

Texas EMS

M a g a z i n e

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EMS Certification
and Licensing
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New EMS rules effective
this month also cover
disciplinary actions,
first responders
and educators.

Lisa Stewart helps
pick up TDH grant dollars
for Live Oak County EMS
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Texas EMS

M a g a z i n e

November 1992

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Building Toward A Future

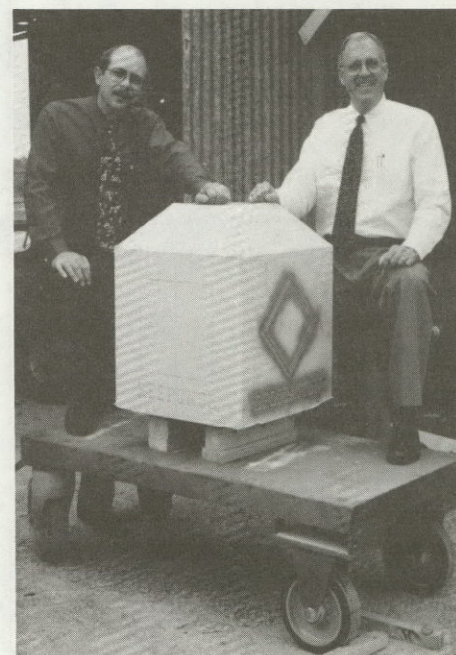
The EMS monument is finally going to become a reality. This project began in 1987 and we will dedicate the monument on November 25 at noon at Texas Department of Health. Joe Kacal did a great job of designing this monument. It was exciting to be with Joe last month and watch part of the lettering on the monument. The monument is being inscribed and set by Joe Solansky in Gonzales. We look forward to sharing it with everyone in Texas.

Trauma has recently taken a position of high priority within our organization. We were very pleased when we received a recent grant for \$202,000. These funds will be used for development of regional trauma system components and public information materials. There is quite a bit of activity around

the state to form Regional Advisory Councils. I would urge all EMS firms to become involved in this important activity in your local area.

Please check our ad on this page for the new position of Director of this Trauma Program.

EMS education continues to be an important topic within the EMS Division. Pam West and Debbie Bradford are working to develop a new and valid continuing education program for all EMS personnel. They are to be commended on this effort and we look forward to the results of their work.



*GENE WEATHERALL,
CHIEF
BUREAU OF EMERGENCY
MANAGEMENT*

Trauma Program Director

The Bureau of Emergency Management is accepting applications for a Director of Programs to manage the bureau's trauma program, including regional trauma systems and the statewide trauma registry. The Group 20 salary begins at \$37,416 with excellent state benefits.

This is an exciting opportunity for someone with experience in EMS management, hospital administration, or clinical supervision to lead one of TDH's high priority programs, and to become a national

leader in trauma care systems development.

The position requires a master's degree and 5 years of experience in public health, public administration, or business management, which includes 2 years of management, administrative, or supervision experience; or a bachelor's degree and 8 years of experience as above, which includes 2 years of management, administrative, or supervision. Up to 4 additional years of the required experience may be substituted for the required education.

Local and Regional EMS News

What is happening in your area?

Let us know!
Are you planning a fundraiser?
A training class?
A public education program?
Do you have new people on board?
Elected new officers?

Send your news to:

Texas EMS Magazine
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1100 West 49th Street
Austin, Texas 78756-3199

Spotlight on ... Region 6

Public Health Region 6 covers 21 counties in southwest Texas. In 1991, the region had a population of 1,640,610. The largest concentration of population lies in Bexar county, with 1,195,510, which includes the City of San Antonio.

According to October 1, 1992, data, Region 6 has 65 EMS services: 49 capable of basic life support, seven capable of advanced, and nine with MICU capabilities. Bexar county has six MICU services; Comal, Guadalupe, and Val Verde counties each have one.

Of the 3,184 people in the region with EMS certification as of October 1, 489 are certified as ECAs, 1,821 as EMTs, 260 as EMT-Is, and 614 as paramedics. There are also 41 course coordinators, 154

instructors, and 95 examiners. Henry C. Moritz, MD, is the regional director and Lee Sweeten is the EMS program administrator. Steve Han-neman and Joe Horseley are EMS program specialists; Joyce Jaeggli assists with administrative duties.

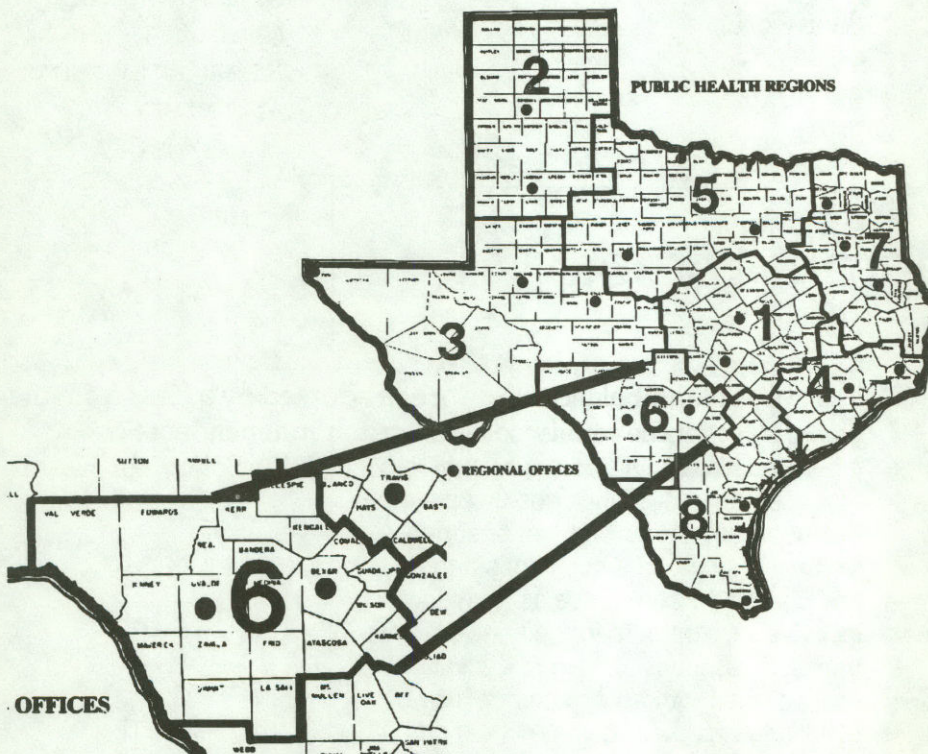
San Jacinto College names EMS Department personnel

Mark L. Hill was recently named chair of the Emergency Medical Technology Department at San Jacinto College's central campus. Hill has been with the college for eight years, the last two years as acting chair of the department. Also, John Hermann has been promoted to full-time instructor of basic certification courses.

City of Austin EMS chosen best city service

According a poll in *The Austin Chronicle*, an entertainment weekly, EMS is the best city service in Austin. The newspaper writes: "Most of the (city) services are good, but EMS would have saved our lives if they needed saving, and were here at the office in less than three minutes recently when someone passed out mowing the field behind our building."

And congratulations to Austin EMS for their excellent public image. In August, 75 percent of Austin's voters approved bonds to build or upgrade four EMS stations. Fire and police bonds passed with margins nearly as high, 74 percent and 73 percent "for," respectively. Of the 16 bond issues on the ballot, no other bond issue received as many "for" votes as EMS.



Local and Regional EMS News

The LCRA United Charities in Smithville recently donated a \$9,000 Life-Pak 10 defibrillator to Fayette County EMS. From the left are Donald Peck and Rick Ulrich, both with LCRA; Clarence Schulze, EMT-P, director of Fayette County EMS; and Doug Tromblee with LCRA.



Fayette County service receives defibrillator

Fayette County Emergency Medical Service replaced one of its old defibrillators, thanks to a donation from the the Fayette Power Project/Smithville Maintenance Branch of the Lower Colorado River Authority United Charities. The \$9,000 Life-Pack 10 Monitor Defibrillator replaces a Life-Pack 5

used at the La Grange station. The La Grange unit makes a large number of emergency transfers to larger facilities, says Clarence Schulze, EMT-P, director of Fayette County EMS.

"The pacing capabilities of the Life-Pack 10 will come in handy on these runs," says Schulze.

The service has a paid director and two paid paramedics; about 40 people volunteer as EMTs. Five ambulances cover the county: two in La Grange and one each in Fayetteville and Flatonia have ALS capabilities, and one in Schulenberg has BLS capabilities. Last year the service ran 1,176 calls.

Ready Teddy makes friends at AstroWorld

Ready Teddy will be repeating his visits to the theme park AstroWorld on weekends in October. Ready Teddy visited the park several times over the summer to hand out coloring books and teach injury prevention. One of the Houston Ready Teddy suits belongs to the City of Houston Health Department. Since his arrival there in early 1992, the bear has visited approximately 26,000 children.

And the bearamedic has been adopted by a class from the Houston Independent School District's High School for Health Professionals. Students from the class volunteer to wear RT, and accompany him in his travels.

Other RT visits around the state included Mexia, Marathon, Blanco, Benavides, Cleburne, Lubbock, Graham, and a health fair in Odessa.



NEW HEALTH COMMISSIONER VISITS 48 EMS LOCAL PROJECTS WINNERS

SINCE JOINING TEXAS DEPARTMENT OF HEALTH IN MARCH, Commissioner of Health David R. Smith, MD, has logged more than 4,000 miles visiting the happy representatives of 48 emergency medical services. His visits recognized local grantwriting efforts and successful applications for funding from the EMS Local Projects grant program of the Bureau of Emergency Mangement.

"One of the goals of the health department is to get more resources to the community", Smith has told EMS group after EMS group across the state. "Funding rural health care is an important part of what we do."

In South Texas, EMS understands the need for rural health care.

