

Texas EMS

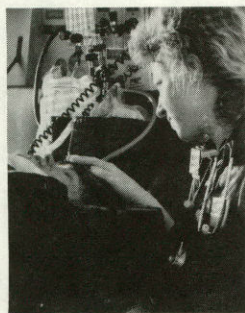
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Texas EMS

M a g a z i n e

July 1992

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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

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TEMSAC to reconsider paramedic accreditation in December

From This Side

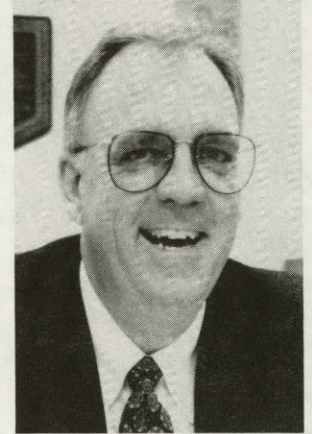
The issue of accreditation of paramedic training programs generated much interest in West Texas. The fifth and last public hearing on this issue was conducted in San Angelo. By the time the hearing was conducted in San Angelo the issue of accreditation had become one of emotions and emotional reactions. Somehow, many of the individuals in and around the San Angelo area were convinced that any form of accreditation would eliminate paramedics from their area.

A much more calm approach to the issue of accreditation was taken by the Texas Emergency Medical Services Advisory Council at their last meeting. I think they deserve a great deal of credit for the professional manner in which they approached this emotional issue. Dr. David Prentice, chair of TEMSAC, deserves a lot of credit for his

management of that issue. Actually, all the members of TEMSAC should be commended for their participation in discussions on accreditation.

The Texas Emergency Medical Services Advisory Council officially tabled the issue of accreditation for a period of six months. A special committee appointed by Dr. Prentice will develop a position statement on accreditation of paramedic training programs, develop strategies that ensure broad applicability in both rural and urban areas, and propose a rule to TEMSAC by December, 1992.

We hope that individuals will begin to look at the issue of accreditation of paramedic training programs with an open mind. Too often in emergency medical service an issue will become so emotional that the facts are not considered during the decision process.



*Gene Weatherall
Chief
Bureau of
Emergency
Management*

TDH-Houston needs an EMT-P

THE TEXAS DEPARTMENT OF HEALTH HAS an opening for a Public Health Technician III. The position involves inspecting ambulance providers and vehicles for state license, monitoring and processing EMS personnel training and certification activities, and other EMS regulatory duties in the 16-county area of Public Health Region 4.

The job requires 25 percent to 30 percent travel and some hours other than 8 am to 5 pm. Texas EMT-Paramedic certification is preferred, but we will consider basic Emergency Medical Technician. All applicants must have a minimum of 60 college hours.

TDH offers a great benefits package that includes holidays, paid vacation, sick leave, health insurance, retirement plan, state contribution to social security, deferred compensation, and flex-time.

Submit an application before August 31, 1992; no resumes will be accepted. Applications are available from the nearest TDH office and should specify the posting number 92-R04-0006.

For further information, contact C. Wayne Morris, Program Administrator, PHR 4 Emergency Medical Services, 10500 Forum Place Drive, Suite 200, Houston, Texas 77036, (713) 995-1112 ext. 495.

Local and Regional EMS News

in the South Montgomery County Volunteer Fire Department and has worked for Montgomery County EMS since 1982. He has an associate's degree in paramedical science.

In other TAEMT news, Joni Parr of Ballinger has been named secretary of the association. She replaces Vivian Perry of San Angelo.

Texas association names emergency nurse of the year

Texas Emergency Nurses Association named Jamie Ferrell, RN, BSN, CEN, Texas Emergency Nurse of the Year. Ferrell is Director of the Emergency Services/Ambulatory Care/Sexual Assault Nurse Examiner Program at Northwest Hospital in Amarillo. Ferrell also represents emergency nurses on the Trauma Technical Advisory Committee, or TTAC, a committee appointed by the Texas Board of Health.

TTAC is comprised of physicians, hospital administrators, an attorney, and an emergency nurse. Susan Graham, president of the association, says that Ferrell's presence on the committee ensured that emergency nursing was well represented.

"We are extremely proud to have Jamie represent us," said Graham. "Individuals on the committee came to respect Jamie not only for her diplomacy and tact, but also for her passion for nursing, the educational advancement of trauma nursing, and

commitment to patient advocacy."

Angleton sponsors annual rescue school in April

Angleton Area Emergency Medical Corps and the Angleton Fire Department sponsored a rescue school April 4 and 5. The annual event drew 73 students representing 23 organizations in six counties.

Students learned automobile rescue techniques using both hydraulic and hand tools, and rescues using no tools. Students also learned vessel and tank rescue, which used ropes, straps, a Stokes basket, and rappelling equipment.

Next year's rescue school is tentatively scheduled for April 3-4, 1993. Organizations interested in the school can write to

Angleton Rescue School, PO Box 1420, Angleton, Texas, 77515.

Redwater-Maud presents safety demonstration; mourns EMT deaths

In May, members of the Redwater-Maud Volunteer EMS, a group of first responders, presented a safety demonstration to students that included how to access emergency services. St. Michael Hospital recently donated an ambulance to the group and as soon as staffing is available, the service will begin transporting patients.

On a somber note, two members of the service recently died. Larry Wright, EMT, was killed in an industrial accident on April 29 attempting to rescue a victim overcome by toxic fumes. Phillip



Angleton Area Emergency Medical Corps sponsored a rescue school in April which drew 73 students from 23 organizations. Students practiced several types of rescue, including rescues from automobiles, vessels, and tanks. Here, instructors prepare to lower a student into a tank for a practice rescue.

Local and Regional EMS News

EMS of Nueces Canyon recently broke ground for its new building in Camp Wood. Present for the groundbreaking ceremonies were, left to right, Marjorie Mitchell, Beryl Mitchell, Marian Roberts, EMS president Susie Jechow, and Steve Jechow.



White, EMT, died May 2 after a long fight with cancer. Both were original members of the service, which formed in 1990. Memorial contributions in their names may be made to Children's Hospital in Houston.

OSHA regulations subject of Texas Tech seminar

Texas Tech University Health Sciences Center sponsored a seminar in May on the new OSHA bloodborne pathogen regulations and although the conference speakers were all in Lubbock, the 45 attendees were not. Through the Health Sciences Center Tech Link system, an interactive video network, the seminar was transmitted to the Health Sciences campus in Amarillo and to hospitals in Alpine and Fort Stockton. Digital video signals transmitted through the phone lines enabled the long distance participants to hear and talk to the group in Lubbock.

Conference speakers included James Morgan, MD, regional director for Public Health Region 2; Pat Vigil, supervisor/exposure control officer for Levelland EMS; and Neil Coker, director of Emergency Medical Programs for TTUHSC School of Allied Health.

And speaking of traveling long distances, Coker; Chris Black, associate director of Emergency Medical Programs; and F.E. Shaheen, director of Levelland EMS; recently went to Reykjavik, Iceland, to consult with officials about introducing paramedic-level care there. Iceland has a population of approximately 210,000.

The Texans also attended a three-day EMS and rescue conference sponsored by the Icelandic Red Cross and Icelandic Association for Search and Rescue.

EMS Short takes

The first paramedic class to graduate in the Fort Worth area – class of 1974 – recently held a reunion. The group, which includes physician Bryan Bledsoe,

plans another reunion soon.

EMS of Nueces Canyon held ground-breaking ceremonies for its new building in Camp Wood during EMS Week in May. The 50' by 60' building will house the system's two units, a training facility, an office, and a community center.

In honor of EMS Week, Lampasas County EMS staged a Multiple Victim Incident, or MVI, to show junior high students the reality of an automobile crash scene. "The object of the demonstration was to make the youth aware of the many dangers of careless driving and lack of safety measures," said Kathy Harrell, EMT-P, co-supervisor of the Lampasas County EMS.

Jane Montgomery, a longtime instructor at Austin Community College in paramedic technology, retired in May. 1992 marks the tenth anniversary of paramedic technology at the community college.

The City of Wharton EMS recently began offering free monthly seminars. In May, a seminar on intraosseous infusion cosponsored by Fort Bend County EMS was attended by representatives from 14 services. The group is planning more seminars on a wide variety of topics and an 8-hour EMS conference on August 14. For information on the seminars or the conference, call Maggie Mejorado at (409) 532-2491, Ext. 700.

The Rains County Fire Prevention District is sponsoring continuing education classes for EMS personnel on the third

Local and Regional EMS News

Thursday of each month through November. The classes are free to anyone who lives or works in Rains County, and \$10 for EMS personnel outside the county. Special group rates are available. For information, call Jasper Northcutt at (903) 473-3154.

Calhoun trains EMTs on new equipment

If you need to know how to use a defibrillator, just ask the EMTs from Calhoun County. In May, 26 EMTs graduated from an extensive training program in the use of the county's eleven new defibrillators. While the state requires six hours of training on the equipment, Calhoun County EMS Director Henry Barber believed that was not enough.

"We had to know more than just how to operate the equipment," said Barber in a story in the *Victoria*

Advocate. "We had to know why we were doing what we were doing, how to operate the equipment, how to treat the patient, patient safety, and safety of our personnel."

In the first two weeks after the equipment's arrival, the heart defibrillators were used to monitor six patients.

EMS Week keeps Ready Teddy beary, beary busy

It's a good thing Ready Teddy is in shape because he spent the month of May running all over Texas. During EMS Week alone, Ready visited thousands of children in places such as Pecos, Teague, Fairfield, Live Oak and Georgetown. During May, he also visited Gatesville, Lampasas, Comanche, Nocona, Johnson City and Rotan.

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



That traveling bear Ready Teddy gives some kids the "high five" sign while visiting a school in Fairfield during EMS Week. Ready visited thousands of children during that week in May.

EMS must gear up to remove communication barriers

The Americans with Disabilities Act requires that deaf and hearing-impaired citizens have direct access to telephone emergency services, whether through 9-1-1 or a seven-digit telephone number. If the public calls for emergency services, you must provide access to hearing-impaired and speech-impaired people by having a TDD, a Telephone Device for

Does your agency receive calls for assistance from the public? If so, have you taken steps to assure your system is accessible to ALL segments of the public we serve?

The law became effective January 26, 1992.

Several types of equipment can provide access to dispatch services for those who use the TDD to communicate. The equipment your dispatch center uses to provide access would depend on your dispatching equipment system and protocols. Current products range from stand-alone TDD equipment, to TDD software and modems for personal computers, to built-in TDD communications in the call taking/dispatching equipment. Detecting devices are available to monitor lines for TDD tones, although these devices do not detect silence when the TDD user awaits a response from the center. For this reason, telecommunicators must be trained to respond to silent calls by using a TDD.

Installing a TDD is a positive step toward the protection of human life. The requirement of direct access means that emergency telephone services can receive calls directly from TDDs without relying on outside relay services or third party services. This means the equipment must be readily available when needed and not put away in a drawer.

However, installing this equipment is only part of the picture. In order to

the Deaf. You may see the acronym TT for Text Telephone or TTY for Teletype used in place of TDD. Public Law 101-336, Title II, Section 35.162 requires that public services be available to all citizens on an equal basis.



Your dispatch center's Telephone Device for the Deaf must always be accessible.



Training is an important aspect of handling calls from hearing-impaired or speech-impaired callers.

provide quality service, your personnel must be properly trained in its use. The Technical Assistance Manual published by the U.S. Department of Justice states that operators should be trained to recognize TDD tones and to respond appropriately. In addition, they must be trained to recognize that a silent, open-line call may be a TDD, and to respond appropriately. This is a key factor for appropriate call-handling procedures. While agencies can install appropriate equipment, only call-handling training and practice of performance provides true access.

Your agency can use these suggestions to assure access to TDD users:

- Purchase compatible devices for TDD communications.
- Install your TDD in a central location.
- Train telecommunicators to identify TDD calls and to understand special communication needs, and provide regular refresher courses.
- Publicize your system as TDD-accessible in all media formats: in newspapers, in TV PSAs with open captions, in local newsletters.
- Provide flash cards at the dispatch position to assist with common abbreviations and protocol.
- Develop standards for handling TDD calls.
- Develop a partnership with deaf and

hard-of-hearing citizens to improve services and to develop confidence for both dispatchers or call-takers and callers.

- Set up a buddy system for conducting test calls on a regular basis.
- Remember, TDDs are portable and calls can come from pay phones or cellular phones.

