Ten Panhandle services -- Collingsworth Volunteer Ambulance Service, Hall County EMS, Hemphill County EMS, Hereford EMS, Memorial Hospital in Dumas, Stinnett EMS, Texline Volunteer Fire and Rescue, Denver City EMS, Dickens County EMS, and Panhandle EMS System --

The Saint Jo Chamber of Commerce honored the firefighters and medics at an annual banquet on April 27.



received a total of approximately \$50,000 in EMS local projects grant funding.

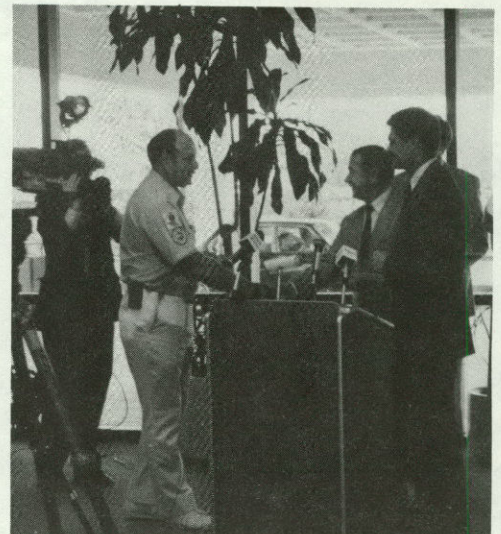
In his visit to Amarillo, Smith congratulated Panhandle EMS System and its sister system based in Lubbock, South Plains EMS, Inc., for their leadership in Texas as regional EMS systems.

Nocona General Hospital EMS will conduct a paramedic course with its EMS local projects grant.



Some 60 organizations in Texas received more than \$400,000 in EMS local projects grants this year.

Three TV stations and newspapers were on hand in Amarillo as 10 local EMSs received more than \$50,000.



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.

Atkinson, Johnny W., Converse, Texas. Suspension of EMT-Basic certification for six months through September 27, 1992. EMS rule 157.51 (a)(4)(T), falsifying an application for certification.

Flesher Ambulance Service, Van Alstyne, Texas. Eighteen months probation of suspension of provider license through September 10, 1993. Violation of Health and Safety Code, Chapter 773.050, failure to staff emergency medical service vehicle with at least two certified personnel.

Freeport Fire Department, Freeport, Texas. Eighteen months 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.

Harper, James D., Jr., Marfa, Texas. Revocation of EMT-Basic certification. EMS rule 157.51 (a)(4)(J) conviction of felony while certified.

Hood, Arthur J., Houston, Texas. Suspension of EMT-Basic certification for 6-month period effective through September 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.

Marshall, Russell, Longview, Texas. Eleven-month probation of suspension through March 19, 1993. EMS rule 157.51 (a)(4)(I), assisting another to obtain certification by fraud, forgery, deception, misrepresentation or subterfuge.

Minnifield, James, Jr., Houston, Texas. Suspension of EMT-Basic certification for six months through July 27, 1992. EMS rule 157.51 (e)(4)(s), jeopardizing patient safety through inappropriate use of emergency equipment.

Mochman, Daryl, Pittsburg, Texas. Revocation of EMT-Paramedic certification and one-year probation of EMT-Intermediate certification effective through February 19, 1993. EMS rule 157.51 (a)(4) I, obtaining certification by fraud, forgery, deception or misrepresentation.

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

* **Tobey, Smith IV.**, Silsbee, Texas. Six months probation of examiner certification from April 29, 1992 to October 29, 1992. EMS rule 157.64(c)(1)(B) to (D), compromise of skills exam standards, failure to complete department skills examination forms.

* 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.

The Bureau needs to contact the people listed below. If you know their whereabouts, please have them contact Vic Dwyer at (512) 458-7550.

Garza, Little Arnold, last known address - 514 Kress Street, Houston, Texas.
Long, Giles Ray, last known address - 13014 Leader Street, Houston, Texas.

❏ No, we're not eliminating ECA: I've heard that ECA is going to be dropped. I've also heard that EMT-I is also going to be dropped, and that EMTs will be doing what EMT-Is are doing.