"Sometimes we see people who never see doctors," said Donna EMS paramedic John De

La Garza during a visit by Smith in Harlingen on October 1. "We are their first-time medical care."

"You are an integral part of that prehospital system," Smith told representatives of Kirby Volunteer Fire Fighting, Frio County EMS, and Leon Valley EMS when he visited in San Antonio, "and in many ways you are one of the best parts of the system we have out there."

While the health commissioner did not visit every funded EMS agency, he did deliver a total of \$302,451 in checks during his travels to meet and support Texas' local emergency medical care professionals. "We really are in

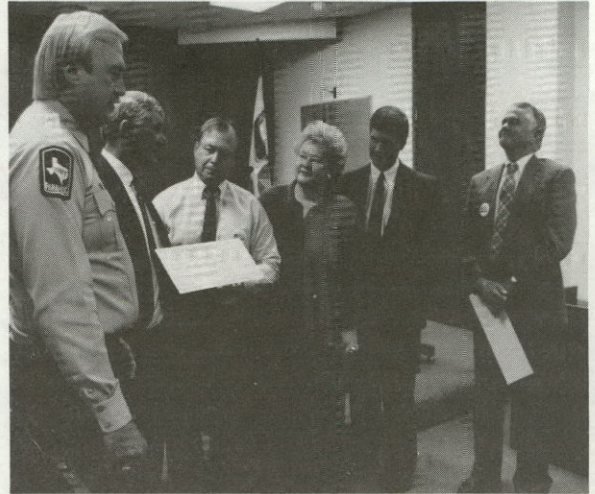
the eyes and the hearts of many Texans right now," Smith told some of the grantees, "because we are all looking at the issue of health care and trauma."



Live Oak County representatives (from left) EMT Lisa Stewart, Judge Jim Huff, and Paramedic Matthew Clark show Dr. Smith the child and infant CPR manikins purchased with last year's grant funds. This year the group received 50 percent of the funding for a response vehicle.

B y A i a n a S . M a l l a r d

San Angelo Fire Department's grant to purchase 6 AEDs is the first grant received by the fire department, which speaks well for the Bureau-sponsored grantwriting workshop attended in the spring by EMS Coordinator Paul Miller. From left, Miller, Fire Chief Daryl Eddy, State Representative Robert Junell, Board of Health member Joan Biggerstaff, Dr. Smith, and San Angelo's State Senator Bill Sims.



FOR INFORMATION ON THE LOCAL EMS PROJECTS GRANT PROGRAM or to request funding information, contact Rhonda Blackmore at (512)458-7550.

TDH funded 79 EMS groups this year, 59 EMS groups last year, and 12 in the first year of the grant program, distributing more than \$1 million over the three years. Because of the need for EMS resources in rural areas of the state, TDH is working to increase state funds for EMS Local Projects to \$1 million annually next year.

E M S p r e s e n t a t i o n s b y D r . S m i t h :

MARCH 3 - PHR 5

Anson General Hospital EMS
Knox City EMS
Vernon Fire Department EMS

APRIL 27 - PHR 5

Nocona Hospital
Saint Jo Volunteer Fire Department

APRIL 30 - PHR 2

Collingsworth Volunteer Ambulance
Denver City EMS
Dickens County EMS
Emergicare, Inc.
Hall County EMS
Hemphill County EMS
Hereford EMS
Levelland EMS
Memorial Hospital
Panhandle EMS System
Ralls Ambulance Service
Stinnett EMS
Texline Volunteer Fire/Rescue

SEPTEMBER 14 - PHR 7

Alba Volunteer Fire Department
Chandler Volunteer Fire Department
Dixie Volunteer Fire Department
Flint-Gresham Volunteer Fire Department
Grapeland Volunteer Fire Department EMS
Hopkins County EMS
Lindale Volunteer Fire Department
McCuiston Regional Medical Center
Mineola Fire Department
Mother Frances Hospital
Mount Vernon EMS
Paris Emergency Services
San Augustine Ambulance Service

OCTOBER 1 - PHR 6 AND 8

Kirby Volunteer Fire Fighting
Leon Valley Fire Department: EMS
Frio County EMS
EMS of Nueces Canyon
Uvalde EMS
Texas BTLs Association
Benavides EMS
Live Oak County Volunteer EMS
Donna EMS
Willacy County EMS
OCTOBER 22 - PHR 3
San Angelo Fire Department
Howard College
Presidio EMS
El Paso EMS
Culberson County EMS
Jeff Davis County EMS
Terlingua Medics

Presidio was the meeting place on October 22 for medics from Presidio EMS, El Paso EMS, Culberson County Ambulance Service, Terlingua Medics, and Jeff Davis County EMS to receive grant awards from Dr. Smith with the help of Presidio Mayor John Ferguson and several residents of Presidio following a barbecue to dedicate the Presidio Family Health Center.



Editor Alana Mallard, Bureau Chief Gene Weatherall, and Lillie Gilligan made six 1-day trips with Dr. Smith, hopping around large and small airports in the Panhandle, North Texas, East Texas, South Texas, and West Texas, and occasionally trying to outfly thunderstorms.

Timing Important in Recertification Applications

NEW RECERTIFICATION PROCEDURES BEGINS JANUARY 1, 1993.

There's good news and there's bad news about EMS recertification.

First the good news. We will now add four years of certification onto the end of your existing certification in certain timely cases. "Timely" means that

you apply for recertification before your certification expires, but only up to 180 days prior to your expiration date.

Now for the bad news, and it's not really all that bad. Candidates who apply for recertification early, more than 180 days

before their certification expires, must complete all requirements within 90 days of their application. Previously, we allowed these over-eager applicants up to three months beyond their expiration date to complete their recertification requirements without reapplying and paying another fee. No more.

And the rest of the bad news is that we calculate the early applicant's four-year certification from the issue date of the new certificate. It is not added to the existing certification period as in our good news paragraph.

The moral of this story is that it is best to apply for and complete recertification in a timely manner, as quickly after receiving the 180-day notice as possible, to get the most bang for your buck. These new procedures begin January 1, 1993, and apply only to applications received after that date.

Here it is again, in every situation we can think of, and in each case the application date is the date it is post-marked if mailed or received if hand-delivered.

Timely Application. Beginning January 1, 1993, we will issue a four year certificate that begins the day following the expiration date of the existing

certificate. You must apply for recertification no sooner than 180 days before your certificate expires and complete all requirements for recertification prior to your initial certification expiration.

Early Application. Beginning January 1, 1993, if you apply for recertification sooner than 180 days before your certification expires, you must complete all recertification requirements within 90 days of the application date. If you do not meet the 90-day requirement, we require another application and fee. And we calculate your new four-year certification period from the issue date of the new certificate.

Late Application. Beginning January 1, 1993, if you apply before the existing certificate expires but do not complete all requirements, your certification extends for up to 90 days past your certificate expiration date. Once you complete the requirements within the 90-day period, the four-year certification begins the day following the date your existing certificate expired.

If you apply for recertification during the 90-day period after your certificate expires, we do not consider you certified. However, once you complete recertification requirements within that 90-day period, we calculate your four-year certification from the day following the expiration date on your expired certificate.

Very Late Application. This procedure does not change. If you apply for recertification more than 90 days after your certification expires, you have lost your certification and must take a refresher course and exam within two years to regain your certification. The new four-year certification begins on the issue date of the new certificate.



New and Revised EMS Rules Adopted

By Pam West
EMS Division
Director

Board of Health
Adopts EMS
Rules

On September 26, 1992, the Texas Board of Health gave a final nod to these new and revised EMS rules, which are effective beginning October 21, 1992.

The new and revised rule sections are printed on the following pages for your convenience. You will note that rather than the long tedious course approval rule of old, there is now a separate rule for each certification level. This should be easier and less confusing. How refreshing!

Thank you to each and every one of you who participated in the development of these rules. Your input and support is valuable to us.

- §157.3. Processing EMS Provider Licenses and Applications for EMS Personnel Certification
- §157.11. Requirements for An EMS Provider License.
- §153.12. 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.

A d o p t e d R u l e s



§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 for the issuance of the EMS provider license.

(2) EMS personnel certificates. The time periods are 21 days for the letter of application acceptance for testing for EMS personnel certification, 21 days for the letter of deficiency, and 45 days after testing for the issuance of EMS personnel certificate.

(c) Second time period. The second period is a time from the date of receipt of the last item necessary to complete the application, including inspection or testing, to the date of issuance of written notice approving or denying the application. The denial time periods include notification of the proposed decision and the opportunity for an informal or formal hearing. The time periods for each application are as follows.

(1) EMS Provider license.

(A) The time period for the initial letter of approval for a license is 45 days.

(B) The time period for the letter of denial for a license is 120 days. The time period includes the applicant requests for a variance from minimum standards and the review necessary for this request.

(C) The time period for the issuance of a license is 45 days.

(2) EMS personnel certificates.

(A) The time period for the letter of approval for an examination is 45 days.

(B) The time period for the letter of denial for an examination is 180 days. This time limit reflects the applicant being investigated for acceptance for examination based on a criminal

conviction or statutory action under the Health and Safety Code, Chapter 773 and rules adopted thereunder.

(C) The time period for the issuance of a certificate is 45 days.

(d) Reimbursement of fees.

(1) In the event the application is not processed in the time periods as stated in subsections (b) and (c) of this section, the applicant has the right to request of the bureau chief full reimbursement of all filing fees paid in that particular application process. If the bureau chief does not agree that the established periods have been violated or finds that good cause existed for exceeding the established periods, the request will be denied.

(2) Good cause for exceeding the period established is considered to exist if:

(A) the number of applications for licenses, registrations, certifications, and permits as appropriate to be processed exceeds by 15% or more the number processed in the same calendar quarter the preceding year;

(B) another public or private entity utilized in the application process caused the delay; or

(C) other conditions existed giving good cause for exceeding the established periods.