The Americans with Disabilities Act legislation has brought needed opportunity for the public we serve. We have an obligation to provide equal access to telephone emergency services for everyone. Much confusion exists about the Act and most of the fear we encounter is based on misconceptions about its actual requirements. Take the time to gather facts, not rumors, about the Act and about the steps you must take to assure compliance from these sources:

Office of the Americans with Disabilities Act, Civil Rights Division, U.S. Department of Justice, PO Box 66118, Washington, DC 20035-6118, or call 202-514-0301 (Voice), 202-514-0383 (TDD).

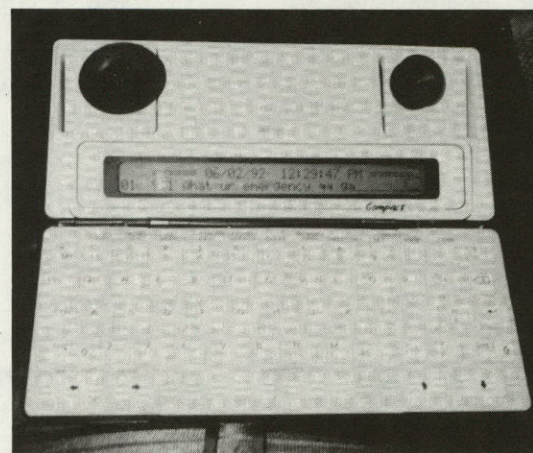
Tele-Consumer Hotline, 1910 K Street, NW, Suite 610, Washington, DC 20006, 1-800-332-1124 (Voice or TDD)

Toni Dunne, TDD Program Coordinator for the Advisory Commission of State Emergency Communications (512-437-1911 V/TDD), assists agencies in assuring access for speech and hearing-impaired Texans. She also chairs the national Emergency Access Committee for telecommunications for the Dear, Inc., and the 9-1-1 ad hoc committee for the Texas Association of the Deaf.

Woody Glover, EMT-I, is the Executive Director of the 9-1-1 Network of East Texas (903-581-8911 V/TDD). He also serves as a firefighter/EMT with the Flint-Gresham Volunteer Fire Department and a board member of the East Texas Deaf and Hearing Association.

Toni and Woody often work jointly on projects to enhance the provision of equal emergency access for the hearing impaired.

*Photos by
Sally Muir, Austin EMS*



TTAC

by Alana S. Mallard

Medical, hospital, consumer groups plan trauma funding strategy

After nearly four hours of comments and suggestions from health care providers representing every area of Texas, Trauma Technical Advisory Committee chair Ray Mason appointed three trauma committee members to construct a public education plan aimed at requesting legislative funding of \$360 million for the Texas Trauma System.

Representatives of 76 trauma-related organizations were invited to attend the May 27 meeting of the trauma committee, specifically to give their ideas about funding the Texas Trauma System, educating the public, and working with elected officials.

Several TTAC members and speakers from the audience of nearly 50 warned of the dangers of failing to fund Texas' trauma care and prevention system. Gary Kesling, an administrator at Fort Worth's John Peter Smith Hospital and chair of Tarrant county's trauma committee, said the cost of trauma in Texas is \$4 billion or \$416,000 per trauma death.

Hospitals have to deal with the monumental cost of treating uninsured or underinsured trauma victims, according to Texas Hospital Association's Leslie Kjellstrand. "Trauma is expensive, and until

there's funding, hospitals are going to struggle," she said. The hospital association has 430 members and represents 80 percent of Texas hospitals.

Susan Graham, a San Antonio emergency department director and president of Texas Emergency Nurses Association, urged TTAC to keep the trauma funding program simple. "How do we get our injured people from rural areas to places where they can get care?" Graham said. She said trauma care resources affect rural residents and urban residents who visit or travel through rural areas. "In areas where there are no resources, it doesn't matter how much money you have. You won't get care," she said.

Trauma committee member Tim Philpot, administrator of Fort Worth's John Peter Smith Hospital, echoed Graham's concern for rural resources. "This committee was started because rural hospitals don't have a pathway to trauma centers," Philpot said. "We've got to keep that access for rural patients in mind."

According to Dr. Robert V. Walker, president of the American Trauma Society and a Dallas maxillofacial surgeon, the challenge is in marketing the need for a funded

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

trauma system. "We have to have people outraged," Walker said. "If we don't have a huge public outcry, nothing will happen."

TTAC surgeon member, Houston's Ken Mattox, said that using ages 1 through 44 as the range for which trauma leads as the cause of death does not go far enough. "We should go to age 65 because up to age 65 trauma is the leading cause of years of potential life lost," Mattox said. Mattox also said that the real problem in the trauma system is getting the head-injured patient into a hospital with a neurosurgeon.

Texas EMS Advisory Council member Virginia Scott invited trauma committee members and the audience to attend the June 12 Legislative Forum sponsored by the EMS advisory group so that the two advisory councils for trauma and prehospital emergency medical care could work with a common theme. Scott serves as TEMSAC's representative to TTAC.

Mason appointed Dallas emergency physician Ron Hellstern, Fort Worth hospital administrator Tim Philpot, and Amarillo emergency nurse Jamie Ferrell to work with Mason to identify a coalition membership and consider the possibility of hiring someone to perform the education activities of the coalition.

Other groups represented at the May 27 meeting included Texas Head Injury Foundation, Texas Department of Public Safety, Texas Department of Transportation, Texas Drug and Alcohol Commission, and Government Affairs, Inc.



Texas hospitals will apply for trauma designation once trauma service areas and regional advisory councils organize.

Wichita Falls RAC almost in place

At the May 27 meeting of TTAC, EMS/Trauma System Development Program Administrator Kathy Perkins told committee members that in spite of a lack of funding, trauma service areas were taking the first steps toward setting up regional advisory councils. Regional advisory councils, or RACS, are the local planning and approval groups that make up the Texas Trauma System.

"People thought that if we didn't have a funded state trauma system, the trauma service areas wouldn't organize," Perkins said. "But the Bureau of Emergency Management has been contacted by 21 of the 22 trauma service areas for help in starting on the development of their RAC."

The trauma service area around Wichita Falls, called TSA-C, moved more quickly than other areas in developing its regional advisory council. "Wichita Falls has written bylaws and is ready to vote on an advisory council," Perkins said. "I expect the Bureau to receive a letter from the regional advisory council by late summer requesting recognition."

Other areas working on RAC organization include the Dallas/Fort Worth area, TSA-E, and Houston, TSA-Q. Perkins said the Houston trauma service area may operate as a non-profit corporation. "It's exciting to see the innovative ways different areas of the state approach development of their RAC," she said.

The trauma systems development legislation says that hospitals seeking designation from the state as a trauma facility must show approval by their local RAC. "We can't designate a hospital as a trauma facility until the area has a RAC," Perkins said, "and according to the trauma bill hospitals cannot call themselves a trauma hospital, trauma facility, or trauma center after September 1, 1993, unless they are designated by the process outlined in the legislation, which includes RAC development."

In addition to Perkins, EMS/Trauma Systems Development staff member Dan Heckler helps local areas with RAC development.

- Alana S. Mallard

TEMSAC

Accreditation issue continues through December

The proposed rules printed in this issue starting on page 14 make no mention of mandatory accreditation of paramedic programs. But accreditation was the hot subject in advisory council committee meetings on May 28 and at the council meeting on May 29. The Bureau of Emergency Management has recommended paramedic school accreditation by Texas Medical Association's Committee on Allied Health Education and Accreditation, or CAHEA.

Debbie Bradford, administrator of the Bureau's EMS Certification Program, gave council members an abbreviated version of presentations she gave in April and May meetings in Houston, Tyler, Lubbock, San Antonio, and San Angelo, including the results of surveys of participants at the meetings.

Of the 226 people attending the five presentations, half were paramedics. Fifty-eight of 98 survey responders

thought accreditation good for EMS as a profession. Twenty-six of 61 survey responders said their paramedic training program would apply for accreditation, and 38 of 62 responders said their program would make improvements to meet requirements. Survey responders named "the word mandatory" as the leading disadvantage of paramedic school accreditation and "improved recognition, respect, and marketability" as the leading advantage.

TEMSAC will consider the issue of accreditation at its September 25 and December 11 meetings.

Nancy Polunsky, chair of TEMSAC's provider committee, proposed rule language recommended by her committee that would require emergency medical services to have policies to deal with noninjured passengers, and she requested a survey of providers to see how EMS currently deals with noninjured passengers.

- Alana S. Mallard

Do you transport noninjured passengers?

The Texas EMS Advisory Council's Provider Committee wants to know how Texas EMS providers deal with the problem of noninjured passengers, both children and adults. Please complete this short survey and return it as soon as possible.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | 1. Do your ambulances have child safety seats? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | 2. Do your ambulances have adult safety restraints? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | 3. Does your service have a policy against transporting noninjured children in ambulances? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | 4. Does your service have a policy against transporting noninjured adults in ambulances? |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | 5. Are you considering a policy to deal with noninjured passengers? |

Comments: _____

Name of Provider _____

Provider address _____

City _____

State _____

Zip _____

Phone Number _____

Contact Person _____

Please mail to:

TEMSAC EMS Provider
Committee attn: Pam West
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Or fax to: (512) 458-7407

*Public hearing on the proposed
rules begins at 9 am on
Friday, July 24*

Texas Department of Health invites comments on EMS rule proposals

By Pam West

OVER THE PAST YEAR TEMSAC, ASSOCIATED COMMITTEES, AND folks around the state have worked on refurbishing some of the EMS rules. The Board of Health proposed the suggested changes on May 16 and the results of all that hard work is on the following pages. Please remember as you read these rules that the sections in bold print are new. The sections that are bracketed are to be removed. When the paramedic rule was first drafted, there was wording which would have made accreditation of paramedic courses mandatory. Please note, that section has been removed. Accreditation is not part of this package.

The Texas Department of Health will conduct a public hearing on the proposed rules beginning at 9 am on Friday, July 24, in the Auditorium at 1100 W. 49th Street in Austin. If you cannot come to the public hearing, please submit your written comments on the rules to Gene Weatherall, Chief, Bureau of Emergency Management, 1100 West 49th Street, Austin, 78756-3199. If your written comments are received prior to the public hearing they will be included in the record of that meeting. However, the Bureau will accept written comments through September 3, which is 90 days from the June 5 *Texas Register* publication date.

If there are no substantive changes made in the rules, they will be presented to the Board of Health for adoption at the September 26 meeting. The final adopted rules will also be printed in the *Texas EMS Magazine*.

Let us hear from you!

§157.3. Processing EMS Provider Licenses and Applications for EMS Personnel Certification.

§157.11. Requirements for An EMS Provider License.

§158.12. Basic Life Support Vehicle License Requirements.

§159.13. Advanced Life Support Vehicle License Requirements.

§157.14. Mobile Intensive Care Unit License Requirements.

§157.15. Requirements for a Specialized Vehicle License.

§157.19. Emergency Suspension, Suspension, Probation, Revocation of a License, and Administrative Penalty.

§157.21. First Responder Organization Registry.

§157.22. Criteria for Denial of a Provider License.

§157.31. Automated External Defibrillator Training Course.

§157.32. Emergency Care Attendant Training Course.

§157.33. Emergency Medical Technician Training Course.

§157.34. EMT-Intermediate Training Course.

§157.35. EMT-Paramedic Training Course.

§157.41. Certification.

§157.44. Certification of Persons With Criminal Backgrounds to be Emergency Medical Services Personnel.

§157.45. Recertification.

§157.51. Criteria for Emergency Suspension, Suspension, Probation and Decertification of an EMS Certificate.

§157.61. Course Coordinator Certification.

§157.62. Program Instructor Certification.

§157.63. Examiner Certification.

§157.64. Criteria for Suspension, Probation, and Decertification of Course Coordinator, Program Instructor, and/or Examiner Certification.

§157.3. Processing EMS Provider Licenses and Applications for EMS Personnel Certification.

§157.3. Processing EMS Provider Licenses and Applications for EMS Personnel Certification.

(a) Purpose. The purpose of this section is to set out the time periods by which the **Texas Department of Health** (department) processes applications for EMS provider licenses and EMS personnel certification.

(b) First time period. The first period is a time from the date of receipt of an application to the date of issuance of a written notice that the application is complete or that additional specific information is required. An appointment for the inspection of an EMS provider may be in lieu of the notice of acceptance of a complete application. The time periods for each application are as follows.