David Joel
Kennedale Fire Department

Bureau Chief responds: We hear this rumor every two years or so, although the EMT-I part is new. We're not dropping ECA. The DOT standards, which are being revised, may move some EMT-I skills into EMT training.

Thanks for sending your patch: Here is the Knox City patch I promised you. Sorry I took so long, we have been really busy this month.

Thanks so much for all everyone had done for us. We really appreciate it.

Billie Norton
Knox City EMS

I just wanted to take a few minutes to thank you for the excellent job you are doing with your publication. We received the April issue today and it is so nice to receive something while the listed activities/reports, etc. are still current.

The new format and the emphasis on improving the quality of EMS patient care is truly an asset to our state and our profession.

If there is ever anything I can do to be of help, please do not hesitate to let me know. Keep up the good work!

Lou Wright
North Runnels Hospital
Winters, Texas

Australian patch collectors: Two Australian patch collectors have recently contacted our office asking for names and addresses of individuals with whom they could exchange patches and other items representing EMS. Anyone wishing to obtain information on EMS "downunder" might find it interesting to correspond with these people. Their addresses are:

Gary Cooper
26A Duffield Avenue
Beaconsfield 6163
Western Australia

Steve Dashwood
Post Office Box 162
Greenacres 5086
South Australia

Bottom of things: The *Texas EMS Magazine* has a new subscriber with an interest in getting to the bottom of things: Happy Endings Diaper Service in Pearland, Texas. Their motto is *We Want to "Change" the World*. Welcome to the magazine.

(continued)

Texas EMS

M a g a z i n e

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 subscription
- 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 _____

Send a gift subscription for just \$15 to:

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

From the *San Antonio Light* "News You Can Use" column in May:

READY TEDDY TEACHES SAFETY

A coloring book for National EMS Week helps kids learn about emergencies. For a free "Ready Teddy Coloring Book" and EMS poster, write to the Health Department, Bureau of Emergency Management, 1100 W. 49th St., Austin, Texas 78756. The character Ready Teddy shows kids how to prevent injury, how to tell if a situation is an emergency and how to handle it.

To: Ready Teddy

From a young fan: Please send me the free Ready Teddy Coloring Book and EMS poster. I am 7 years old. I am using my grandmothers computer to type this on. She is helping me. Thank you very much.

Whitney
Whitney Paige Douglas
 New Braunfels



Ready Teddy and the reigning Miss Victoria make a few final adjustments at a recent celebration in Victoria.

Calming the Fears: At the February Texas EMS Advisory Council meeting the agenda included CAHEA accreditation. CAHEA stands for Committee on Allied Health Education and Accreditation. TEMSAC was to approve and forward this item to the Board of Health for adoption; however, it was tabled.

I had every intent of voting for the CAHEA accreditation until I attended the Educators Committee meeting the day before TEMSAC was to convene. During this meeting the committee was bombarded with comments against accreditation due to the cost involved. I was quickly re-educated as to what I thought was everybody's way of thinking. Tabling the issue was not a popular thing to do at the time, nor was pushing it through. So, as a new TEMSAC member I was left bewildered and felt unprepared. Since that February meeting, here's what I have found:

1. Student welfare - accreditation assures accurate information, equitable tuition refund policy, accurate student progress records, qualified faculty, nondiscriminatory practices and nonexploitation.
2. Quality assurance - accreditation includes curriculum evaluation and approval.
3. Basic competencies - accreditation assures that your education program provides opportunities to acquire competencies necessary to work in the health care system, with patients and other consumers, and with other health care professionals.
4. Preparation for recognition - accreditation assures that if you fulfill the education objectives provided, you will be well prepared to pursue professional recognition after graduating.
5. Preparation for employment - accreditation assures opportunity to acquire the knowledge and skills necessary for entry employment, and for the pursuit of a rewarding career.
6. National job mobility - accreditation, through the application of education standards that are national in scope, assures you the opportunity of seeking recognition and employment nationwide.
7. Education records - accreditation assures that the sponsoring institution records and keeps on file your education accomplishments so that you may obtain them as needed in the future.

8. Transfer of credit - through its scope of national orientation and recognition, CAHEA accreditation assures the best basis for equitable transfer of credit should you need to enroll in another accredited program or take up additional education in the future.