(e) Appeal. If the request for full reimbursement authorized by subsection (d) of this section is denied, the applicant may then appeal to the commissioner of health for a resolution of the dispute. The applicant shall give written notice to the commissioner that he requests full reimbursement of all filing fees paid because his application was not processed within the adopted time period. The bureau chief shall submit a written report of the facts related to the processing of the application and good cause for exceeding the established time periods. The commissioner will make the final decision and provide written notification of his decision to the applicant and the bureau chief.

(f) Contested case hearing. If at any time during the processing of the application during the second time period, a contested case hearing becomes involved, the time periods in §1.34 of this title (relating to Time Periods for Conducting Contested Case Hearing) are applicable.

(g) Application for EMS provider license by a corporation. An applicant for an EMS provider license who is a corporation under the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45, shall provide the department with an affidavit issued by the comptroller's office attesting to the applicant's good standing under the Tax Code, Texas Codes Annotated, Chapter 171; and shall comply with department requirements regarding payment of franchise taxes by corporations contracting with the

department or applying for a license from the department as described in §1.16 of this title (relating to Board of Health).

§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).

(B) The EMS provider shall submit the completed, signed and dated application and the nonrefundable license fee, if any, as provided in subsection (b) of this section.

(C) The EMS provider shall submit a legal document which records the name of the business and specifies the name(s) of the person(s) legally responsible for the organization.

(D) The EMS provider shall complete and submit the radio/electronic communication capability form.

(E) The EMS provider shall submit names of all employees and indicate paid or non-paid, level of certification, and identification number.

(F) An EMS provider shall submit written or documented evidence of:

(i) staffing plan;

(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:

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

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

(iii) a sample patient run report form; and

(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) Defining the desired performance for the service which shall include, but not be limited to, medical protocols and/or standing orders, operating procedures and/or administrative policies;

(II) Describing the information to be reviewed for the purpose of measuring the effectiveness of the service which may include, but not be limited to, patient outcome and response information, complaint management, and/or vehicle and equipment reliability data; and

(III) Describing the method to involve all personnel and managers in interpretation of the information and subsequent change of practices designed to improve the effectiveness of the service;

(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) The EMS provider shall provide proof of vehicle liability insurance as required by state law.

(H) An EMS provider who is operating at an advanced level either on a full-time or part-time basis shall submit a copy of the contract and/or letter of agreement with the medical director.

(I) The BLS EMS provider who operates intermittently at an advanced level on a part-time basis, i.e. when advanced level personnel are available, shall be responsible for having the equipment, and medical director necessary for the level of advanced care.

(J) An EMS provider claiming volunteer status shall submit verification and letter of governmental sponsorship or recognition.

(K) The EMS provider shall submit a list of all vehicles including reserve vehicles with the vehicle identification number (VIN).

(L) Each EMS provider shall have current operational policies in place and shall submit evidence of such by January 1, 1992.

(2) License renewal process.

(A) The department 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, it is the duty of the provider to notify the department and request a license renewal application. Failure to apply for renewal shall result in expiration of the license.

(B) The EMS provider shall submit the

§157.11. Requirements for An EMS Provider License.

completed application and the nonrefundable license fee, if any, as provided in subsection (b) of this section. An application shall be submitted at least 30 days prior to the expiration date.

(C) The EMS provider shall submit a revised/verified radio/electronic communication capability form.

(D) The EMS provider shall provide proof of vehicle liability insurance as required by state law.

(b) License fees shall be as follows.

(1) Fees shall be \$100 for each EMS vehicle operated by the provider, not inclusive of reserve vehicles, or a maximum of \$2000 during the two-year registration period; except however, an EMS provider who exclusively uses volunteers and has no more than five full-time staff or their equivalent to provide emergency prehospital care is exempt from the fees.

(2) If a license is issued for less than a two-year period under subsection (f) of this section, the following fees per vehicle shall apply:

(A) \$100 if the license is valid for 19-24 months;

(B) \$75.00 if the license is valid for 13-18 months;

(C) \$50.00 if the license is valid for 7-12 months; or

(D) \$25.00 if the license is valid for 6 months or less.

(3) If the EMS provider has met the maximum \$2,000 fee during a license period, no fee shall be required for additional vehicles added during the license period.

(c) Vehicle inspections shall be as follows.

(1) Before 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 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);

(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) A vehicle shall fail the inspection if the requirements in subsection (c) of this section are not met and an EMS provider license shall not be issued. The department shall give the EMS provider a written report at the time of the inspection indicating the deficiencies.

(e) A provisional license may be issued as follows.

(1) The department may issue a 60-day provisional license if:

(A) it finds that the public interest and the community needs would be served;

(B) staffing requirements are met;

(C) vehicle specifications are met;

(D) the required fee is received and any part of application process is incomplete; and

(E) the following equipment is present:

(i) one small, one medium, and one large size extrication cervical collar (soft foam rubber cervical collars are not acceptable);

(ii) one portable suction unit with connecting tubing and suction tips (bulb syringes, syringes, or foot pump not acceptable);

(iii) three bag valve mask units in adult, pediatric, and infant sizes with appropriate size masks which can be used with an external oxygen supply;

(iv) oropharyngeal airways (nonmetallic) in adult, pediatric, and infant sizes;

(v) two portable medical grade "D" cylinders or equivalent oxygen units with one regulator or one portable medical grade "D" cylinder or equivalent oxygen unit with one regulator and piped in medical grade at least "M" cylinder (107 cubic feet) oxygen unit in working order with current inspection stamp, and adequate tubing and semi-open valveless, transparent masks in adult, pediatric and infant sizes;

(vi) padded board, cardboard, or aluminum splints as follows:

- (I) two at least 15 inches long by at least three inches wide;
- (II) one at least 48 inches long by at least three inches wide; or
- (III) may be, but not limited to, any of the following types of splints:

- (-a-) inflatable splints;
- (-b-) foam-type rapid splints;
- (-c-) wire ladder splints;
- (-d-) commercial fracture pack;

(vii) long and short spine boards to include:

- (I) one long six-foot board or commercial device; and
- (II) one short spine board or commercial device; or
- (III) commercial device which serves the purpose of both spine boards described in subclause (I) and (II) of this clause;
- (viii) sphygmomanometer with adult, pediatric, and infant size cuffs;
- (ix) stethoscope;
- (x) one multilevel stretcher with two clean sheets and two clean blankets; and
- (xi) dressing and bandaging materials.

(2) A second 60 day provisional license may be issued if:

(A) written documentation is submitted showing that equipment repair and/or part is back ordered; or

(B) written documentation is submitted showing that equipment was ordered but not received.

(f) An EMS provider who meets the requirements of this section shall be issued a license valid for a period of two years, except that the department may issue an initial license for less than two years in order to conform expiration dates to existing inspection schedules for a locality. An initial license shall be valid upon the date of issuance. A renewed license shall be valid on the day after the expiration of the previous license.

(g) A license may be issued for various levels of service. Vehicle authorizations may be issued for the following types or combination of types of vehicles:

- (1) BLS vehicles;
- (2) ALS vehicles;
- (3) MICU vehicles; and
- (4) specialized emergency medical services vehicles. A vehicle authorization may be used interchangeably between vehicles in the fleet. However, the number of vehicles in operation at any given time shall not exceed the number of vehicle authorizations.

(h) A license is not transferable from one EMS provider to another.

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

(1) notification of the bureau if a vehicle is added with submission of the prorated license fee, if applicable, after which the vehicle shall be inspected to determine compliance 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 Vehicle License Requirements), or 157.15 of this title (relating to Requirements for a Specialized Vehicle License);

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

(3) notification of the bureau within 30 days of a change in the provider name. If ownership changes a new application and fee is required for an EMS provider license;

(4) notification of the bureau within one working day of any change in medical director and written notification within 30 days of the change in medical director and submission of a copy of the contract and/or letter of agreement with the medical director;

(5) notification of bureau within 48 hours of any permanent or long term change in level of service provided. A new application and prorated license fee, if applicable shall be submitted. Inspection shall be required if level of service is increased, e.g., BLS to ALS. A replacement vehicle authorization shall be issued;

(6) notification of the bureau within 30 days of any changes in:

- (A) name(s) of the person(s) legally responsible for the organization; or
- (B) communication status, capability, or equipment i.e. base stations or frequency;

(7) notification of the bureau if a vehicle is substituted for 15 days or longer. No vehicle shall be substituted longer than 90 days; and

(8) that a vehicle when in service is staffed and equipped in accordance with 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, §§773.091 - .096.

(j) The EMS provider shall have the name of the service prominently displayed on the sides of the vehicle.

(k) The vehicle authorization shall be prominently displayed in the patient compartment and the licensure decal shall be displayed on the lower right rear window.

(l) An EMS provider shall not advertise as a volunteer provider unless at least 75% of all

personnel are volunteer.

(m) An EMS provider who has a check returned for "insufficient funds" shall be subject to revocation of the EMS provider license and this may be used as grounds for nonrenewal of the EMS provider license.

(n) Use of the pneumatic antishock garment may be utilized at the basic level only under medical direction/supervision.

§157.12. Basic Life Support Vehicle License Requirements.

§157.12. Basic Life Support Vehicle License Requirements.

(a) Staffing requirements. When in service, a basic life support vehicle shall be staffed with at least two emergency care attendants. However, a basic life support provider who does not provide service 24 hours per day, seven days per week, shall publish notice of the hours of operation in the local media and all advertising shall contain the hours of operation.

(b) Vehicle specifications. After June 30, 1990, all vehicles which have not previously been issued a vehicle authorization under the current EMS provider license shall meet the current document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" as published by the General Service Administration as regard to type (I, II, III).