(1) EMS provider licenses. The time periods are 21 days for the letter of application acceptance for EMS provider license, 21 days for the letter of deficiency, and 45 days after **completing licensure requirements** [passing vehicle inspection] for the issuance of the EMS provider license.

(2) (No change.)

(c) - (g) (No change.)

§157.11. Requirements for An EMS Provider License.

§157.11. Requirements for An EMS Provider License.

(a) License application process shall be as follows.

(1) Initial application process.

(A) An EMS provider shall request an application form from the **Texas Department of Health** (department) [bureau].

(B) - (E) (No change.)

(F) An EMS provider shall **submit** [provide] **written or documented** evi-

dence of:

(i) (No change.)

(ii) **treatment and transport protocols and/or standing orders for each level of care rendered which have been [,] reviewed, dated, and signed within 90 days prior to the license period by: [; original signature of medical director required at advanced levels;]**

(I) the director or medical director of a basic life support service; or

(II) the medical director of an advanced life support service.

(iii) (No change.)

(iv) a plan for the assessment of the quality of patient care delivered by EMS personnel and a mechanism by which this assessment is used to further improve upon the delivery of such care. This plan shall contain the following elements:

(I) a delineation of the desired objectives for the plan;

(II) identification of those factors which are necessary for the delivery of good patient care in the field;

(III) a description of the process by which those factors so identified can be monitored and evaluated either directly or indirectly;

(IV) a description of the process by which the information gained in monitoring and evaluating, shall be assimilated and then used to improve upon the delivery of patient care;

(V) a description of the method by which the overall process of the plan can be evaluated with regard to its effectiveness in improving the delivery of patient care; and,

(VI) the plan shall include an evaluation of all aspects of medical and operational services provided, which shall include at a minimum:

(-a) medical protocols/standing orders;

- (-b-) operating procedures;
- (-c-) administrative procedures;
- (-d-) response data;
- (-e-) adherence to standards of care;
- (-f-) complaint management;
- and
- (-g-) proof of preventive and routine maintenance of vehicle(s) and equipment.

(G) - (L) (No change.)

(2) License renewal process.

(A) the department [bureau] shall notify the EMS provider 60 days prior to the expiration date of the provider license. If a provider does not receive notice of expiration from the department [bureau], it is the duty of the provider to notify the department [bureau] and request a license renewal application. Failure to apply for renewal shall result in expiration of the license.

(B) - (D) (No change.)

(b) (No change.)

(c) Vehicle inspections shall be as follows.

(1) Before [Prior to] issuance of a license, each of the EMS provider's vehicles shall be inspected by the department.

(2) Each vehicle shall have:

(A) a current motor vehicle certificate of inspection prior to the department's inspection; [.]

(B) an air conditioner and heater in working order for the patient compartment; and

(C) emergency lights and siren in working order.

(3) The inspection shall include:

(A) visual and physical inspection of each vehicle and of the equipment on each vehicle for the purpose of determining compliance with the vehicle and equipment specifications as described in §157.12 of this title (relating to Basic Life Support Vehicle License

Requirements), §157.13 of this title (relating to Advanced Life Support Vehicle License Requirements), §157.14 of this title (relating to Mobile Intensive Care Vehicle License Requirements), or §157.15 of this title (relating to Requirements for a Specialized Vehicle License);

[(B) visual and physical inspection of the equipment on each vehicle for the purpose of determining compliance with the vehicle equipment specifications as described in §157.12 of this title (relating to Basic Life Support Vehicle License Requirements), §157.13 of this title (relating to Advanced Life Support Vehicle License Requirements), §157.14 of this title (relating to Mobile Intensive Care Vehicle License Requirements), or §157.15 of this title (relating to Requirements for a Specialized Vehicle License);]

(B) [(C)] visual inspection of safety equipment as follows:

(i) one fire extinguisher securely mounted and readily accessible;

(ii) two "No Smoking" signs, one mounted in patient compartment and one in the cab which are easily visible from each entry way;

(iii) a minimum of three visible warning devices on the vehicle, i.e. reflective triangles, etc. which are safe and effective and visible for at least 500 feet; and

(iv) one functional flashlight (excluding penlight).

(d) - (h) (No change.)

(i) Responsibilities of the EMS provider during the license period shall include:

(1) (No change.)

(2) completion of the annual run response summary[;] or participation in the Texas Department of Health EMS/Trauma data collection system;

(3) - (7) (No change.)

(8) that a vehicle when in service is staffed and equipped in accordance with

§158.12. Basic Life Support Vehicle License Requirements.

the Act and the rules adopted thereunder for each level of care provided; and

(9) maintenance of confidentiality of medical records according to the Health and Safety Code, Chapter 773, Subchapter D, Section 773.091 - .096.

(j) - (m) (No change.)

(n) Use of the pneumatic antishock garment may be utilized at the basic level only under medical direction/supervision. [An EMS provider whose current vehicle permit expires prior to September 1, 1990 shall have until November 1, 1990 to meet the requirements of this section.]

§159.13. Advanced Life Support Vehicle License Requirements.

§158.12. Basic Life Support Vehicle License Requirements.

(a) - (b) (No change.)

(c) Required equipment. The following BLS required equipment must be clean and in working order to provide safe transport for patients in the individual service areas.

(1) - (24) (No change.)

(25) one box latex gloves; [and]

(26) one current copy of the DOT document titled "Emergency Response Guide Book;" and [.]

(27) a copy of the treatment and transport protocols that were provided as evidence in the provider licensing application packet.

§157.14. Mobile Intensive Care Unit License Requirements.

§159.13. Advanced Life Support Vehicle License Requirements.

(a) - (c) (No change.)

(d) Required equipment. ALS required equipment shall include all BLS equipment as provided in §157.12 of this title (relating to Basic Life Support Vehicle License Requirements) and the

§157.15. Requirements for a Specialized Vehicle License.

following which shall be in sufficient quantities, clean, and in working order:

(1) - (5) (No change.)

(6) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet; [reviewed, dated and signed with original signature of the EMS provider's medical director within 90 days prior to the license period;]

(7) (No change.)

§157.14. Mobile Intensive Care Unit License Requirements.

(a) - (c) (No change.)

(d) Required equipment. MICU required equipment shall include all equipment as provided in §157.12 of this title (relating to Basic Life Support Vehicle License Requirements and §157.13 of this title (relating to Advanced Life Support Vehicle License Requirements) and the following which shall be in sufficient quantities, clean and in working order:

(1) - (2) (No change.)

(3) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet [reviewed, dated and signed with original signature of the EMS provider's medical director within 90 days prior to the license period]; and

(4) (No change.)

§157.15. Requirements for a Specialized Vehicle License.

(a) Helicopter emergency medical services (EMS) vehicle.

(1) - (10) (No change.)

(11) Staffing and equipment shall be

as follows:

(A) (No change.)

(B) the equipment required for each flight, except when transporting a neonate or a patient in a hyperbaric chamber, shall be as follows:

(i) - (xvi) (No change.)

(xvii) one copy of the medical treatment protocols/standing orders that were provided as evidence in the provider licensing application packet; [reviewed, dated and signed with original signature of the medical director within 90 days prior to the license period;]

(xviii) - (xxiii) (No change.)

(C) (No change.)

(b) Fixed-wing aircraft EMS vehicle.

(1) - (10) (No change.)

(11) Staffing and equipment requirements shall be as follows:

(A) (No change.)

(B) the equipment required for each flight, except when transporting a neonate or a patient in a hyperbaric chamber, shall be as follows:

(i) - (xiii) (No change.)

(xiv) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet [reviewed, dated and signed with original signature of the medical director within 90 days prior to the license period];

(xv) - (xix) (No change.)

(C) (No change.)

§157.19. Emergency Suspension, Suspension, Probation, Revocation of a License, and Administrative Penalty.

(a) Emergency suspension.

(1) The Texas Department of Health (department) Bureau of Emergency Management's bureau chief shall issue

an emergency order to suspend any license issued under this Act if the bureau chief has reasonable cause to believe that the conduct of any license holder creates an imminent danger to the public health or safety.

(2) An emergency suspension is effective immediately without a hearing upon notice to the license holder. In the case of a provider who is exempt from the payment of fees under Health and Safety Code, 773.0581, notice must also be given to the sponsoring governmental entity.

(3) On written request of the license holder, the department shall conduct a hearing not earlier than the 10th day nor later than the 30th day after the date on which a hearing request is received to determine if the emergency suspension is to be continued, modified, or rescinded. The hearing and an appeal from a disciplinary action related to the hearing are governed by §§1.21-1.34 of this title (relating to Formal Hearing Procedures) and the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252-13a, as amended.

(b) Administrative penalty. In accordance with the provisions of the Health and Safety Code, §§773.065 - 066 an administrative penalty may be assessed when an emergency medical services provider has been charged with a violation of the Health and Safety Code, Chapter 773, the rules in these sections or, the reasons outlined in subsection (c) of this section.

(c) Nonemergency suspension or revocation.

(1) Reasons for suspension or revocation. An EMS provider license may be suspended or revoked for, but not limited to, the following reasons. If the provider or provider's employee:

(A) fails to comply with any of

§157.19. Emergency Suspension, Suspension, Probation, Revocation of a License, and Administrative Penalty.

the provider licensure requirements as defined in §157.11 of this title (relating to Requirements for an EMS Provider License);

(B) repeats an offense or commits an offense of a different nature within 12 months of a previous suspension or probation;

(C) provides an unauthorized level of service;

(D) operates the service while under suspension of a license;

(E) tampers with, alters, or changes a license issued by the department;

(F) fails to correct deficiencies during a period of suspension;

(G) issues a check for an EMS provider license which has been returned to the department for insufficient funds;

(H) has a history of staff violations which have resulted in disciplinary action as described in §157.51 of this title (relating to Criteria for Emergency Suspension, Suspension, Probation and Decertification of an EMS Certificate);

(I) continues to disregard violations noted on unannounced inspections and/or has not corrected deficiencies noted on unannounced inspections as required in §157.18 of this title (relating to Unannounced Inspections and Visits);

(J) attempts to obtain or obtains a provider license by fraud, forgery, deception, misrepresentation, or subterfuge;

(K) provides false or misleading advertising;

(L) when managing a subscription program, fails to comply with §157.16 of this title (relating to Subscription Program);

(M) fails to maintain confidentiality of patient records according to Health and Safety Code, Chapter 773;

(N) discriminates in the provision of services based on national origin, race, color, creed, religion, sex, sexual preference, age, physical or mental disability, or economic status;

(O) intentionally falsifies a patient record;

(P) obtains any fee in the course of EMS business by fraud or misrepresentation;

(Q) fails to give the department or its authorized representative true information upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773 or rules adopted thereunder;

(R) fails to pay an administrative penalty in full within the 30 day time limit;

(S) operates or allows to be operated vehicle warning devices unnecessarily and/or in a manner that endangers patient or public safety;

(T) violates any Texas Code, including but not limited to, the operation of an emergency vehicle; and/or

(U) violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient.

(2) Notification. If the department proposes to suspend, revoke, probate a license, and/or levy an administrative penalty, the department shall notify the provider by registered or certified mail and it shall be sufficient if sent to the provider's last known address as shown in the department's records. The notice must state the alleged facts or conduct to warrant the action and state that the provider has an opportunity to request a hearing in accordance with §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).

(3) Hearing request.

(A) The provider may request a hearing within 15 days after the date of

the notice. This request shall be in writing and submitted to the bureau chief. If a hearing is requested, the hearing shall be conducted pursuant to the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252- 13a, and §§1.21-1.34 of this title (relating to Formal Hearing Procedures).

(B) If the EMS provider does not request a hearing in writing after being sent the notice of opportunity, the provider is deemed to have waived the opportunity for a hearing and the license shall be suspended or revoked as proposed; and/or the administrative penalty will be levied.

(d) Probation. For just and sufficient reasons presented by the provider, the department may probate a suspension and may specify the terms of the probation which may include:

(1) that if a provider violates a standard or provision of the Health and Safety Code, Chapter 773 or rules adopted thereunder during the probation period, revocation may result;

(2) any terms or conditions required of provider licensure; and

(3) the length of time of the probation.

(e) Reapplication. One year after the revocation of the EMS provider license, the person may petition the department, in writing, for reapplication of an EMS provider license. However, the department may deny the application if the reason for the revocation continues to exist or for any other failure to meet the requirements in §157.11 of this title (relating to Requirements for an EMS Provider License).