9. Student loan funds - CAHEA is recognized by the U.S. Department of Education thus permitting each CAHEA-accredited program to seek federal student loan funds.

10. Low cost - a national study estimates that the average cost of accreditation services is \$14 per student per year.

I believe that the CAHEA accreditation issue deserves everyone's reconsideration. Properly perceived, accreditation really is an opportunity for us all to increase our professionalism. I would like to see accreditation go hand in hand with licensure for EMS personnel. I believe they validate each other and remove some of the concerns we've all had in the past on both issues. CAHEA doesn't appear to be a major problem. With federal student loans available, credits given, and national mobility, CAHEA is an answer to many problems.

*Sherrie C. Wilson, President, Texas Association of EMTs
 Firefighter representative, Texas EMS Advisory Council
 Richardson, Texas*

Calendar

Meetings

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

July 6-10, 1992, **Advanced Self-Contained Breathing Apparatus**, 40-hour program. Must have SCBA training. \$250. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

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

July 17, 18, 19, 1992, **Vertical Rescue Seminar** conducted by Troll Safety and Rescue using Allp Descender, Rescue Sling and Alphin Stretcher. Fire Commission approved. Contact MEDSAR Associates of Travis Country, 512/837-6983 or digital pager 512/397-8493.

July 19-24, 1992, **Annual Municipal Firemen's Training School**, 20 courses including Fire Service Rescue Practices I and II. \$200. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-7641.

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

July 26-31, 1992, **Annual Industrial Firemen's Training School**, eight courses including Industrial Rescue Course I and Course II. \$400. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-7641.

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.

August 14, 1992, **8-hour EMS symposium for nurses/prehospital personnel**. Sponsored by Fort Bend County EMS, Central EMS, and Austin County EMS.

August 17-21, 1992, **Vertical Rescue**, 40-hour program provides classroom and hands-on training necessary to perform rope rescue operations. \$350. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

August 27-29, 1992, **7th Annual Emergency Vehicle & Fleet Management Conference and Exposition**, Indianapolis, IN. 619/431-8088.

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

September 17-19, 1992, **Incident Management Seminar**. Phoenix, AZ. \$325. Designed for individuals and agencies involved in planning and managing major emergency incidents, including fire service, EMS, law enforcement, and industrial brigades. Contact Phoenix Fire Department 602/534-2169.

September 14-18, 1992, **Confined-Space Rescue**, 40-hour classroom and hands-on experience. \$350. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

September 25-26, 1992, **2nd Annual North Texas Trauma Symposium**. LaBaron Hotel, Dallas, TX. \$50. Contact Garland Fire Department, EMS Division 512/205-2268.

October 5-9, 1992, **Vertical Rescue**, 40-hour program provides classroom and hands-on training necessary to perform rope rescue operations. \$350. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

October 7-9, 1992, **HazMat '92 Fall Southwest**. Hazardous materials and environmental management conference and exhibition. Dallas, TX. 708/469-3373.

October 26-30, 1992, **Confined-Space Rescue**, 40-hour classroom and hands-on experience in confined-space rescue procedures. \$350. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

November 2-13, 1992, **Basic Aircraft Rescue and Firefighting (ARFF)**, 87-hour program provides classroom and hands-on firefighting training. Meets basic requirements of the Federal Aviation Admin. \$800. Fire Protection Training Division, Texas Engineering Extension Service, College Station, TX. 409/845-1152.

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.

Jobs

Paramedics: Galveston EMS. 9-1-1 MICU. Advanced protocols. \$21,000 after 6 mo. for EMT-P with experience. Sharon Atwell, PO Box 838, Galveston, TX 77553. 409/766-2144 or 740-3569.

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.

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.

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)

Texas EMS Positions: Send \$2.75 for current listing, TEEMS, PO Box 540911, Grand Prairie, TX 75054-0911.

Executive Director: Managerial background preferred. Minimum salary \$2,012/month. Contract for twelve months renewable annually. Position closes July 1. Requests for applications to: Camp County EMS, Dept. E, PO Box 866, Pittsburg, TX. 75686 or 903/856-7621. (6)

Paramedics: Full-time positions. Pay commensurate with experience. Benefits. Resume to: AMCARE Ambulances, Inc., 10116 Huebner Rd., San Antonio, TX 78240. 512/558-7602.