(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) one small, one medium, and one large size extrication cervical collar (soft foam rubber cervical collars are not acceptable);

(2) one portable suction unit with connecting tubing and suction tips (bulb syringes, syringes, or foot pump not acceptable);

(3) three bag valve mask units in adult, pediatric, and infant sizes with appropriate size masks which can be used with an external oxygen supply;

(4) oropharyngeal airways (nonmetallic) in adult, pediatric, and infant sizes;

(5) two portable medical grade "D" cylinders or equivalent oxygen units with one regulator or one portable medical grade "D" cylinder or equivalent oxygen unit with one regulator and piped in medical grade at least "M" cylinder (107 cubic feet) oxygen unit in working order with current inspection stamp, and adequate tubing and semi-open valveless, transparent masks in adult, pediatric, and infant sizes;

(6) two multi-trauma dressings approximately 10-inch by 30-inch in size;

(7) a minimum of five dozen sterile

gauze pads;

(8) 12 soft roller adhering bandages;

(9) six sterile petroleum jelly impregnated gauze or suitable occlusive dressing;

(10) four rolls of adhesive tape;

(11) four sterile burn sheets;

(12) one traction splint with all attachments suitable for an adult and pediatric patient or one adult and one pediatric traction splint;

(13) padded board, cardboard, or

aluminum splints as follows:

(A) two at least 15 inches long by at least three inches wide;

(B) one at least 48 inches long by at least three inches wide; or

(C) may be, but not limited to, any of the following types of splints:

(i) inflatable splints;

(ii) foam-type rapid splints;

(iii) wire ladder splints;

(iv) commercial fracture pack;

(14) long and short spine boards to include:

(A) one long six-foot board or commercial device; and

(B) one short spine board or commercial device; or

(C) commercial device which serves the purpose of both pine boards described in subparagraphs (A) and (B) of this paragraph;

(15) 12 triangular bandages;

(16) two bandage scissors (table shears are not acceptable);

(17) sealed obstetrics kit. A commercial kit is acceptable. A non-commercial kit shall be autoclaved or otherwise suitably sterile with the expiration date attached and shall be labeled and include the following:

(A) sterile gloves;

(B) one disposable sheet;

(C) cleansing cloths;

(D) umbilical clamps;

(E) nylon cord tie-offs;

(F) disposable scalpel;

(G) bulb aspirator;

(H) four inch by four inch sterile gauze

pads;

(I) obstetrical pad;

(J) receiving blanket;

(K) disposable towels; and

(L) plastic bag;

(18) nonporous infant insulating device;

(19) sphygmomanometer with adult, pediatric, and infant size cuffs;

(20) stethoscope;

(21) penlight;

(22) one multilevel stretcher with two clean sheets and two clean blankets;

(23) two way radio or cellular phone communication capability between vehicle and dispatch, hospital, or law enforcement. (Citizen's

band radio is not acceptable).

- (24) two pair protective goggles;
- (25) one box latex gloves;
- (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.

§157.13. Advanced Life Support Vehicle License Requirements.

(a) Staffing requirements. The requirements for staffing an advanced life support (ALS) vehicle shall be as follows.

(1) The EMS provider shall be capable of providing ALS level of care 24 hours per day, seven days per week and the provider shall make available such records or information as requested by the department to confirm the availability of certified EMS personnel to provide ALS level of care.

(2) When in service, an ALS vehicle shall be staffed with two EMS personnel, one of whom shall be at least an EMT and the other shall be at least an EMT-I.

(3) A medical director is required.

(b) Vehicle specifications. After June 30, 1990, all vehicles which have not previously been issued a vehicle authorization shall meet the current document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" as published by the General Service Administration as to type (I, II, III).

(c) Special Waste. The EMS provider shall have puncture proof containers on all vehicles for the disposal of sharps and shall have an arrangement with a hospital for the exchange of full containers or shall comply with the department rules regarding special waste in 1.131 et seq. of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care Related Facilities).

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

(1) intravenous fluids with administration sets for volume replacement or to keep vein open in quantities and types as in EMS provider's Medical Treatment Protocols/Standing Orders;

(2) 50% Dextrose;

(3) esophageal intubation devices and/or endotracheal tubes in sizes specified by the medical director with laryngoscope and blades in adult, pediatric, and infant sizes;

(4) demand valve oxygen unit or a mechanically operated positive pressure ventilation device which is capable of manual or automatic operation;

(5) intravenous catheters and butterflies;

(6) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet;

(7) a list signed by the Medical Director which contains the following items as identified in the Medical Treatment Protocols/Standing Orders:

(A) types and quantities of intravenous solutions;

(B) quantities and sizes of intravenous catheters and butterflies;

(C) quantities and sizes of endotracheal tubes and/or esophageal intubation devices; and

(D) any specialized equipment required in Medical Treatment Protocols/Standing Orders.

§157.14. Mobile Intensive Care Unit License Requirements.

(a) Staffing requirements. The requirements for staffing a mobile intensive care unit (MICU) shall be as follows.

(1) The EMS provider shall be capable of providing MICU level of care 24 hours per day, seven days per week and the provider shall make available such records or information as requested by the department to confirm the availability of certified EMS personnel to provide MICU level of care.

(2) When in service, MICUs shall be staffed with at least two EMS personnel, one of whom shall be an EMT-P and the other shall be at least an EMT.

(3) A medical director is required.

(b) Vehicle specifications. After June 30, 1990, all vehicles which have not previously been issued a vehicle authorization shall meet the current document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" as published by the General Service Administration as regard to type (I, II, III).

(c) Special Waste. The EMS provider shall have puncture proof containers on all vehicles for the disposal of sharps and shall have an arrangement with a hospital for the exchange of full containers or shall comply with the department rules regarding special waste in 1.131 et seq. of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care Related Facilities).

(d) Required equipment. MICU required equipment shall include all equipment as

§157.13. Advanced Life Support Vehicle License Requirements.

§157.14. Mobile Intensive Care Unit License Requirements.

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) cardiac monitor with defibrillator and electrodes;
- (2) drugs as prescribed by the service's medical director;
- (3) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet; and
- (4) quantities and types of drugs included in the list as required in §157(13)(d)(7) of this title (relating to Advanced Life Support Vehicle License Requirements).

§157.15. Requirements for a Specialized Vehicle License.

§157.15. Requirements for a Specialized Vehicle License.

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

(1) General requirements shall be as follows.

(A) The aircraft operator shall comply with all applicable federal regulations regarding helicopter operations.

(B) The helicopter shall have the following specifications:

- (i) be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation;
- (ii) allow supine loading of the patient by two attendants;
- (iii) have radio communications with hospitals and public safety vehicles;
- (iv) be equipped with radio headsets that insure internal crew communication and transmission to appropriate agencies; and
- (v) have hooks and/or other appropriate devices for hanging the intravenous fluid bags.

(2) Requirements for an EMS provider license shall be as follows.

(A) General. An EMS provider who provides helicopter service shall be licensed to provide advanced life support.

(B) Initial application process. The EMS provider shall meet the requirements of §157.11(a)(1)(A)-(F) of this title (relating to Requirements of an EMS Provider License) and in addition shall:

- (i) provide proof of vehicle liability insurance as required by United States Department of Transportation (DOT), Part 298 requirements for liability insurance for aircraft;

and

(ii) submit a list of all helicopters with the registration number or N number for the helicopter(s) in the possession of the provider. The license fee as required in §157.11(b) of this title (relating to Requirements for an EMS Provider License) shall be based on the number of helicopters;

(iii) if the helicopter is leased from a pool, provide letter of agreement that all helicopters shall meet the specifications of paragraph (1)(B) of this subsection. The license fee as required in §157.11(b) of this title (relating to Requirements for an EMS Provider License) shall be based on each complete set of equipment.

(C) License renewal process. The EMS provider shall meet the requirements of §157.11(a)(2)(A)-(C) of this title (relating to Requirements for an EMS Provider License) and in addition, shall provide proof of vehicle liability insurance as required by DOT, Part 298 requirements for liability insurance for aircraft.

(3) Inspections shall be as follows:

(A) Prior to the issuance of a license, each of the EMS providers's helicopter patient care equipment shall be inspected by the department.

(B) The inspection shall include visual and physical inspection of equipment for the purpose of compliance with the equipment specifications of these sections. If the vehicle is rented or leased, all equipment shall be available for inspection prior to the issuance of a license.

(4) Inspection failure shall be as follows.

(A) An EMS provider shall fail the inspection if the requirements in paragraphs (1)-(3) of this subsection are not met and an EMS provider license shall not be issued.

(B) The department shall give the EMS provider a written report at the time of the inspection indicating the deficiencies.

(5) A provisional license may be issued as follows.

(A) The department may issue a 60-day provisional license if:

- (i) it finds that the public interest and the service needs would be served;
- (ii) staffing requirements are met;
- (iii) vehicle specifications are met;
- (iv) the required fee is received and any part of application process is incomplete; and
- (v) the following equipment is present:

(I) cervical spinal immobilization devices in small, medium, and large sizes;

(II) one portable suction unit with connecting tubing and suction tips (bulb syringes, syringes, or foot pump not acceptable);

(III) three bag valve mask units in adult, pediatric, and infant sizes with the appropriate masks which can be used with an

external oxygen supply;

(IV) oropharyngeal/
nasopharyngeal airways (nonmetallic) in adult,
pediatric, and infant sizes;

(V) medical grade oxygen with
adequate tubing; if in cylinders shall be in
working order with current inspection stamp and
capable of being strapped down;

(VI) semi-open valveless,
transparent oxygen masks in adult, pediatric, and
infant sizes;

(VII) three splints which may be,
but not limited to, any of the following types:

- (-a-) inflatable splints;
- (-b-) foam-type rapid splints;
- (-c-) wire ladder splints; or
- (-d-) commercial fracture pack;

(VIII) one each long and short spine
immobilization device;

(IX) sphygmomanometer with
adult, pediatric, and infant cuffs;

(X) stethoscope (a doppler or
electronic stethoscopy is acceptable);

(XI) one stretcher capable of being
secured to the aircraft frame, with restraining
belts to safely secure the patient to the stretcher
and with clean sheets and blankets; and

(XII) dressing and bandaging
materials.