(f) Expiration of a license during suspension. A provider whose license expires during the period of suspension may apply for relicensure on the day following the expiration of the suspension. The provider shall meet

the requirements in §157.11 of this title (relating to Requirements for an EMS Provider License).

§157.21. First Responder Organization Registry.

(a) Application process.

(1) An individual or a first responder organization (first responder) as defined in Health and Safety Code, Chapter 773, §773.003 shall request an application from the Bureau of Emergency Management (bureau) if:

(A) the first responder routinely responds to emergency situations;

(B) the first responder, employees and/or volunteers are certified by the Texas Department of Health (department); and

(C) the first responder does not have a transport vehicle and does not transport patients.

(2) The first responder shall submit the completed application signed by the person responsible for the organization and the signature of the medical director if the first responder provides advanced life support. The medical director shall be the same medical director as the EMS provider; or there shall be a written agreement between medical directors of the first responder and the EMS provider.

(3) The first responder shall submit a letter outlining the cooperative relationship with a licensed EMS provider. The letter shall be signed by the responsible persons for the first responder and the licensed EMS provider unless both belong to the same organization. In cases where the first responders and EMS provider are all responsible to the same governing body, the letter may be signed by the person with signature authority for that governing body.

(4) First responders shall have an inter-local agreement if coordinating

§157.21. First Responder Organization Registry.

with a Basic Life Support (BLS) transporter that stipulates that the first responder Advanced Life Support (ALS) personnel shall accompany the patient in the transporter's vehicle when deemed necessary by the ALS first responder personnel or BLS transporter personnel.

(b) Approval.

(1) After verification by the department of the information on the application, the first responder shall be sent a letter of acknowledgment.

(2) A first responder shall register every two years.

§157.22. Criteria for Denial of a Provider License.

§157.22. Criteria for Denial of a Provider License.

(a) A license may be denied an applicant for, but not limited to, the following reasons:

(1) failure to meet requirements of provider licensing in accordance with §157.11 of this title (relating to Requirements for an EMS Provider License);

(2) failure to meet vehicle and/or equipment license requirements in accordance with §157.12 of this title (relating to Basic Life Support Vehicle License Requirements), §157.13 of this title (relating to Advanced Life Support Vehicle License Requirements), §157.14 of this title (relating to Mobile Intensive Care Unit License Requirements); or §157.15 of this title (relating to Requirements for a Specialized Vehicle License);

(3) failure to meet requirements of §157.16 of this title (relating to Subscription Program);

(4) previous conduct during the performance of duties relating to the responsibilities that is contrary to accepted standards of conduct for EMS providers described in §157.19 of this title (relating to Emergency Suspension, Suspension, Probation, Revocation of a License and Administrative Penalty);

(5) history of disciplinary action relating to an EMS license, permit, or certificate issued in another state;

(6) history of criminal activity while licensed as an EMS provider or while operating an EMS service with permitted vehicles;

(7) falsifying the application or related documents for a provider license;

(8) issuing a check for application for a provider license which is subsequently returned to the department for insufficient funds; and/or

(9) misrepresenting any requirements for an EMS provider license or renewal of an EMS provider license.

(b) An applicant may reapply for licensure not earlier than one year following the date of the denial.

§157.31. Automated External Defibrillator Training Course.

§157.31. Automated External Defibrillator Training Course.

(a) (No change.)

(b) A medical director of an emergency medical services (EMS) system may delegate the use of an AED to certified EMS personnel who successfully complete the AED training course. The medical director shall meet all the requirements of the Medical Practices Act, Texas Civil Statutes, Article 4495b, and rules adopted thereunder in 22 TAC 197.1 - 197.6 (relating to Emergency Medical Services). [§157.79 of this title (relating to Medical Direction/Supervision of Prehospital Care).]

[(c) The minimum required curriculum for an AED training course shall consist of the following:]

(1) The department adopts by reference the American Heart Association's textbook of Advanced Cardiac Life Support chapter which contains the section and amendments

relating to Automated External Defibrillation. [Introduction (30 minutes). The student shall be provided with an overview of the development of prehospital emergency care and the automated defibrillator program. Cardiac arrest statistics shall be discussed, considering other defibrillator programs; ethical and legal responsibilities shall be discussed; the automated recording monitor/defibrillator concept is introduced.]

(2) **Based on a written and skills evaluation, the medical director shall determine whether the student is proficient in the use of the AED.**

[Defibrillator components and operation (30 minutes to 1 hour). The student shall learn the operation of the automated recording monitor/defibrillator chosen by the service program. This lesson includes electrode placement, monitoring, and full operating protocol.]

(3) **Mini code (2 hours).** The student shall demonstrate steps in using the automated recording monitor/defibrillator in the classroom setting. The student must follow the appropriate procedures while performing airway control, chest compression, and defibrillator operation. It is vitally important that the student recognize if the patient is pulseless, then cardiopulmonary resuscitation (CPR) shall be performed.]

(4) **Summary (30 minutes).** An oral review of the procedures taught shall be conducted with directed questions and answers. The review shall include procedures to be followed in troubleshooting the defibrillator, and what steps to take in the medical director's protocols.]

(5) **Written and skills evaluation.** Based on a written and skills evaluation, the medical director shall determine whether the student is proficient in the use of the AED.]

[(d) A medical director of an EMS system that provides advanced life support shall notify the department in writing, on a form provided by the department, of intent to teach an AED training course and shall provide to the department the following information:

- [(1) the name of the EMS system;
- [(2) the name and social security number of each potential student;
- [(3) name, address, telephone number, and medical license number of the medical director;
- [(4) the medical director's protocols for automated defibrillation; and
- [(5) the medical director's plan for continuing education.]

[(e) The medical director shall provide the department with the names and social security numbers of the students who have completed the training course and have been determined to be proficient in the use of an AED.]

(c)[(f)] Nothing in this section shall be construed to limit the ability of a physician to prescribe the use of an AED to a patient or other persons to provide for patient care.

§157.32. Emergency Care Attendant Training Course.

(a) Course curricula.

(1) The minimum curricula shall be the Department of Transportation (DOT) Emergency Medical Services (EMS) First Responder Training Course and the current Federal Emergency Management Agency document entitled "Recognizing and Identifying Hazardous Materials" which are adopted by reference. Copies may be reviewed during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) In addition to the minimum curricula in paragraph (1) of this subsec-

§157.32. Emergency Care Attendant Training Course.

tion, the course shall include curricula on the following subjects:

- (A) "Aids to Resuscitation";
- (B) blood pressure by palpation and auscultation in the unit containing "Diagnostic Signs and Patient Examination" and the unit containing "Shock, Bleeding, and Primary Patient Survey";
- (C) oral suctioning in the unit containing "Aids to Resuscitation";
- (D) spinal immobilization;
- (E) patient assessment; and
- (F) adult, child, and infant cardiopulmonary resuscitation.

(3) The course shall include a minimum of 40 hours of didactic instruction on the approved curricula.

(4) The automated external defibrillator curriculum as adopted by reference in §157.31 of this title (relating to Automated External Defibrillator Training Course) shall be optional. This curriculum shall be taught only with the approval of an EMS medical director and shall be in addition to the 40 hours of instruction in paragraph (3) of this subsection.

(5) A student shall successfully complete all course requirements including course written and course skills examinations prior to being placed on a course completion certificate and becoming eligible for state certification skills and written examinations.

(b) Application procedures.

(1) An application for course approval must be obtained from the Texas Department of Health (department) or the public health region EMS offices.

(2) The completed course approval application must be signed by a certified coordinator and shall be submitted to the department a minimum of three weeks before the starting date of the course.

(c) Course approval criteria.

(1) Criteria for course approval shall be outlined in the EMS Course Approval

Manual which is adopted by reference. The manual is available for review during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Approval of an Emergency Care Attendant (ECA) Training course application shall be dependent upon:

(A) meeting the requirements in subsections (a) and (b) of this section; and

(B) meeting all the requirements in the EMS Course Approval Manual relating to ECA training courses.

(3) If the application meets the criteria in this section, the training program shall receive a letter of approval from the department with an assigned course number.

(d) Criteria for course denial.

(1) A course may be denied for, but not limited to, the following reasons. If the applicant:

(A) submits an incomplete application;

(B) fails to submit an application in accordance with requirement in subsection (b) of this section;

(C) has a history of a high failure rates of students in previous courses on certification examinations;

(D) has a history of poor course evaluations from students in previous courses;

(E) fails to meet standards for training facilities as defined in the EMS Training Course Approval Manual based on a site evaluation; and/or

(F) submits names of instructors who are not certified to the appropriate level for the training course as required in §157.61 of this title (relating to Certification of Course Coordinator, Program Instructor, and Examiner) and who are not listed as guest lecturers.

(2) If an application is denied, a letter will be forwarded to the applicant detailing specific reasons for the denial.

§157.33. Emergency Medical Technician Training Course.

(a) Course curricula.

(1) The minimum curricula for the Emergency Medical Technician (EMT) training course shall be the Department of Transportation (DOT) Basic Training program for EMT - Ambulance and the current Federal Emergency Management Agency document titled "Recognizing and Identifying Hazardous Materials" which are adopted by reference. Copies may be reviewed during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Objectives pertaining to the use of the pneumatic antishock garment (PASG) shall be optional. Teaching of this optional skill shall be at the discretion of the course coordinator.

(3) The Automated External Defibrillator (AED) curriculum as adopted by reference in §157.31 of this title (relating to Automated External Defibrillator Training Course) is optional and shall be taught only with the approval of an Emergency Medical Services (EMS) medical director and shall be in addition to the 100 hours of instruction in paragraph (4) of this subsection and in addition to the clinical and field internship requirements in paragraphs (5) and (6) of this subsection.

(4) The course shall include a minimum of 100 hours of didactic instruction on the approved curricula.

(5) In addition to the 100 hours of instruction in paragraph (4) of this subsection, the student shall be required to complete a minimum of 20 hours of clinical, in-hospital training. A minimum of 8 hours are required in the

emergency department. The remaining hours may be completed in other clinical areas of the hospital.

(6) Twelve hours of clinical, in-hospital training may be completed in a primary care facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Accreditation Association Ambulatory Health Care (AAAHC), such as a minor emergency health care facility, if an exception to paragraph (5) of this subsection is requested from the department.

(7) The student shall be required to complete a minimum of three supervised ambulance runs on an authorized EMS vehicle. The supervision of these runs shall be provided by an individual certified as at least an EMT or by an appropriately qualified program instructor as determined by the course coordinator. An ambulance run is one in which a patient is transported from the scene to a primary care facility because the patient's condition requires care or one in which the student observes or assists with care at the scene, but the patient is transported by a helicopter, advanced life support (ALS), or mobile intensive care unit (MICU) vehicle.

(8) A student shall successfully complete all course requirements including course written, course skills examinations, clinical training, and EMS field internship prior to being placed on a Course Completion Certificate and becoming eligible for state certification skills and written examinations.

(b) Application procedures.

(1) An application for course approval must be obtained from the department or the public health region EMS offices.

(2) The completed course approval application must be signed by a certified coordinator and shall be submitted to the department a minimum of three

§157.33. Emergency Medical Technician Training Course.

weeks before the starting date of the course.

(c) Course approval criteria.

(1) Criteria for course approval shall be outlined in the EMS Course Approval Manual which is adopted by reference. The manual is available for review during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Approval of an EMT Training course application shall be dependent upon:

(A) meeting the requirements in subsection (a) and subsection (b) of this section; and

(B) meeting all the requirements in the EMS Course Approval Manual relating to Basic Emergency Medical Technician Training Courses.

(3) If the application meets the criteria in this section, the training program shall receive a letter of approval from the department with an assigned course school number.

(d) Criteria for course denial.

(1) A course may be denied for, but not limited to, the following reasons. If the applicant:

(A) submits an incomplete application;

(B) fails to submit an application in accordance with requirement in subsection (b) of this section;

(C) has a history of high failure rates of students in previous courses on certification examinations;

(D) has a history of poor course evaluations from students in previous courses;

(E) fails to meet standards for training facilities as defined in the EMS Training Course Approval Manual based on a site evaluation;

(F) fails to meet standards for clinical training as defined in the EMS Training Course Approval Manual

based on a site evaluation;

(G) fails to meet standards for EMS field internship as defined in the EMS Training Course Approval Manual based on a site evaluation; and/or

(H) submits names of instructors who are not certified to the appropriate level for the training course as required in §157.61 of this title (relating to Certification of Course Coordinator, Program Instructor, and Examiner) and who are not listed as guest lecturers.