Instructor/Coordinator: Paramedic, EMS Coordinator, advanced instructor, and ACLS certification. Bachelor's degree preferred. Contact Clarence Propes, Kilgore College Longview, 300 South High, Longview, TX 75601. 903/753-2642.

For Sale

For Sale: ICOM U16a UHF 16 ch. programmable handheld two-way radio with DTMF keypad \$525, 512/693-4999. (6)

For Sale: 1986 Ford Wheeled Coach Type II diesel ambulance, loaded & in good condition; 1982 Chevy Type I diesel ambulance, 33,000 miles, good condition. 501/394-4399 or 501/524-6050. (5)

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

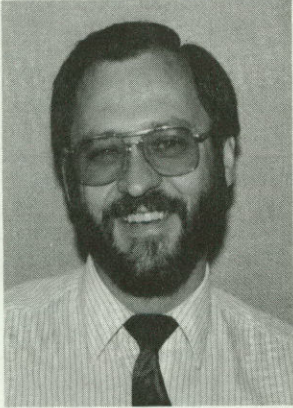
For Sale: 1982 Braun Type II high top. Priced for quick sale, \$6,000. Steve, 409/755-4068. (4)

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)

Ambulance Bids: Sealed bids are being accepted on a 1984 Fort Type III Wheeled Coach van front ambulance. Bid closing is August 1. Mail bids to: Southeast Volunteer Fire Dept., PO Box 34070, Houston, TX. 77234. Vehicle may be seen at 9830 Hughes Rd., Houston, TX. Bids begin at \$10,000. (6)

For Sale: Ambulance type II 1986 Ford diesel excellent condition, fully stocked for BLS. Used for transfer service only. \$12,000. 817/968-5434. (6)

From preaching to CISD: *it all spells helping people*



For Paul Tabor, the path that brought him to his present position with the Bureau of Emergency Management was twisted, and curvy.

Not to mention interesting.

A native of Virginia, Paul is currently the state CISD Program Coordinator, a position in which he helps people cope. It's not unlike the first job he had after graduating from Ozark Christian College in Missouri -- that of a preacher in South Texas.

It was not until he returned to Abilene Christian College for a master's degree, then returned to South Texas to preach and be principal at a Christian school that he became interested in EMS.

"I wanted to get involved in the community, and several parents suggested that I take an ECA course," says Paul. "One thing led to another, and I ended up a paramedic at South Padre Island ... as assistant director of Harlingen EMS."

From there, Paul took a job with the Region 8 Texas Department of Health office as a field consultant, a position he held for five years. Five years ago, he transferred to Austin to head the EMS education program. In

that position, Paul helped write some of the national DOT training curricula.

One of Paul's primary responsibilities now is to set up a statewide CISD network. The program provides immediate support to EMS, and other emergency personnel, after a traumatic event. Although Paul has been working on this project since January, the need for it was demonstrated again last year after the Killeen incident.

"But it doesn't have to be a multi-victim thing. The cases could involve your partner ... or seeing children (experience) some traumatic injury, or death."

Paul is working to identify existing teams or individuals in the state who have received the special training. Ultimately, through an inter-agency effort, Paul says there will be a statewide number providers can call to get a CISD team dispatched.

To increase the number of people who are trained, the health department is sponsoring CISD training with Jeffrey Mitchell, PhD, a widely recognized leader in stress management education. People who attend the course in June may qualify for participation in the CISD statewide network.

In addition to developing CISD, Paul is also working on setting up the EMS Management Academy, a program to offer classes on management skills to EMS providers. The first class, on grant writing, drew 114 participants.

"We want to deal in the future with workshops on billing and collections, and quality improvement," says Paul.

Paul and his wife, Rachel who is a rural letter carrier for the U.S. Postal Service, live outside Austin with their six children.

If you have questions about the EMS Management Academy or CISD training June 25-28 in Austin, call Paul at (512) 458-7550.

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

Second Class Rate Paid
At Austin, Texas