(B) A second 60-day provisional license
may be issued if:

(i) written documentation is submitted
showing that equipment repair and/or part is
back ordered; or

(ii) written documentation is
submitted showing that equipment was ordered
but not received.

(6) An EMS provider who meets the
requirements of this section shall be issued a
license valid for a period of two years, except that
the department may issue an initial license for less
than two years in order to conform expiration
dates to existing inspection schedules for a
locality. An initial license shall be valid upon the
date of issuance. A renewed license shall be valid
on the day after the expiration of the previous
license.

(7) A license is not transferable from one
EMS provider to another.

(8) The EMS provider shall meet the
responsibilities required in §157.11(i) of this title
(relating to Requirements for an EMS Provider
License).

(9) The vehicle authorization shall be
prominently displayed in the patient
compartment.

(10) The EMS provider shall have puncture
proof contained on all vehicles for the disposal of
sharps and shall have an arrangement with a
hospital for the exchange of full containers or

shall comply with the department rules regarding
special waste in §§1.131-1.137 of this title (relating
to Definition, Treatment, and Disposition of
Special Waste from Health Care Facilities).

(11) Staffing and equipment shall be as
follows.

(A) Staffing shall be.

(i) The medical director shall:

(I) be a physician licensed to
practice medicine in Texas; and

(II) be knowledgeable and
experienced in emergency trauma, critical care,
and the effect of flight on the patient. If the
medical director is not experienced in this area, he
shall request aeromedical consultation by a
physician knowledgeable about the effect of
flight.

(ii) The medical flight crew, excluding
the pilot, shall:

(I) consist of at least one EMT-P;

(II) show proof of additional
training in flight physiology and aircraft and
flight safety; and

(III) be familiar with survival
techniques appropriate to the terrain as described
in the federal regulations as in paragraph (1)(A) of
this subsection.

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

(i) medical grade oxygen with
adequate tubing; if in cylinders shall be in
working order with current inspection stamp and
capable of being strapped down;

(ii) semi-open valveless, transparent
oxygen masks in adult, pediatric, and infant sizes;

(iii) one portable suction unit with
connecting tubing (bulb syringes, syringes, or foot
pump not acceptable);

(iv) two soft suction catheters;

(v) two tonsil tip suction catheters;

(vi) three bag valve mask units in
adult, pediatric and infant sizes with the
appropriate masks which can be used with an
external oxygen supply;

(vii) one stretcher capable of being
secured to the aircraft frame, with restraining
belts top safely secure the patient to the stretcher;

(viii) clean sheets and blanket;

(ix) receptacle for emesis;

(x) sphygmomanometer with adult,
pediatric, and infant cuffs;

(xi) stethoscope (a doppler or
electronic stethoscope is acceptable);

(xii) penlight;

(xiii) three splints which may be, but
not limited to, any of the following types:

(I) inflatable splints;

(II) foam-type rapid splints;

- (III) wire ladder splints; or
- (IV) commercial fracture pack;
- (xiv) oropharyngeal/nasopharyngeal airways (nonmetallic) in adult, pediatric, and infant sizes;
- (xv) one each long and short spine immobilization device;
- (xvi) cervical spinal immobilization devices in small, medium, and large sizes;
- (xvii) one copy of the medical treatment protocols/standing orders that were provided as evidence in the provider licensing application packet;
- (xviii) esophageal intubation devices and/or endotracheal tubes with laryngoscope handle and blades in adult, pediatric and infant sizes;
- (xix) intravenous fluids in non-breakable containers with administration sets and intravenous catheters and/or needles in quantities and types as prescribed by the medical director;
- (xx) cardiac monitor with defibrillator and the following additional equipment:
 - (I) one spare electrocardiogram electrode for each lead;
 - (II) a spare roll of electrocardiogram recording paper; and
 - (III) drugs in quantities and types as prescribed by the medical director;
- (xxi) a list signed by the medical director which contains the following items as identified in the medical treatment protocols/standing orders:
 - (I) quantities and types of intravenous fluids;
 - (II) quantities and sizes of intravenous catheters and/or needles;
 - (III) quantities and sizes of esophageal intubation devices and/or endotracheal tubes;
 - (IV) quantities and types of drugs;
- and
- (V) any specialized equipment required in medical treatment protocols/standing orders;
- (xxii) two pair protective goggles; and
- (xxiii) one box latex gloves.
- (C) Additional equipment to be carried to meet the special medical needs of the patient shall be:
 - (i) dressings and supply kit to include:
 - (I) two multi-trauma dressings approximately 10 inches by 30 inches in size;
 - (II) sterile gauze pads in sizes and quantities as determined by the medical director;
 - (III) soft roller adhering bandages in sizes and quantities as determined by the medical director;
 - (IV) three sterile petroleum jelly impregnated gauze or suitable occlusive

- dressings;
 - (V) adhesive tape;
 - (VI) triangular bandages; and
 - (VII) one bandage scissors;
- (ii) burn kit, to be carried when required, to include:
 - (I) sterile burn sheets;
 - (II) sterile gloves; and
 - (III) 12 four inch by four inch sterile gauze pads;
- (iii) sealed obstetric kit to be carried with all pregnant patients. A commercial kit is acceptable. A non-commercial kit shall be autoclaved or otherwise suitably sterile with expiration date attached and shall be labeled and include the following:
 - (I) sterile gloves;
 - (II) one disposable sheet;
 - (III) cleansing cloths;
 - (IV) umbilical clamps;
 - (V) nylon cord tie-offs;
 - (VI) disposable scalpel;
 - (VII) bulb aspirator;
 - (VIII) four inch by four inch sterile gauze pads;
 - (IX) obstetrical pad;
 - (X) receiving blanket;
 - (XI) disposable towels; and
 - (XII) plastic bag;
- (iv) pediatric kit to be carried when the patient is under 12 years of age and always with the obstetric kit, to include:
 - (I) two bulb syringes;
 - (II) one DeLee suction device;
 - (III) one pediatric laryngoscope handle with blades;
 - (IV) one each pediatric endotracheal tubes in sizes 2.5, 3.0, 3.5, and 4.0 French with stylet;
 - (V) one pediatric Magill forceps;
- and
- (VI) two pediatric drip intravenous tubings.
- (b) Fixed-wing aircraft EMS vehicle.
 - (1) General requirements shall be as follows.
 - (A) The aircraft operator shall in all operations comply with all Federal Aviation Regulations (FAR). Part 135 or Part 91 which the department adopts by reference. Copies of the Federal Aviation Regulations are on file in the Bureau of Emergency Management offices, 1100 West 49th Street, Austin, Texas, 78756, and may be reviewed during normal working hours.
 - (B) The fixed-wing aircraft shall have the following specifications:
 - (i) be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation;

(ii) allow supine loading of the patient by two attendants;

(iii) have radio communication with hospitals and public safety vehicles;

(iv) be equipped with radio headsets that insure internal crew communication and transmission to appropriate agencies; and

(v) have hooks and/or other appropriate devices for hanging the intravenous fluid bags.

(2) Requirements for an EMS provider license shall be as follows:

(A) General. An EMS provider who provides fixed-wing aircraft service shall be licensed to provide advanced life support.

(B) Initial application process. The EMS provider shall meet the requirements of §157.11(a)(1)(A)-(F) of this title (relating to Requirements for an EMS Provider License) and in addition shall:

(i) provide proof of vehicle liability insurance as required by DOT, Part 298 requirements for liability insurance for aircraft; and

(ii) submit a list of all fixed-wing aircraft with the registration number or N number for the fixed-wing aircraft in the possession of the provider. The license fee as required in §157.11(b) of this title (relating to Requirements for an EMS Provider License) shall be based on the number of fixed-wing aircraft;

(iii) if the fixed-wing aircraft is leased from a pool, provide letter of agreement that all fixed-wing aircraft shall meet the specifications of paragraph (b)(1)(B) of this subsection. The license fee as required in §157.11(b) of this title (relating to Requirements for an EMS Provider License) shall be based on each complete set of equipment.

(C) License renewal process. The EMS provider shall meet the requirements of §157.11(a)(2)(A)-(C) of this title (relating to Requirements for an EMS Provider License) and in addition, shall provide proof of vehicle liability insurance as required by DOT, Part 298 requirements for liability insurance for aircraft.

(3) Inspections shall be as follows:

(A) Prior to the issuance of a license, each of the EMS provider's fixed-wing aircraft patient care equipment shall be inspected by the department.

(B) The inspection shall include visual and physical inspection of equipment for the purpose of compliance with the equipment specifications of these sections. If the vehicle is rented or leased, all equipment shall be available for inspection prior to the issuance of a license.

(4) Inspection failure shall be as follows.

(A) An EMS provider who provides fixed-wing aircraft service shall fail the inspection if the requirements in paragraphs (1)-(3) of this

subsection are not met and an EMS provider license shall not be issued.

(B) The department shall give the EMS provider a written report at the time of the inspection indicating the deficiencies.

(5) A provisional license may be issued as follows.