(2) If an application is denied, a letter will be forwarded to the applicant detailing specific reasons for the denial.

(e) EMT completion course.

(1) Eligibility for the EMT Completion Training Course shall be current certification as an Emergency Care Attendant (ECA).

(2) The minimum curriculum for the EMT Completion training course shall be the Texas Department of Health EMT Completion Training Course which is adopted by reference. Copies of this curricula may be reviewed during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(3) Objectives pertaining to the use of the pneumatic antishock garment (PASG) shall be optional. Teaching of this optional skill shall be at the discretion of the course coordinator.

(4) The AED curriculum as adopted by reference in §157.31 of this title (relating to Automated External Defibrillator Training Course) is optional and shall be taught only with the approval of an EMS medical director and shall be in addition to the 60 hours of instruction in paragraph (5) of this subsection and in addition to the clinical and field internship requirements in paragraphs (6) and (7) of this subsection.

(5) The course shall include a mini-

mum of 60 hours of didactic instruction on the approved curriculum.

(6) In addition to the 60 hours of instruction in paragraph (5) of this subsection, the student shall be required to complete a minimum of 20 hours of clinical, in-hospital training. A minimum of 8 hours are required in the emergency department. The remaining hours may be completed in other clinical areas of the hospital.

(7) Twelve hours of clinical, in-hospital training may be completed in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Accreditation Association Ambulatory Health Care (AAAHHC) accredited primary care facility, such as a minor emergency health care facility, if an exception to paragraph (5) of this subsection is requested from the department.

(8) The student shall be required to complete a minimum of three supervised ambulance runs on an authorized EMS vehicle. The supervision of these runs shall be provided by an individual certified as at least an EMT or by an appropriately qualified program instructor as determined by the course coordinator. An ambulance run is one in which a patient is transported from the scene to a primary care facility because the patient's condition requires care or one in which the student observes or assists with care at the scene, but the patient is transported by a helicopter, ALS, or MICU vehicle.

(9) Application procedure for an EMT Completion course shall be as outlined in subsection (b) of this section.

(10) Approval or denial of an EMT Completion Training Course shall be in accordance with this subsection as well as subsections (c) and (d) of this section.

(11) A student shall successfully complete all course requirements including course written, course skills exami-

nations, clinical training, and EMS field internship prior to being placed on a Course Completion Certificate and becoming eligible for state certification skills and written examinations.

§157.34. EMT-Intermediate Training Course.

(a) Course curricula.

(1) The minimum curricula for the Emergency Medical Technician - Intermediate (EMT - I) training course shall be the Department of Transportation (DOT) EMT - I training curriculum adopted by reference. Copies may be reviewed during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) The curriculum shall include objectives pertaining to endotracheal intubation.

(3) Objectives related to manual defibrillation shall be optional and may be included only at the discretion of the course medical director.

(4) The automated external defibrillator (AED) curriculum described in §157.31 of this title (relating to Automated External Defibrillator Training Course) may be included as an optional skill at the discretion of the course medical director.

(5) If the course medical director includes optional skills in paragraph(s) (3) and/or (4) of this section, the instruction shall be in addition to the 60 hours in paragraph (6) of this section.

(6) The course shall include a minimum of 60 hours of didactic instruction on the approved curriculum.

(7) In addition to the 60 hours of instruction in paragraph (6) of this subsection, the student shall be required to complete a minimum of 50 hours of

§157.34. EMT-Intermediate Training Course.

clinical, in-hospital training. A minimum of 24 hours shall be required in the emergency department.

(8) The student shall be required to complete a minimum of 50 hours of supervised experience on an authorized EMS vehicle operating as at least an advanced life support vehicle.

(9) At least 3 runs shall be completed during which the patient receives ALS care. The supervision of this experience shall be provided by an individual certified as at least an EMT-I or an appropriately qualified program instructor as determined by the course coordinator.

(10) During the clinical and/or EMS field internship the student shall be required to successfully demonstrate proficiency in endotracheal intubation and peripheral intravenous needle or catheter insertion to the satisfaction of the course medical director and course coordinator.

(11) A student shall successfully complete all course requirements including course written examination, course skills examination, clinical training, and EMS field internship prior to being placed on a Course Completion Certificate and becoming eligible for state certification skills and written examinations.

(b) Enrollment.

(1) Students enrolling in an EMT-I training course shall be currently certified as an EMT, or may be enrolled in an EMT training course and shall have completed the classroom portion of the course.

(2) The student shall successfully complete the EMT training course and be certified at the EMT level before certification at the EMT-I level.

(3) An EMT whose certification expires while enrolled in an EMT-I course is not certified at any level until:

(A) successfully completing the

recertification requirements for EMT certification; or

(B) successfully completing the certification requirements for EMT-I certification.

(4) An EMT who is enrolled in an EMT-I course and whose EMT certification expires before the end of the EMT-I course shall have a period not to exceed 90 days to complete recertification requirements for the EMT certificate if:

(A) an application and fee for the EMT recertification is received before the expiration date of the EMT certificate; or

(B) an application and fee for the EMT-I certification is received before the expiration date of the EMT certificate.

(c) Application procedures.

(1) An application for course approval may be obtained from the department or the public health region EMS offices.

(2) The completed course approval application must be signed by a certified coordinator and the course medical director and shall be submitted to the department a minimum of six weeks before the starting date of the course.

(d) Course approval criteria.

(1) Criteria for course approval shall be outlined in the EMS Course Approval Manual which is adopted by reference. The manual is available for review during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Approval of an EMT-I Training course application shall be dependent upon:

(A) meeting the requirements in subsections (a), (b), and (c) of this section; and

(B) meeting all the requirements in the EMS Course Approval Manual relating to Emergency Medical Technician - Intermediate Training Courses.

(3) If the application meets the

criteria in this subsection or this section, the training program shall receive a letter of approval from the department with an assigned course number.

(e) Criteria for Course Denial.

(1) A course may be denied for, but not limited to, the following reasons. If the applicant:

(A) submits an incomplete application;

(B) fails to submit an application in accordance with requirement in subsection (c) of this section;

(C) has a history of high failure rates of students in previous courses on certification examinations;

(D) has a history of poor course evaluations from students in previous courses;

(E) fails to meet standards for training facilities as defined in the EMS Training Course Approval Manual based on a site evaluation;

(F) fails to meet standards for clinical training as defined in the EMS Training Course Approval Manual based on a site evaluation;

(G) fails to meet standards for EMS field internship as defined in the EMS Training Course Approval Manual based on a site evaluation; and/or

(H) submits names of instructors or examiners who are not certified to the appropriate level for the training course as required in §157.61 of this title (relating to Certification of Course Coordinator, Program Instructor, and Examiner) and who are not listed as guest lecturers.

(2) If an application is denied, a letter will be forwarded to the applicant detailing specific reasons for the denial.

§157.35. EMT-Paramedic Training Course.

(a) Course Curricula.

(1) The minimum curricula for the

Emergency Medical Technician - Paramedic (EMT-P) training course shall be the Department of Transportation (DOT) EMT-P adopted by reference. Copies may be reviewed during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Objectives pertaining to the use of rotating tourniquets may be included as an optional skill at the discretion of the course medical director and shall be in addition to the 160 hours in paragraph (3) of this subsection.

(3) The course shall include a minimum of 160 hours of didactic instruction on the approved curriculum.

(4) In addition to the didactic instruction in paragraph (3) of this subsection, the student shall be required to complete a minimum of 140 hours of clinical training in a facility which has patient and staff resources to support the number of students assigned to a clinical area. A minimum of 40 hours shall be required in the emergency department.

(5) The student shall be required to complete a minimum of 100 hours of supervised experience on an authorized emergency medical services (EMS) vehicle operating as an mobile intensive care unit (MICU) which has capabilities of voice telecommunication with on-line medical direction.

(6) At least five (5) runs shall be completed during which the patient receives advanced life support (ALS) care. The supervision of this experience shall be provided by an individual certified as at least an EMT-P or an appropriately qualified program instructor as determined by the course coordinator.

(7) During the clinical and/or EMS field internship the student shall be required to successfully demonstrate

§157.35. EMT-Paramedic Training Course.

proficiency in endotracheal intubations, peripheral intravenous needle or catheter insertions, and patient assessments, to include cardiac monitoring, to the satisfaction of the course medical director and course coordinator.

(8) A student shall successfully complete all course requirements including course written examinations, course skills examinations, clinical training, and EMS field internship prior to being placed on a course completion certificate and becoming eligible for state certification skills and written examinations.

(b) Enrollment.

(1) Students enrolling in an EMT-P training course shall be currently certified as an EMT; or

(2) may be enrolled in an EMT training course and shall have completed the classroom portion of the course.

(3) The student shall successfully complete the EMT training course and be certified at the EMT level before certification at the EMT-P level.

(4) An EMT whose certification expires while enrolled in an EMT-P course is not certified at any level until:

(A) successfully completing the recertification requirements for EMT certification; or

(B) successfully completing the certification requirements for EMT-P certification.

(5) An EMT who is enrolled in an EMT-P course and whose EMT certification expires before the end of the EMT-P course shall have a period not to exceed 90 days to complete recertification requirements for the EMT certificate if:

(A) an application and fee for the EMT recertification is received before the expiration date of the EMT certificate; or

(B) an application and fee for the EMT-P certification is received before the expiration date of the EMT certificate.

(c) Application procedures.

(1) EMS training entities without accreditation from the Committee on Allied Health Education Accreditation (CAHEA) may obtain an application for course approval from the Texas Department of Health (department) or the public health region EMS offices.

(2) The completed course approval application must be signed by a certified coordinator and the course medical director and shall be submitted to the department a minimum of six weeks before the starting date of the course.

(3) An EMS training entity which has been accredited by CAHEA shall submit to the department a copy of the self study for accreditation and a copy of the formal accreditation approval from CAHEA. The EMS training entity shall submit to the department:

(A) copies of updates submitted to CAHEA as well as any correspondence from CAHEA affecting the EMS training entity's accreditation; and

(B) a semester or quarter plan and schedule for EMS training courses to be taught during that period.

(d) Course approval criteria.

(1) Criteria for course approval shall be outlined in the EMS Course Approval Manual which is adopted by reference. The manual is available for review during normal working hours in the Texas Department of Health, Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas 78756.

(2) Approval of an EMT-P Training course application shall be dependent upon:

(A) meeting the requirements in subsections (a), (b), and (c) of this section; and

(B) meeting all the requirements in the EMS Course Approval Manual relating to EMT-P Training Courses and/or CAHEA accredited programs.

(3) If the application meets the

criteria in this subsection, the training program shall receive a letter of approval from the department with an assigned course number.

(e) Criteria for course denial.

(1) A course may be denied for, but not limited to, the following reasons. If the applicant:

(A) submits an incomplete application;

(B) fails to submit an application in accordance with requirement in subsection (c) of this section;

(C) has a history of a high failure rate of students in previous courses on certification examinations;

(D) has a history of poor course evaluations from students in previous courses;

(E) fails to meet standards for training facilities as defined in the EMS Training Course Approval Manual based on a site evaluation;

(F) fails to meet standards for clinical training as defined in the EMS Training Course Approval Manual based on a site evaluation;

(G) fails to meet standards for EMS field internship as defined in the EMS Training Course Approval Manual based on a site evaluation; and/or

(H) submits names of instructors or examiners who are not certified to the appropriate level for the training course as required in §157.61 of this title (relating to Certification of Course Coordinator, Program Instructor, and Examiner) and who are not listed as guest lecturers.

(2) If an application is denied, a letter will be forwarded to the applicant detailing specific reasons for the denial.

(f) EMT-P completion course.

(1) Enrollment.

(A) Students enrolling in an EMT-P completion course shall be currently certified as an EMT-I; or may be enrolled in an EMT-I training course and

shall have completed the classroom portion of the course.

(B) The student shall successfully complete the EMT-I training course and be certified at the EMT-I level before certification at the EMT-P level.

(C) An EMT-I whose certification expires while enrolled in an EMT-P completion course is not certified at any level until:

(i) successfully completing the recertification requirements for EMT-I certification; or

(ii) successfully completing the certification requirements for EMT-P certification.