(A) The department may issue a 60-day provisional license if:

(i) it finds that the public interest and the service needs would be served;

(ii) staffing requirements are met;

(iii) vehicle specifications are met;

(iv) the required fee is received and any part of application process is incomplete; and

(v) the following equipment is present:

(I) cervical spinal immobilization devices in small, medium, and large sizes;

(II) one portable suction unit with connecting tubing and suction tips (bulb syringes, syringes or foot pump not acceptable);

(III) three bag valve mask units in adult, pediatric and infant sizes with the appropriate size masks which can be used with an external oxygen supply;

(IV) oropharyngeal/nasopharyngeal airways (nonmetallic) in adult, pediatric, and infant sizes;

(V) medical grade oxygen with adequate tubing; if in cylinders shall be in working order with current inspection stamp and capable of being strapped down;

(VI) semi-open valveless, transparent oxygen masks in adult, pediatric, and infant sizes;

(VII) three splints which may be, but not limited to, any of the following types:

(-a-) inflatable splints;

(-b-) foam-type rapid splints;

(-c-) wire ladder splints; or

(-d-) commercial fracture pack;

(VIII) one each long and short spine immobilization device;

(IX) sphygmomanometer with adult, pediatric, and infant cuffs;

(X) stethoscopy (a doppler or electronic stethoscope is acceptable);

(XI) one stretcher capable of being secured to the aircraft frame, with restraining belts to safely secure the patient to the stretcher and with clean sheets and blanket; and

(XII) dressing and bandaging materials.

(B) A second 60-day provisional license may be issued if:

(i) written documentation is submitted showing that equipment repair and/or part is back ordered; or

(ii) written documentation is submitted showing that equipment was ordered

but not received.

(6) An EMS provider who meets the requirements of this section shall be issued a license valid for a period of two years, except that the department may issue an initial license for less than two years in order to conform expiration dates to existing inspection schedules for a locality. An initial license shall be valid upon the date of issuance. A renewed license shall be valid on the day after the expiration of the previous license.

(7) A license is not transferable from one EMS provider to another.

(8) The EMS provider shall meet the responsibilities required in §157.11(i) of this title (relating to Requirements for an EMS Provider License).

(9) The vehicle authorization shall be prominently displayed in the patient compartment.

(10) The EMS provider shall have puncture proof containers on all vehicles for the disposal of sharps and shall have an arrangement with a hospital for the exchange of full containers or shall comply with the department rules regarding special waste in §§1.131-1.137 of this title (relating to Definition, Treatment, and Disposition of Special Waste from Health Care Facilities).

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

(A) Staffing shall be as follows:

(i) the medical director shall:

(I) be a physician licensed to practice medicine in Texas; and
 (II) be knowledgeable and experienced in emergency trauma, critical care, and the effect of flight on the patient. If the medical director is not experienced in this area, he shall request aeromedical consultation by a physician knowledgeable about the effect of flight;

(ii) the medical flight crew, excluding the pilot, shall:

(I) consist of at least one EMT-P;
 (II) show proof of additional training in flight physiology and aircraft and flight safety; and
 (III) be familiar with survival techniques appropriate to the terrain as in FAR, Part 135 as adopted by reference in paragraph (1)(A) of this subsection.

(iii) the fixed-wing aircraft pilot shall comply with Federal Aviation Regulations, as adopted by reference in paragraph (1)(A) of this subsection.

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

(i) medical grade oxygen with

adequate tubing; if in cylinders shall be in working order with current inspection stamp and capable of being strapped down;

(ii) semi-open valveless, transparent oxygen masks in adult, pediatric, and infant sizes;

(iii) one portable suction unit with connecting tubing (bulb syringes, syringes or foot pump not acceptable);

(iv) two soft suction catheters;

(v) two tonsil tip suction catheters;

(vi) three bag valve mask units in adult, pediatric and infant sizes with the appropriate masks which can be used with an external oxygen supply;

(vii) one stretcher capable of being secured to the aircraft frame, with restraining belts top safely secure the patient to the stretcher;

(viii) clean sheets and blanket;

(ix) receptacle for emesis;

(x) sphygmomanometer with adult, pediatric, and infant cuffs;

(xi) stethoscope (a doppler or electronic stethoscope is acceptable);

(xii) penlight;

(xiii) oropharyngeal/nasopharyngeal airways (nonmetallic) in adult, pediatric, and infant sizes;

(xvi) one copy of the Medical Treatment Protocols/Standing Orders that were provided as evidence in the provider licensing application packet ;

(xvii) esophageal intubation devices and/or endotracheal tubes with laryngoscope handle and blades in adult and pediatric sizes;

(xviii) intravenous fluids in non-breakable containers with administration sets, intravenous catheters, and/or needles in quantities and types as prescribed by the medical director;

(xix) a list signed by the medical director which contains the following items as identified in the medical treatment protocols/standing orders:

(I) quantities and types of intravenous fluids;

(II) quantities and sizes of intravenous catheters and/or needles;

(III) quantities and sizes of esophageal intubation devices and/or endotracheal tubes;

(IV) quantities and types of drugs;

and
 (V) any specialized equipment required in medical treatment protocols/standing orders;

(xx) two pair protective goggles; and

(xxi) one box latex gloves.

(C) Additional equipment to be carried to meet the special medical needs of the patient shall be:

- (i) a trauma kit to include:
 - (I) three splints which may be, but not limited to, any of the following types of splints:
 - (-a-) inflatable splints;
 - (-b-) foam-type rapid splints;
 - (-c-) wire ladder splints; or
 - (-d-) commercial fracture pack;
 - (II) two multi-trauma dressings approximately 10 inches by 30 inches in size;
 - (III) sterile gauze pads in sizes and quantities as determined by the medical director;
 - (IV) soft roller adhering bandages in sizes and quantities as determined by the medical director;
 - (V) three sterile petroleum jelly impregnated gauze or suitable occlusive dressings;
 - (VI) adhesive tape in sizes and quantities as determined by the medical director;
 - (VII) triangular bandages; and
 - (VIII) one bandage scissors;
 - (IX) one each long and short spine immobilization device; and
 - (X) cervical spinal immobilization devices in small, medium, and large sizes;
- (ii) burn kit, to be carried when required, to include:
 - (I) sterile burn sheets;
 - (II) sterile gloves; and
 - (III) 12 four inch by four inch sterile gauze pads;
- (iii) sealed obstetric kit to be carried with all pregnant patients. A commercial kit is acceptable. A non-commercial kit shall be autoclaved or otherwise suitably sterile with expiration date attached and shall be labeled and include the following:
 - (I) sterile gloves;
 - (II) disposable sheets;
 - (III) cleansing cloths;
 - (IV) umbilical clamps;
 - (V) nylon cord tie-offs;
 - (VI) disposable scalpel;
 - (VII) bulb aspirator;
 - (VIII) four inch by four inch sterile gauze pads;
 - (IX) obstetrical pad;
 - (X) receiving blanket;
 - (XI) disposable towels; and
 - (XII) plastic bag;
- (iv) pediatric kit to be carried when the patient is under 12 years of age and always with the obstetric kit, to include:
 - (I) two bulb syringes;
 - (II) one DeLee suction device;
 - (III) one pediatric laryngoscope handle with blades;
 - (IV) one each pediatric endotracheal tubes in sizes 2.5, 3.0, 3.5, and 4.0

- French with stylet;
- (V) one pediatric Magill forceps; and
- (VI) two pediatric drip intravenous tubings.

§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 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

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

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.

(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.

(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.

(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.

§157.21. First Responder Organization Registry.

(a) Application process.

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

§157.21. First Responder Organization Registry.

(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.

(A) the medical director shall be the same medical director as the EMS provider; or

(B) 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 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.

(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.

(a) For the purposes of this section, an automated external defibrillator (AED) shall include only those automated defibrillators that are rendered not capable of manual override.

(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).

(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.

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

§157.31. Automated External Defibrillator Training Course.

§157.22. Criteria for Denial of a Provider License.

(c) 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.

§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 subsection, 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.

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

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 Education and Training Manual which is adopted by reference in subsection (b) of this section.

(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 Education and Training 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 Education and Training 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 Techni- cian Training Course.

§157.33. Emergency Medi- cal 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 or course 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 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 minimum 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 eight 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 (AAAHC) 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 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.

§157.34. EMT-Intermediate Training Course.

§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 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

§157.35. EMT-Paramedic Training Course.

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 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 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 Education and Training 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 Education and Training Manual based on a site evaluation;

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

(G) fails to meet standards for EMS field internship as defined in the EMS Education and Training 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, SL.4.29b, 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 including 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.

(a) A candidate for certification shall:

- (1) be 18 years of age;
- (2) successfully complete a department approved course;
- (3) complete the application for examination;

(4) submit to the department the application and the following applicable nonrefundable fee.

(A) As emergency medical technician-intermediate (EMT-I) and an emergency medical technician-paramedic (EMT-P) shall pay \$47 until September 1, 1991, and \$75 thereafter;

(B) An emergency care attendant (ECA) and an emergency medical technician (EMT) shall pay \$36 until September 1, 1991, and \$50 thereafter.

(C) An emergency medical services (EMS) volunteer shall pay no fee. However, if an individual receives compensation during the certification period, the exemption is inapplicable and the individual shall send to the department an application and prorated fee as follows.

(i) for an EMT-I and EMT-P:

(I) if the certificate has been in effect 12 months or less, the individual shall pay \$47 until September 1, 1991, and \$75 thereafter;

(II) if the certificate has been in effect 13 months to 24 months, the individual shall pay \$35.25 until September 1, 1991, and \$56.25 thereafter;

(III) if the certificate has been in effect 25 months to 36 months, the individual shall pay \$23.50 until September 1, 1991, and \$37.50 thereafter; or

(IV) if the certificate has been in effect 37 months to 48 months, the individual shall pay \$11.75 until September 1, 1991, and \$18.75 thereafter;

(ii) for an ECA or EMT:

(I) if the certificate has been in effect 12 months or less, the individual shall pay \$36 until September 1, 1991, and \$50 thereafter;

(II) if the certificate has been in effect 13 months to 24 months, the individual shall pay \$27 until September 1, 1991, and \$37.50 thereafter;

(III) if the certificate has been in effect 25 months to 36 months, the individual shall pay \$18 until September 1, 1991, and \$25 thereafter; or

(IV) if the certificate has been in effect 37 months to 48 months, the individual shall pay \$9.00 until September 1, 1991, and \$12.50 thereafter;

(5) achieve a passing grade on all the department's skills certification examinations as follows.