(D) An EMT-I who is enrolled in an EMT-P completion course and whose EMT-I certification expires before the end of the EMT-P course shall have a period not to exceed 90 days to complete recertification requirements for the EMT-I certificate if:

(i) an application and fee for the EMT-I recertification is received before the expiration date of the EMT-I certificate; or

(ii) an application and fee for the EMT-P certification is received before the expiration date of the EMT-I certificate.

(2) Course curricula.

(A) the minimum curriculum for the EMT-P Completion Training course shall be the following divisions of the Department of Transportation (DOT) national training course Emergency Medical Technician - Paramedic as adopted by reference:

(i) Division 1 to include 1.4.3, 1.4.4, 1.4.7 -1.4.14, SL4.29b, 1.5.1 - 1.5.11, 1.6.1 - 1.6.13, and 1.7.1 - 1.7.13;

(ii) Division 2 to include 2.2.5, 2.2.9, 2.2.12, 2.2.22, 2.3.9, 2.4.2, 2.4.8, 2.4.28 - 2.4.30, S2.4.42, 2.5.1 - 2.5.40, and S2.5.41 - S2.5.44; and

(iii) Divisions 3 - 6 to include all sections.

(B) objectives pertaining to the use of rotating tourniquets may be included at the discretion of the course medical director, but if taught shall be in addition to the 100 hours in (E) of this subsection.

(C) the course shall include a minimum of 100 hours of didactic instruction on the approved curriculum.

(D) the student shall be required to complete a minimum of 90 hours of clinical in-hospital training.

(E) a minimum of 24 hours shall be required in the emergency department.

(F) the student shall be required to complete a minimum of 50 hours of supervised experience on an authorized EMS vehicle operating as an MICU which has capabilities of voice telecommunication with on-line medical direction.

(G) at least five runs shall be completed during which the patient receives ALS care. The supervision of this experience shall be provided by an individual certified as an EMT-P or by an appropriately qualified program instructor as determined by the course coordinator. An ambulance run is one in which a patient is transported from the scene to a primary care facility because the patient's condition requires care or one in which the student observes or assists with care at the scene, but the patient is transported by a helicopter or other MICU vehicle.

(H) during the clinical and/or EMS field internship the student shall be required to successfully demonstrate proficiency in endotracheal intubations, peripheral intravenous needle or catheter insertions, and patient assessments, including cardiac monitoring, to the satisfaction of the course medical director and course coordinator.

(I) a student shall successfully complete all course requirements includ-

ing course written examination, course skills examinations, clinical training, and EMS field internship prior to being placed on a Course Completion Certificate and becoming eligible for state certification skills and written examinations.

(3) Application procedure for an EMT-P Completion course shall be as outlined in subsection (c) of this section.

(4) Approval or denial of an EMT-P Completion Course shall be as outlined in subsections (d), (e), and (f) of this section.

§157.41. Certification.

§157.41. Certification.

(a) - (c) (No change.)

(d) If the application approval process is prolonged due to a felony/misdemeanor conviction investigation; the 90 day time period may be extended to accommodate the candidate who is deemed eligible to test.

(e)[(d)] The department shall administer examinations at regularly scheduled times. It is the responsibility of the candidate to make arrangements that are necessary to complete the examination requirements. The department is not required to set special examination schedules for those who request examination or re-examination.

(f)[(e)] A candidate shall be eligible to reapply for certification for up to two years following the course completion date, if:

(1) the candidate's name appears on a course completion certificate but the candidate has not completed the examinations within 90 days of the course completion date; or

(2) the candidate fails a retest; and

(3) the candidates described in this subsection shall complete a department approved refresher course for the level of certification requested, submit the application for certification with the

applicable fee, and complete all examination requirements as described in subsection (a)(5) and (6) and subsection (c) of this section.

(g)(f) A candidate who does not meet the requirements for certification within the two year period following the course completion date shall be required to reapply after completing the EMS training course as required in §157.77 of this title (relating to EMS Training Program and Course Approval).

(h)(g) After verification by the department of the information submitted by the candidate, a candidate who meets the requirements in these sections shall be certified for four years commencing on the date of issuance of a certificate and wallet-size certificate signed by department officials.

(i)(h) A certificate is not transferable. The wallet size certificate shall be carried by personnel while on duty. A duplicate certificate may be issued following the submission of a request for duplicate certificate form and a fee of \$5.

(j)(i) EMS personnel shall perform emergency care procedures only as authorized by the Medical Practices Act, Texas Civil Statutes, Article 4495b, and rules adopted thereunder in 22 TAC §§193.1-193.5 (relating to Standing Delegation Orders) and 22 TAC §§197.1-197.6 (relating to Emergency Medical Service). However, where conflicts may occur this chapter shall prevail.

(k)(j) The completion of a course at a higher level of certification shall satisfy the course requirement for a lower level of certification, and the individual may apply for certification by:

(1) submitting an application and applicable fee, if any, as required in subsection (a) (3) and (4) of this section; and

(2) meeting the examination requirements of this section within 90 days of

the course completion date; or

(3) meeting the requirements of subsection (f)(e) of this section.

(l)(k) Individuals who successfully complete certification requirements for a higher level are deemed to be certified only at that level.

(m)(l) An individual who is certified as an EMT-I or EMT-P may voluntarily be certified at an EMT level of certification by:

(1) submitting the application for certification and the applicable fee, if any, as required in subsection (a) (3) and (4) of this section;

(2) completing the requirements of §157.76 of this title (relating to Continuing Education) or a department approved refresher course;

(3) achieving a passing grade on the department's written and skills certification examinations as required in subsection (a) (5) and (6) of this section; and

(4) returning the wallet-size certificate for the EMT-I or EMT-P level of certification to the department.

§157.44. Certification of Persons With Criminal Backgrounds to be Emergency Medical Services Personnel.

(a) (No change.)

(b) Access to criminal history record information.

(1) Criminal History Record. The department is entitled to obtain criminal history record information maintained by the Department of Public Safety, the Federal Bureau of Investigation identification division, or another law enforcement agency to investigate the eligibility of an applicant for certification or recertification as emergency medical services personnel.

(2) Confidentiality of information. All information received under this

§157.44. Certification of Persons With Criminal Backgrounds to be Emergency Medical Services Personnel.

section is privileged and confidential. The information may not be released to any person outside the department or other agency except in the following instances:

- (A) a court order;
- (B) with written consent of the entity being investigated;
- (C) in a criminal proceeding; or
- (D) in a hearing conducted by the department.

(c)[(b)] Criminal convictions which directly relate to the profession of EMS personnel.

(1) When a person's conviction of a felony or misdemeanor directly relates to the duties and responsibilities of EMS personnel, the Texas Department of Health (department) may:

- (A) deny to a person the opportunity to be examined for a certificate;
- (B) disqualify a person from receiving a certificate; or
- (C) decertify or suspend an existing certification.

(2) In considering whether a crime directly relates to the occupation of EMS personnel, the department shall consider:

(A) the nature and seriousness of the crime;

(B) the relationship of the crime to the purposes for requiring a certificate. The following crimes relate to the certification of EMS personnel because these crimes directly relate to the ability to carry out the duties and responsibilities of EMS personnel;

- (i) offenses under the Health and Safety code, chapter 773;
- (ii) offenses under the Uniform Act Regulating Traffic on Highways, Texas Civil statutes, Article 6701d, which are punishable by fines greater than \$200, or imprisonment, or both fine and imprisonment;
- (iii) offenses under the intoxicated driver provision of Texas Civil Statutes,

Article 67011-1;

(iv) offenses under the Health and Safety Code, Chapter 481, relating to controlled substances;

(v) offenses under the Health and Safety Code, Chapter 483, relating to dangerous drugs;

(vi) offenses under the following titles of the Texas Penal Code:

- (I) Title 5 - offenses against the person;
- (II) Title 7 - offenses against property;
- (III) Title 9 - offenses against public order and decency;
- (IV) Title 10 - offenses against public health, safety, and morals;
- (V) Title 11 - offenses involving organized crime; and
- (VI) Title 4 - offenses of attempting or conspiring to commit any of the offenses in this clause;
- (vii) the offenses listed in clauses (i) - (vi) of this subparagraph are not inclusive in that the department may consider other particular crimes in special cases in order to promote the intent of the EMS Act and these sections;

(C) the extent to which a certificate might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously has been involved; and

(D) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of EMS personnel. In making this determination, the department will apply the criteria outlined in Texas Civil statutes, Article 6252-13c, §4 (c)(1)-(7).

(d)[(c)] Procedures for decertifying, suspending or denying a certificate to persons with criminal backgrounds.

(1) If the department's Bureau of Emergency Management (bureau) proposes to decertify, suspend, or deny

a certificate, based on the criteria in subsection (b) of this section, the bureau shall notify the individual at his or her last known address as shown in the bureau's records, by registered or certified mail. The notice shall specify the facts or conduct alleged to warrant the intended action. If the proposed action is to decertify or suspend a certificate, the procedural requirements of §157.52 of this title (relating to Procedures for Decertification and Suspension of a Certificate) shall be applicable.

(2) The individual may request a hearing within 15 days after the date of the notice. This request shall be submitted in writing to the bureau chief. A hearing shall be conducted pursuant to the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252-13a and §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).

(3) If the individual does not request a hearing in writing after being sent the notice of the proposed action, the individual is deemed to have waived the opportunity for a hearing. and the proposed action will be taken.

(4) If the department decertifies, suspends, or denies a certificate under these sections after a hearing, the bureau chief shall give the person written notice:

(A) of the reasons for the decision;
 (B) that the person, after exhausting administrative appeals, may file an action in a district court of Travis County, Texas for review of the evidence presented to the department and its decision; and

(C) that the person must begin the judicial review by filing a petition with the court within 30 days after the department's action is final and appealable.

(5) If an individual requests a hearing because the department has proposed to deny the certification; and

if after the hearing the department is ordered to certify the applicant; the applicant shall complete all eligibility requirements including certification examinations and retests within 90 days of the ruling.

(6) After the hearing and/or the decision has been made to deny or certify an applicant, the department shall destroy the criminal history record information regarding the applicant.

§157.45. Recertification.

(a) General.

(1) - (5) (No change.)

(6) If the application approval process is prolonged due to a felony/misdemeanor conviction investigation; the 90 day time period may be extended to accommodate the candidate who is deemed eligible to test.

(b) - (d) (No change.)

(e) Military personnel.

(1) An individual who fails to renew certification within 90 days of the expiration date because of active duty serving outside the State of Texas, shall have one year from the date of return to the state in which to:

(A) complete a department approved refresher course or continuing education requirements;

(B) submit an application to the department and the nonrefundable fee as set out in §157.41 (a)(4) of this title (relating to Certification); and

(C) achieve a passing grade on the department's skills and written certification examinations as described in §157.41 (a)(5) and (6) of this title (relating to Certification).

(2) An applicant who fails either the skills or written certification examinations may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for

§157.45. Recertification.

a written retest. The applicant shall complete all retests within 90 days of the completion of the refresher course.

(3) No late fee shall be assessed candidates applying under this subsection.

(f) Hardship cases. The Bureau Chief may review special hardship cases and allow a candidate to test beyond the 90-day eligibility period.

§157.51. Criteria for Emergency Suspension, Suspension, Probation and Decertification of an EMS Certificate.

§157.51. Criteria for Emergency Suspension, Suspension, Probation and Decertification of an EMS Certificate.

(a) Emergency medical services (EMS) personnel certified by the Texas Department of Health (department) may be subject to, but not limited to, the following disciplinary action.

(1) Emergency suspension.

(A) the department's Bureau of Emergency Management bureau chief shall issue an emergency order to suspend any certificate issued under the Emergency Medical Services Act if the bureau chief has reasonable cause to believe that the conduct of any certificate holder creates an imminent danger to the public health or safety.

(B) an emergency suspension shall be effective immediately without a hearing upon notice to the certificate holder. Notice must also be given to the sponsoring governmental entity if the holder is exempt from the payment of fees under the Health and Safety Code, 773.0581 or to the EMS provider if not exempt from the payment of fees.

(C) on written request of the certificate holder, the department shall conduct a hearing not earlier than the 10th day nor later than the 30th day after the date on which a hearing request is received to determine if the

emergency suspension is to be continued, modified, or rescinded. The hearing and appeal from a disciplinary action related to the hearing shall be in accordance with §§1.21-1.34 of this title (relating to Formal Hearing Procedures) and the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 6252-13a, as amended.

(2) Nonemergency suspension and decertification. The department may suspend or decertify an EMS personnel certificate for, but not limited to, the following reasons. If the certificant:

(A) fails to follow the EMS standards of care in the management of a patient;

(B) fails to administer medications and/or treatments in a responsible manner in accordance with the medical director's orders or protocols;

(C) fails to maintain confidentiality of patient information obtained in the course of professional work;

(D) performs advanced level treatment without medical direction or supervision;

(E) fails to comply with the terms of a probation;

(F) issues a check for application for examination for recertification which has been returned to the department for insufficient funds;

(G) discriminates in the provision of services based on national origin, race, color, creed, religion, sex, sexual preference, age, physical or mental disability, or economic status;

(H) is under the influence of alcohol or is using a controlled substance, as defined by the Health and Safety Code, Chapter 481, and/or Chapter 483, which affects the certificant's ability to render aid according to accepted procedures or protocol;

(I) represents that he or she is qualified at any level other than his or her current certification;

- (J) abandons a patient;
- (K) appropriates and/or possesses without authorization medications, supplies, equipment, or personal items of the patient or employer;
- (L) materially alters any department EMS certificate, or uses and/or possesses any such altered certificate;
- (M) repeats an offense which resulted in suspension and/or probation of the certificate or has a history of two or more offenses within a two-year period;
- (N) cheats and/or assists another to cheat on the department's examinations for certification or recertification;
- (O) attempts to obtain or obtains certification or recertification by fraud, forgery, deception, misrepresentation, or subterfuge; and/or assists or attempts to assist another to obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge;
- (P) has been convicted of a misdemeanor or felony in accordance with the provisions of §157.44 of this title (relating to Certification of Persons with Criminal Backgrounds to Be Emergency Medical Services Personnel);
- (Q) practices beyond the scope of certification without medical direction;
- (R) illegally dispenses, administers, or distributes controlled substances as defined by the Health and Safety Code, Chapter 481 and/or Chapter 483;
- (S) performs medical acts beyond those permitted by the medical director;
- (T) intentionally falsifies a patient record;
- (U) has an EMS certificate or license suspended or revoked in another state while holding a Texas EMS certificate;
- (V) obtains or attempts to obtain any benefit to which not otherwise entitled by duress, coercion, fraud, or misrepresentation while in the course and scope of employment as EMS

- certificant;
 - (W) fails to comply with Health and Safety Code, Chapter 773 and rules adopted thereunder;
 - (X) fails to give the department or its authorized representative full and complete information, upon request, regarding an alleged or confirmed violation of Health and Safety Code, Chapter 773 or rules adopted thereunder;
 - (Y) violates any rule or standard that would jeopardize the health or safety of a patient or that has a potential negative affect on the health or safety of a patient; or
 - (Z) falsifies an application for certification or recertification.
- (3) Probation. For just and sufficient reasons presented by the certificant, the department may probate the suspension and may specify the terms of the probation which may include:
- (A) decertification if the individual violates a standard or provision of the Health and Safety Code, Chapter 773 or rules adopted thereunder during the probation period;
 - (B) any terms or conditions that the certificant maintain certification or recertification requirements during the probation; and
 - (C) the length of time of the probation.
- (4) Notification. If the department proposes to suspend, revoke, or probate a certificate, the department shall notify the certificant by registered or certified mail and it shall be sufficient if sent to the certificant's last known address as shown in the department's records. The notice must state the alleged facts or conduct to warrant the action and state that the certificant has an opportunity to request a hearing in accordance with §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).
- (5) Hearing request.

(A) the certificant may request a hearing within 15 days after the date of the notice. This request shall be in writing and submitted to the bureau chief. If a hearing is requested, the hearing shall be conducted pursuant to the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 62542-13a, and §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).

(B) if the certificant does not request a hearing in writing, after being sent the notice of opportunity, the certificant is deemed to have waived the opportunity for a hearing and the certificate shall be decertified, suspended, or placed on probation.

(6) Reapplication. Two years after the decertification, an individual may petition the department, in writing for reapplication for certification. The department shall evaluate the petition and may allow an application for certification to be submitted. However, the department may deny the application if the reason for decertification continues to exist. If the application is allowed, the individual may be eligible to apply for late recertification as described in §157.45 of this title (relating to Recertification); or if ineligible for late recertification, the applicant shall be required to meet the requirements for certification as described in §157.41 of this title (relating to Certification).

(7) Expiration of a certificate during suspension. An individual whose certificate expires during the period of suspension may apply for recertification on the day following the expiration of the suspension. The individual shall meet the requirements for late recertification as described in §157.45 of this title (relating to Recertification).

§157.62. Program Instructor Certification.

§157.63. Examiner Certification.

§157.61. Course Coordinator Certification.

§157.61. Course Coordinator Certification.

- (a) - (e) (No change.)
- (f) Recertification.

(1) To be eligible for recertification the course coordinator shall:

(A) maintain EMS certification or professional licensure as required in subsection (b) of this section with the exception of the mean score requirement; [or professional licensure;]

(B) - (G) (No change.)

(2) (No change.)

§157.62. Program Instructor Certification.

(a) - (e) (No change.)

(f) Recertification.

(1) To be eligible for recertification, the program instructor shall:

(A) maintain EMS certification or professional licensure as required in subsection (b) of this section with the exception of the mean score requirement;

(B) - (H) (No change.)

(2) (No change.)

§157.63. Examiner Certification.

(a) (No change.)

(b) Certification. An examiner candidate shall:

(1) have a high school diploma or a general educational development (GED) certificate;

(2) have EMS personnel certification as follows:

(A) be currently certified as at least an EMT [and have achieved at least the state mean score for the applicant's most recent certification examination] to be a basic examiner;

(B) be currently certified as at least an EMT-I [and have achieved at least the state mean score for the applicant's most recent EMT-I or EMT-P certification examination] to be an intermediate examiner;

(C) be currently certified as at least an EMT-P [and have achieved at least

the state mean score for the applicant's most recent EMT-P certification examination] to be an advanced examiner; or

- (D) (No change.)
- (c) - (e) (No change.)

§157.64. Criteria for Suspension, Probation, and Decertification of Course Coordinator, Program Instructor, and/or Examiner Certification.

(a) Suspension or decertification of a course coordinator certificate. The department may suspend or decertify a course coordinator certificate for, but not limited to, the following reasons. If the certificant:

- (1) fails to maintain emergency medical services (EMS) personnel certification at the appropriate level or professional licensure;
- (2) fails to maintain recertification requirements as described in §157.61(f) of this title (relating to Course Coordinator Certification);
- (3) falsifies the application for course coordinator certification;
- (4) falsifies the course completion certificate documents;
- (5) repeats an offense or commits an offense of a different nature within 12 months of a previous suspension or probation;
- (6) cheats on the department's course coordinator examination;
- (7) compromises the department approved course examination process;
- (8) fails to maintain the integrity of the course;
- (9) falsifies the course approval application;
- (10) fails to maintain sponsorship with an EMS or EMS training entity;
- (11) compromises the safety of students and class participants;
- (12) allows the recurrent use of inadequate, inoperable, or malfunction-

ing equipment;

- (13) allows inadequate class presentations;
 - (14) demonstrates a lack of supervision of program instructors and/or guest instructors;
 - (15) fails to process the course application and student documents within the time frames established in §157.32 of this title (relating to Emergency Care Attendant Training); §157.33 of this title (relating to Emergency Medical Technician Training Course); §157.34 of this title (relating to Emergency Medical Technician -Intermediate Training Course); or §157.35 of this title (relating to Emergency Medical Technician - Paramedic Training Course);
 - (16) fails to maintain professionalism in the department approved course;
 - (17) issues a check for course coordinator certification which has been returned to the department for insufficient funds; or
 - (18) fails to make appointments for certification examinations as required in §157.61 (d)(12) of this title (relating to Course Coordinator Certification).
- (b) Suspension or decertification of a program instructor certificate. The department may suspend or decertify a program instructor certificate for, but not limited to, the following reasons. If the certificant:
- (1) fails to maintain EMS personnel certification at the appropriate level;
 - (2) fails to maintain recertification requirements as described in §157.62(f) of this title (relating to Program Instructor Certification);
 - (3) falsifies the application for certification;
 - (4) compromises the department approved course's examination process;
 - (5) repeats an offense or commits an offense of a different nature within 12 months of a previous suspension or probation;
 - (6) cheats on the department's program instructor examination;
 - (7) fails to maintain professionalism in the course;

§157.64. Criteria for Suspension, Probation, and Decertification of Course Coordinator, Program Instructor, and/or Examiner Certification.

- (8) fails to attend scheduled classes;
- (9) fails to meet or exceed the knowledge objectives of the curricula required in §157.32 of this title (relating to Emergency Care Attendant Training); §157.33 of this title (relating to Emergency Medical Technician Training Course; §157.34 of this title (relating to Emergency Medical Technician - Intermediate Training Course); or §157.35 of this title (relating to Emergency Medical Technician-Paramedic Training Course); or
- (10) issues a check for program instructor certification which has been returned to the department for insufficient funds.

(c) Suspension or decertification of an examiner certification certificant.

(1) Reasons for suspension or decertification. The department may suspend or decertify an examiner certification for, but not limited to, the following reasons. If the certificant:

(A) fails to maintain EMS personnel certification at the appropriate level;

(B) compromises the department's skills examination standards;

(C) fails to conduct the department skills examinations in an objective manner;

(D) fails to complete the department's skills examination forms;

(E) fails to maintain recertification as required in §157.63(e) of this title (relating to Examiner Certification);

(F) repeats an offense or commits an offense of a different nature within 12 months of a previous suspension or probation;

(G) fails to attend assigned department examination sessions;

(H) fails to maintain professionalism in the department's examination process; or

(I) issues a check for examiner certification which has been returned to the department for insufficient funds.

(2) Probation. For just and sufficient reasons presented by a course coordinator, program instructor, and/or examiner certification certificant, the department

may probate the suspension.

(d) Notification. If the department proposes to suspend, decertify, or probate a course coordinator, program instructor and/or examiner certification certificate, the department shall notify the certificant by registered or certified mail at the certificant's last known address as shown in the department's records. The notice must state the alleged facts or conduct to warrant the action and state that the certificant has an opportunity to request a hearing in accordance with §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).

(1) The certificant may request a hearing within 15 days after the date of the notice. This request shall be in writing and submitted to the bureau chief. If a hearing is requested, the hearing shall be conducted pursuant to the Administrative Procedure and Texas Register Act, Texas Civil Statutes, Article 62542-13a, and §§1.21 - 1.34 of this title (relating to Formal Hearing Procedures).

(2) If the certificant does not request a hearing in writing, after being sent the notice of opportunity, the certificant waives the opportunity for a hearing and the certificant shall be decertified, suspended, or placed on probation.

(e) Reapplication. Two years after the decertification, an individual may petition the department, in writing for reapplication for certification. The department shall evaluate the petition and may allow an application for certification to be submitted. However, the department may deny the application if the reason for decertification continues to exist.

(f) Expiration of a certificate during suspension. An individual whose certificate expires during the period of suspension may apply for certification in accordance with §157.61 of this title (relating to Course Coordinator Certification), or §157.62 of this title (relating to Program Instructor Certification), or §157.63 of this title (relating to Examiner Certification) as applicable.



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. Our 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. Call Kelly Daigle at (512) 458-7550 for conference information.
- Alana 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**
PO Box 26399
Austin, Texas 78755-0399

Enclosed \$ _____

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

Name _____

Address _____

City _____ State _____ Zip _____

EMS WEEK AWARDS

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 five 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, 1992.

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**

P.O. Box 26399

Austin, Texas 78755-0399

Phone _____

City _____ State _____ Zip _____

Type of business/products _____

How many booths? _____ Vehicle space? _____ Electrical power? _____

Did you read...

By Kelly D. Daigle

Federal documents filed with the National Highway Traffic Safety Administration list 430 complaints about auto air bags.

Cocaine-related emergency room visits increased 13 percent during the July-September quarter of 1991.

In some Los Angeles hospitals, EMTs have to wait up to an hour during peak times just to be able to unload a patient off an ambulance gurney. Some patients are simply taken back to the ambulance for treatment.

While auto air bags may have saved many lives, critics charge that the air bags are still in the developmental stage and cite hundreds of complaints that the bags did not inflate or opened only partially during crashes. Federal documents filed with the National Highway Traffic Safety Administration list 430 complaints, with 289 injuries and eight deaths reported, according to a May 24, 1992, story from the Knight-Ridder Tribune News Service carried in the *Austin American-Statesman*. The safety administration, which has not investigated the complaints, says that 278 lives have been saved by air bags since 1974.