(A) The ECA and EMT skills certification stations shall consist of:

- (i) dressing and bandaging/splinting;
- (ii) traction splints;
- (iii) mechanical aids to breathing;
- (iv) patient assessment to include vital signs;
- (v) basic cardiopulmonary resuscitation; and
- (vi) spinal immobilization.

(B) A minimum of three randomly selected basis skills stations shall be assigned to each candidate.

(C) The EMT-I skills certification examination shall consist of the skills certification examination requirements for ECA and EMT in subparagraphs (A) and (B) of this paragraph. In addition, the following skills stations shall be required and a minimum of two shall be randomly assigned to each candidate:

- (i) intravenous fluid therapy administration;
- (ii) utilization of the antishock trousers; and
- (iii) utilization of an endotracheal tube and an esophageal intubation device for airway control.

(D) The EMP-P skills certification examination shall consist of the skills certification examination requirements for an ECA, EMT, and EMT-I in subparagraphs (A), (B), and (C) of this paragraph. In addition, the following skills stations shall be required and a minimum of two shall be randomly assigned to each candidate:

- (i) emergency drug administration;
- (ii) dysrhythmia recognition; and
- (iii) defibrillation and cardioversion;

(6) achieve a passing grade of 70 on the department's written certification examination and, in addition, achieve a passing grade of 70 on the critical components of the examination.

(b) The department has final authority for scheduling all written and skills certification examination sessions.

(c) A candidate shall take the examination for certification no later than 90 days after the course completion date. However, a candidate who fails either the skills certification examination or the written certification examination may retest on

§157.41. Certification.

each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest. All retests shall be completed no later than 90 days after the course completion date.

(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) 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) 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 subsections (a)(5)-(6) and (c) of this section.

(g) 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) 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) 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) 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) 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)-(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) of this section.

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

(m) 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)-(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)-(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) Purpose. This section is designed to establish guidelines and criteria on the eligibility of persons with criminal backgrounds to be certified as emergency medical services (EMS) personnel. A felony or misdemeanor listed in this section relates to the duties and responsibilities of EMS personnel because these criminal offenses indicate an inability or a tendency to be unable to perform as certified EMS personnel.

(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 section is privileged and confidential. The information may not be released to any person outside the

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

department or other agency except in the following instances:

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

(c) 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) 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) At least 180 days prior to the expiration of a certificate, the department's Bureau of Emergency Management (bureau) shall mail a notice of expiration by United States mail to the certificate at the address shown in the bureau's records. It is the responsibility of emergency medical services (EMS) personnel to notify the bureau of any change of address.

(2) If a certificate has not received notice of expiration from the bureau 45 days prior to the expiration, it is the duty of the certificant to notify the bureau and request an application for recertification. Failure to apply for recertification shall result in expiration of the certificate.

(3) The department has final authority for scheduling all written and skills certification examination sessions.

(4) The department shall administer examinations at regularly scheduled times. The department is not required to set special examination schedules for those who request examination or reexamination. If the certificant does not test within the prescribed time, the certificant shall meet the requirements of subsection (d) of this section.

(5) 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 \$5.00.

(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) Timely recertification.

(1) A certificate shall meet the following requirements for recertification. The certificant shall:

(A) complete the continuing education requirements for recertification as required in §157.76 of this title (relating to Continuing Education) or a department approval refresher course prior to the expiration of the certificate and prior to taking the required certification

examination;

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

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

(2) A certificant who fails the skills certification examination or the written certification examination may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest. A certificant shall complete all retests within 90 days of the expiration date of the certificate or the examination date, whichever is sooner. If a retest is failed prior to the expiration date of the certificate the certificant shall receive an emergency suspension of the certificate as required in §157.51 of this title (relating to Criteria for Emergency Suspension, Suspension, Probation, and Decertification of an EMS Certificate).

(3) A candidate who fails a retest shall be eligible to apply for recertification by:

(A) completing a department approved EMS refresher course for the certification level within two years of the expiration date of the certificate; and

(B) submitting an application for recertification with the applicable fee as described in paragraph (1)(B) of this subsection and meeting the certification examination requirements for the level of certification requested as described in paragraph (1)(C) of this subsection and paragraph (2) of this subsection, if applicable; or

(C) submitting an application for a lower level of certification with the applicable fee as described in paragraph (1)(B) of this subsection and meeting the certification examination requirements for the level of certification requested as described in paragraph (1)(C) of this subsection and paragraph (2) of this subsection, if applicable.

(4) After verification by the department of the information submitted by the certificant, a certificant who meets requirements of this subsection will be recertified for four years commencing on the day following the expiration date of the most recent certificate. A new certificate and wallet-sized certificate signed by department officials shall be issued.

(c) Early recertification.

(1) If a certificant requests to recertify prior to the 180-day notice, the certificant shall meet all the requirements of subsection (b) of this section within 90 days of the application date.

(2) If the certificant fails the department's skills or written certification examination, the

§157.45. Recertification.

certificant may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest and all retests are completed within the 90-day period. If the certificant fails the retest or chooses not to retest, the certificant shall be issued an emergency suspension and be decertified as required in §157.51 of this title (relating to Criteria for Emergency Suspension, Suspension, Probation, and Decertification of an EMS Certificate).

(3) A candidate who fails a retest or chooses not to retest shall be eligible to apply for recertification by:

(A) completing a department approved EMS refresher course for the certification level within two years of the examination date; and

(B) submitting an application for recertification with applicable fee as described in subsection (b)(1)(B) of this section and meeting the certification examination requirements for the level of certification requested as described in subsection (b)(1)(C) of this section, and subsection (b)(2) of this section, if applicable; or

(C) submitting an application for a lower level of certification with the applicable fee as described in subsection (b)(1)(B) of this section and meeting the certification examination requirements for the level of certification requested as described in subsection (b)(1)(C) of this section, and subsection (b)(2) of this section, if applicable.

(4) A certificant who meets the requirements of this subsection shall be recertified for four years commencing on the date of issuance of a new certificate and wallet-sized certificate signed by department officials.

(d) Late recertification.

(1) If the application and the non-refundable fee for recertification are received prior to the expiration date of the certificate, the certification shall continue for a period not to exceed 90 days from the expiration date. The applicant shall qualify for recertification by:

(A) completing the continuing education requirements for recertification as required in §157.76 of this title (relating to Continuing Education) or completing a department approved refresher course;

(B) successfully passing the department's written and skills certification examinations for the recertification level requested as described in subsection (b)(1)(C) of this section. However, a candidate who fails either the skills certification examination or the written certification examination may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest; and

(C) completing all requirements of this paragraph, including certification examinations and retests, no later than 90 days from the

expiration date.

(2) If an application and the non-refundable fee for recertification, including a \$25 late fee, are received after the expiration date but within 90 days following the expiration date, the applicant shall qualify for recertification by:

(A) completing the continuing education requirements for recertification as required in §157.76 of this title (relating to Continuing Education) or completing a department approved refresher course;

(B) successfully passing the department's written and skills certification examinations as described in subsection (b)(1)(C) of this section. However, a candidate who fails either the skills certification examination or the written certification examination may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest; and

(C) completing all requirements of this paragraph including certification examinations and retests, shall be completed no later than 90 days from the expiration date. Certification shall not continue during the 90-day period.

(3) If an application for recertification is received after the 90-day period beyond the expiration date of the certificate but within two years following the expiration date, the applicant shall submit in addition to the recertification fee, a late fee of \$25. The applicant is not certified during this period. If he represents himself as a certified EMS person, the applicant may be denied recertification and may be subject to the civil and criminal penalties under the Health and Safety Code, §773.063 and §774.064.

(A) All requirements of this paragraph including certification examinations and retests shall be completed no later than two years from the expiration date of the most recent certificate or within 90 days of the completion date of the EMS refresher course, whichever is sooner.

(B) The applicant shall qualify for recertification by:

(i) completing a department approved EMS refresher course for the level of recertification requested; and

(ii) achieving a passing grade on the department's written and skills certification examinations for the recertification level requested as described in subsection (b)(1)(C) of this section. However, a candidate who fails either the skills certification examination may retest on each examination one time provided a fee of \$25, if applicable, accompanies the request for written retest.

(4) A candidate as described in paragraphs (1), (2), and (3) of this subsection who fails a retest may be eligible to apply for recertification by:

(A) completing a department approved

EMS refresher course for the certification level within two years of the expiration date of the most recent certificate; and

(B) submitting an application for recertification with the applicable fee as described in paragraph (b)(1)(B) of this subsection and meeting the certification examination requirements for the level of certification requested as described in paragraph (b)(1)(C) of this subsection and subsection (b)(2) of this section, if applicable; or

(C) submitting an application for a lower level of certification with the applicable fee as described in paragraph (b)(1)(B) of this subsection and meeting the certification examination requirements for the level of certification requested as described in paragraph (b)(1)(C) of this subsection and subsection (b)(2) of this section, if applicable.

(5) A candidate who does not successfully complete the recertification requirements under paragraph (4) of this subsection shall meet the requirements of §157.41 of this title (relating to Certification) prior to being eligible for certification.

(6) After verification by the department of the information submitted by the certificant, a certificant who meets requirements in paragraphs (1) and (2) of this subsection shall be recertified for four years commencing on the day following the expiration date of the most recent certificate. A certificant who meets requirements in paragraph (3) of this subsection shall be recertified commencing on the issuance of a new certificate and wallet-size certificate signed by department officials.

(c) After evaluation of the application and verification of certification by the department, the applicant may be certified for a period of one-year.

(d) Prior to or within 90 days of the expiration of the one year certificate, the certificant shall be required to:

(1) complete 25% of the continuing education hours required in §157.76 of this title (relating to Continuing Education) for the certification level, or complete a department approved refresher course;

(2) achieve a passing grade on all skills certification examinations as described in §157.41(a)(5) of this title (relating to Certification); and

(3) achieve a passing grade of 70 on the department's written certification examination, and in addition, achieve a passing grade of 70 on the critical components of the examination.