Federal officials have mandated air bags for all new cars by 1997. The bags are designed to open in front-end crashes when a vehicle solidly strikes an obstacle at speeds above 10 mph. There are about eight million vehicles with air bags on the road.

(Knight-Ridder Tribune News Service, *Austin American-Statesman*, May 24, 1992, PO Box 670, Austin, Texas, 78767; 512/445-3500.)

Cocaine-related emergency room visits increased 13 percent during the July-September quarter of 1991, according to a U.S. Department of Health and Human Services report published in the *Austin American-Statesman*. During the same period, there were 10 percent more emergency room visits related to heroin use.

A related article in the April 1992 issue of *Emergency*, says that emergency rooms across the country are being overwhelmed; many simply close their doors to new patients forcing EMS to transport patients to other hospitals. In Los Angeles, EMTs make 237,000 calls a year – up to 200 a day in South Central

Los Angeles. When EMTs are delayed, either in the emergency room or transporting a patient to a distant hospital, the system slows down. In some LA hospitals, EMTs have to wait up to an hour during peak times just to be able to unload a patient off an ambulance gurney. Some patients are simply taken back to the ambulance for treatment.

The article concludes that EMS may soon face additional stress on the system if emergency room visits continue to increase, forcing prehospital personnel into an expanded role.

(*Austin American-Statesman*, May 25, 1992, PO Box 670, Austin, Texas, 78767; 512/445-3500 and *Emergency*, 6300 Yarrow Dr., Carlsbad, California, 92009; 800/854-6449.)

Physicians at Harborview Injury Prevention and Research Center in Seattle are asking the federal Consumer Product Safety Commission to ban baby walkers. Safety experts estimate that walkers cause up to 20,000 pediatric injuries each year.

Although many of the injuries result from falls down stairs, other injuries include drowning by falling in a toilet, pool, or bathtub and burns. Burns can happen when babies grab something hanging down from a table, and pull the table's contents, such as hot beverages, on top of them. Babies can travel up to three feet per second in the walkers.

The injury prevention center, already known for its bicycle helmet and pedestrian safety campaigns, plans to distribute brochures in Washington state and then nationwide through the American Academy of Pediatrics.

(Knight-Ridder Tribune News Service, *Austin American-Statesman*, May 23, 1992, PO Box 670, Austin, Texas, 78767; 512/445-3500.)

Physicians at Harborview Injury Prevention and Research Center in Seattle are asking the federal Consumer Product Safety Commission to ban baby walkers.

Wondering how to get out the good word about EMS? An article in the April 1992 issue of *Emergency* talks about putting your best foot forward. Written by an EMT-I who is a partner in an EMS consulting firm and former marketing director for a hospital, the article suggests:

- Get to know the media on a friendly basis.
- Position yourself as a news source, not as a news subject (such as when someone criticizes your company or employees).
- Be sensitive to deadlines.
- Don't ask reporters not to publish articles if the interview goes badly.
- Don't ask for approval of the story before it is printed.
- Tell the truth – or nothing.
- Don't go off the record.
- Always return reporters' phone calls.
- Don't expect to bat 1.000.
- Be human. Stilted interviews often lead to boring news stories – be passionate about your role in EMS.

(*Emergency*, 6300 Yarrow Dr., Carlsbad, California, 92009; 800/854-6449.)

The U.S. Department of Health and Human Services has released the final version of the Clinical Laboratory Improvement Amendment, or CLIA, which extends federal authority over all sites, including ambulances, that test human specimens. Under the new rule, EMS agencies must apply for a waiver for prehospital personnel to

continue performing blood glucose tests, whether using monitors (meters) or visual assessment of reagent-impregnated test strips.

The new rules take effect September 1, 1992, and waiver applications should be filed by August 1. The waiver fee is \$100, and must be paid every two years when waivers are renewed. Every EMS service must file a waiver, including hospital-based services. The CLIA regulations (document number 069-001-00042-4) can be ordered for \$3.50 from the U.S. Government Printing Office at (202) 783-3238.

(*EMS Insider*, April 1992, PO Box 2789, Carlsbad, California, 92018; 619/431-9797.)

Congressman Steve Gunderson, R-Wisconsin, introduced the Emergency Medical Services Amendment of 1992 last February. The bill would amend the Trauma Care Systems Planning and Development Act of 1990 to establish a federal EMS office within the Department of Health and Human Services, provide subsidies for state EMS offices, and develop a model telecommunications project linking rural and urban medical facilities. The bill seeks \$62 million for the federal EMS office; \$3 million for state EMS offices; and \$10 million for the telecommunications project. States receiving funding would have to fulfill fund-matching requirements. A version of the bill is being considered for introduction to the Senate.

(*EMS Insider*, April 1992, PO Box 2789, Carlsbad, California, 92018; 619/431-9797.)

Oops!

In the May issue we did not give EMS Division Director Pam West enough initials after her name; we left off her MSN. Pam graduated from Corpus Christi State University in 1985 with a Master of Science in Nursing.

In the "Drunk drivers account for half the fatal accidents in Texas" sidebar on page 9 of the May issue we mixed up our decimals. The correct

blood alcohol concentration of drivers in fatal accidents should read this way:

51 percent of fatal accident drivers - 0.10 BAC or higher; 4 percent of fatal accident drivers - 0.06 to 0.09 BAC; 4 percent of fatal accident drivers - 0.01 to 0.05 BAC

In the June issue we listed Pauline VanMeur's children's ages incorrectly. Erin is 7 and Robin is 4.

Test results wanted: In looking at the EMS certification test results in the last Texas EMS Magazine, I noticed that in the basic courses, only those with a class size of 10 or more were listed. I would like to make a few points on those courses with a smaller class size.

In a small community like Nueces Canyon, class size is limited. Nevertheless, we must provide courses every year to maintain the EMS due to certified personnel moving or retiring. We feel that we have a good class size if we begin with eight students.

When we complete a course with four solid ECAs or EMTs, we feel satisfied with our accomplishment for our effort.

We require more from our students than the state minimum. We have devised our own workbook relating directly to the knowledge and skills objectives. The training continues after the course through directly monitored runs and monthly CE. In the basic courses my husband and I have taught, we have consistently achieved exam averages of 90 plus.

With the upcoming decision on accreditation for advanced courses, I feel that a true assessment of all courses completed should be included in the test results publication. The reader can determine if the test results were a reflection of the class size or possibly just a good program sponsored by a system that is limited, yet still cares about quality EMTs and ECAs.

One line in the Texas EMS Magazine seems to me like a small request when the time and effort of coordinating a course is considered.

Susie Jechow, EMT-P
Camp Wood, Texas

In August we will begin reporting on classes with three or more testing candidates. - Editor

Another conference fan: During November '91 I attended your conference in Austin.

Before, during and after the conference, I had the pleasure to see West Texas EMS services, such as Odessa, Fort Stockton, Iraan, Ozona and Austin services. My companion during this time was Mr. William F. Baker, Jr. I met a lot of people and made a lot of friends on this trip.

I'm presently arranging holidays to return for the '92 conference. Any service wishing to trade patches or shirts for my service items can write to the address below.

Christopher Patrick
Batlow Ambulance Station
Batlow 2730, N.S.W. Australia

And another magazine fan: Your publication is excellent and we look forward to receiving it.

David Zamora
San Antonio

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.

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Name
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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

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.

* **Crawford, Carroll Wayne**, Memphis, Texas. Revocation of EMT certification. EMS rule 157.51(a)(4)(J), misdemeanor conviction while certified.

* **Dowdy, Curtis Bryan**, Houston, Texas. Denial of certification. EMS rule 157.51, multiple DWI convictions.

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.

* **Ramirez, Ryan Amirio**, Port Arthur, Texas. Revocation of EMT certification. EMS rule 157.51 (a)(4)(s) and (k), jeopardizing patient health and safety practice beyond the scope of certification without medical direction.

Tobey, Sam W., 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.

Calendar

Meetings

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 County, 512/837-6983 or digital pager 512/397-8493.

July 19-22, 1992. **System Status Management Course**. Sponsored by Jack Stout and East Texas Medical Center EMS. Tyler, TX. Registration \$625. Contact Faye Thomas 903/535-6485.

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 24, 1992. **Public Hearing, EMS proposed rules**. Texas Department of Health Auditorium. Austin, TX. 512/458-7550.

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**. Hosted by Wharton County EMS. Contact Maggie Mejorado 409/532-2491, ext. 700.

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 8-10 & 13, 1992. **Basic Trauma Life Support class**. For all levels of certification. \$125. Barbara Litsey, 16650 Sugar Pine Lane, Houston, TX 77090. 713/440-9650.

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 17-18, 1992. **TEMSAC meeting**. Austin, TX. Contact Harold Broadbent, 512/458-7550.

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 conference information or Jan Brizendine for exhibitor information at 512/458-7550.

December 3-4, 1992. **TEMSAC meeting**. Austin, TX. Contact Harold Broadbent 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.

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.

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: EMSA/LifeFleet, the nation's largest and fastest growing prehospital Emergency Medical Service, is seeking top quality professionals for its Oklahoma City operation. Current ACLS, OK state and nationally registered paramedic certifications required. Competitive salary and comprehensive benefit package. Human Resources, LifeFleet, 1111 Classen Dr., Oklahoma City, OK 73103. (7)

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: 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)

Paramedic Preferred: Bureau of Emergency Management has an opening in Austin in the EMS Certification Program to coordinate exam development and statewide CE approval. Contact Debbie Bradford at 512/458-7550.

Go West: *Certification, trauma, disaster - she does it all*



To see Pam West's office, you would think she has a secret longing to run away with the circus. The eyes of nearly 100 clowns – most of them gifts from people in EMS – gaze at visitors to the EMS Division Director's office. Clowns fill a glass display case, hang from the ceiling and door jambs, sit on bookcases, and adorn clocks, calendars, pictures. But Pam doesn't really yearn for the gypsy life. She feels an affinity for the circus performers.

"Since I was a little girl I liked clowns," Pam says, "not because they made us laugh, but because I thought they had a real sense of what the world was about.

"On the outside they laugh, but inside they have sympathy and compassion."

Sympathy and compassion may have been what led Pam into the medical field at age 14 as a nurse's aide. Pam went on to become an RN, and then to get a bachelor's degree in nursing from St. Anselm's College in her native state of New Hampshire.

Working as a nurse to finance her education, Pam got her first taste of emergency medicine. When she directed the cardiac care unit, Pam lived closer to the hospital than any of the physicians. If there was an emergency, Pam was called.

"I worked with EMS when it began becoming less of a transportation service and more prehospital health care," says Pam. "That's what started my interest."

In 1976, Pam moved to Corpus Christi to work as assistant director of nursing in a large convalescent center.

"Corpus Christi was a cultural shock in terms of weather," Pam says with a smile. She completed her master's degree while living there.

She left the convalescent home to take a job as executive director of a senior volunteer program, but found

she missed medicine. She became director of a regional EMS system for a council of governments, eventually directing systems for several COGs throughout South Texas.

While in that position, Pam served on an advisory committee for Project Hope, a nonprofit organization. The committee studied setting up EMS in Costa Rica and Pam did a complete system analysis and helped write the grant that created an EMS system in the Central American country.

In 1986, Pam came to the Bureau of Emergency Management as EMS Division Director. In that position, she oversees several programs: Certification, Sexual Assault Prevention, EMS for Children, Disaster Response, EMS/Trauma Registry, and EMS/Trauma Systems Development, which includes local grants.

She sees herself as a facilitator - someone who paves the way for a smooth-running operation.

"I consider my main job to be making it easier for others to get their job done," Pam says.

That job includes making the EMS Division accessible to EMS personnel. To do that, she visits about 40 rural providers each year to find out the concerns and problems of those services.

"The visits let people know we care and that they are free to call us with their concerns," says Pam. "It also gives me an idea of what is going on with EMS in Texas."

Her vision for EMS in Texas goes beyond just improving the level of service; Pam wants Texas to be a leader in prehospital emergency medicine and to be recognized for excellence at the national level. She says that in many issues, Texas is already on the forefront.

"We are continually pushing to make EMS recognized as viable healthcare," says Pam. "For too long, we have been seen as a transportation service merely because we rely on a vehicle."

Pam has two daughters and two grandchildren. She lives just north of Austin in Round Rock. For questions or comments about EMS, call Pam at (512) 458-7550.

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