(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 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.

(1) 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.

(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

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

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).

§157.61. Course Coordinator Certification.

(a) General. A course coordinator is an individual who has the overall responsibility for conducting an emergency medical services (EMS) training course. A course coordinator may be certified as a basic course coordinator, an intermediate course coordinator, or as an advanced course coordinator. A basic course coordinator may coordinate an emergency care attendant (ECA) or emergency medical technician (EMT) training course. An intermediate course coordinator may coordinate an emergency medical technician-intermediate course coordinator may coordinate an emergency

medical technician-paramedic (EMT-P) training course, and ECA, EMT, or an EMT-I training course.

(b) Certification. A course coordinator candidate shall:

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

(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 course coordinator;

(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 coordinator;

(C) be currently certified as an EMT-P and have achieved at least the state mean score for the most recent EMT-P certification examination to be an advanced course coordinator; or

(D) in lieu of EMS personnel certification, be a physician licensed to practice in the State of Texas or a registered nurse (RN) licensed to practice in the State of Texas; and

(E) be currently certified as a program instructor for at least one year;

(3) complete the application for course coordinator certification and include the following:

(A) a nonrefundable fee of \$25; except a fee shall not be required if compensation is not received for coordinating the training course or program;

(B) a letter of endorsement by an EMS entity which sponsors EMS or EMS training, i.e. a medical director, a county judge or city manager/ mayor, educational institution, or hospital; and

(C) letters of intent from potential providers of clinical and EMS vehicle experience based on the requirements of the national DOT curricula standards as adopted by reference in §157.77 of this title (relating to EMS Training Program and Course Approval). A letter of intent from the potential course medical director shall be required for advanced level course coordinator applicants;

(4) complete the department approved EMS course coordinator training program;

(5) achieve a passing grade which shall be determined by the department for the course coordinator certification examination. A course coordinator candidate who fails the course coordinator certification examination may retest one time provided that the retest is completed within 90 days of the initial examination;

(c) Period of certification. After verification by the department of the information submitted by the candidate, the candidate who meets the

§157.61. Course Coordinator Certification.

requirements of subsection (b) of this section shall be certified as a course coordinator for two years commencing on the date of issuance of the certificate.

(d) Responsibilities. A course coordinator shall have the following responsibilities:

- (1) plan for and evaluate the overall operation of the course;
- (2) select the classroom, clinical, and EMS provider training facilities conducive to meet the Department of Transportation (DOT) curricula requirements for the level of course to be conducted;
- (3) process student applications and select students;
- (4) maintain an adequate inventory of training equipment including audiovisual resources;
- (5) schedule classes and assign program instructors and guest lecturers. A guest lecturer is an individual who, upon the request of the course coordinator, conducts specific classroom lectures based upon an expertise in a given subject area;
- (6) assure that training equipment is available and operational for each practice session;
- (7) coordinate examinations and evaluate students;
- (8) evaluate the effectiveness of the program instructors and guest lecturers;
- (9) act as liaison between the students, program instructors, the EMS entity, and the department;
- (10) supervise and evaluate the effectiveness of the clinical and EMS vehicle training;
- (11) verify the instructional hours for each certified program instructor;
- (12) make appointments for space available for students to sit for the department's certification examinations at least 24 hours in advance. This responsibility may be met by instructing the students that each student has the responsibility for making the appointment for space availability for the certification examinations; and
- (13) attest to the successful course completion by the students as evidenced by the course completion certificate (CCC). The CCC form shall be completed after all components of the course have been completed including any required clinical and EMS vehicle experience. The CCC shall be received by the department's public health region EMS offices prior to conduction of the certification examination.

(e) Exception. If an urgent situation for an EMS training program exists and cannot be met by the area's training resources, an individual may request the department's Bureau of Emergency Management (bureau) to grant an

exception for course coordinator certification.

(1) The request shall be in writing and shall include the following:

- (A) reason for the need;
- (B) letter of endorsement from an EMS entity (public or private) which sponsors EMS or EMS training, i.e. a medical director, a county judge or city manager/mayor, educational institution, or hospital; and
- (C) letters of intent from providers of clinical and EMS vehicle experience based on the requirements of the training curricula standards as described in §157.77 of this title (relating to EMS Training Program and Course Approval). A letter of intent from the potential course medical director shall be required for advanced level course coordinator applicants.

(2) The request shall be reviewed and the evaluation shall be based on, but not limited to, the following:

- (A) resignation of a previous course coordinator or the inability of a course coordinator to complete a current training course;
- (B) need for training and no certified course coordinator available;
- (C) the individual requesting the exception does not meet the requirements of subsection (b)(1), (4), or (5) of this section.

(3) After evaluation by the department's bureau, the individual shall be notified, in writing, of the approval or denial of the request.

(4) An individual who is approved shall be considered a temporary course coordinator and may coordinate one training program at the level requested. The individual shall meet the requirements of subsection (d) of this section. The individual has one year from the time of the temporary approval to complete the requirements for course coordinator certification.

(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;
- (B) maintain affiliation with entities which provide clinical and EMS vehicle experience;
- (C) attend regional EMS updates for course coordinators;
- (D) coordinate a minimum of one department approved course as described in §157.77 of this title (relating to EMS Training Program and Course Approval) or conduct one department approved refresher course per two years or conduct an ongoing continuing education program as described in §157.76 of this title (relating to Continuing Education);
- (E) submit the application for

recertification and a nonrefundable fee of \$25; except a fee shall not be required if compensation is not received for coordinating the training course or program;

(F) maintain a rate of 80% of all students passing the department's written certification examination during the two-year course coordinator certification period. However, an exception to this requirement may be granted for extenuating circumstances; and

(G) maintain adherence to standards for course content as required in §157.77 of this title (relating to EMS Training Program and Course Approval) as evidenced by site visit evaluation of training courses.

(2) After verification by the department of the information submitted by the course coordinator certificant, the course coordinator who meets the requirements of paragraph (1) of this subsection shall be recertified for two years commencing on the day following the expiration of the certificate.

§157.62. Program Instructor Certification.

(a) General.

(1) The curriculum shall be the United States Department of Transportation (DOT) documents titled "EMS Instructor Training Program-National Standard Curriculum."

(2) A program instructor is an individual who is responsible to the course coordinator and shall conduct the skills and/or didactic portion of an emergency medical services (EMS) training course. A program instructor may be certified as a basic program instructor, as an intermediate program instructor, or as an advanced program instructor. A basic program instructor may teach the skills and/or didactic content required in the emergency care attendant (ECA) or emergency medical technician (EMT) training course and may teach the basic skills required in the emergency medical technician-intermediate (EMT-I) or emergency medical technician-paramedic (EMT-P) training course. An intermediate program instructor may teach the skills and/or didactic content required in the EMT-I training course but may teach the skills and/or didactic content required in the ECA or EMT training course. An advanced program instructor may teach the skills and/or didactic content required in the EMT-P training but may teach the skills and/or didactic content required in the ECA, EMT, or EMT-I training course.

(3) A program instructor candidate shall have the requirements of subsection (b)(4) and (5) of this section waived if the candidate completed another recognized educational program which

addressed adult learning methodology.

(b) Certification. A program instructor candidate shall:

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

(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 program instructor;

(B) be currently certified as at least and 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 program instructor;

(C) be currently certified as 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 program instructor; or

(D) in lieu of EMS personnel certification, be a physician licensed to practice in the State of Texas or a registered nurse (RN) licensed to practice in the State of Texas; and

(3) complete the application for program instructor certification and include the following:

(A) a nonrefundable fee of \$25, except a fee shall not be required if compensation is not received for instructing in the training course or program; and

(B) a letter of endorsement by a course coordinator;

(4) complete the department approved EMS instructor training program; and

(5) achieve a passing grade which shall be determined by the department for the written program instructor certification examination. A program instructor candidate who fails the program instructor certification examination may retest one time provided that the retest is completed within 90 days of the initial examination.

(c) Period of certification. After verification by the department of the information submitted by the candidate, the candidate who meets the requirements of subsection (b) of this section shall be certified as a program instructor for two years commencing on the date of issuance of the certificate.

(d) Responsibility. A program instructor shall have the following responsibilities;

(1) prepare and present the lecture/demonstration lessons assigned in accordance with the lesson objectives as required in the EMS training curricula as required in §157.77 of this title (relating to EMS Training Programs and Course Approval); and

(2) prepare for and evaluate student performance at each skills practice session and/or

§157.62. Program Instructor Certification.

lecture sessions in accordance with the lesson objectives.

(e) Exception. If an urgent situation for an EMS training program exists and cannot be met by the area's training resources, a course coordinator may request the department's Bureau of Emergency Management (bureau) to grant an exception for program instructor certification.

(1) The request shall be in writing and shall include the following:

- (A) reason for the need; and
- (B) letter of endorsement from a course coordinator or medical director.

(2) The request shall be reviewed and the evaluation shall be based on, but not limited to, the following:

- (A) resignation of a previous program instructor or the inability of a program instructor to complete a current training course;
- (B) need for training and no certified program instructor available, or there is not an adequate number of certified program instructors to assist in the skills portion of the training program;
- (C) the individual requesting the exception is an ECA and the need for an ECA training course exists; and
- (D) the individual requesting the exception does not meet the requirements of subsection (b)(1), (4), or (5) of this section.

(3) After evaluation by the bureau, the individual shall be notified, in writing, or the approval or denial of the request.

(4) An individual who is approved shall be considered a temporary program instructor and may teach in one training program at the level requested. The individual shall meet the requirement of subsection (d) of this section. The individual has one year from the time of the temporary approval to complete the requirements for program instructor certification.

(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) maintain affiliation with entity which provides EMS training;
- (C) attend seminars and regional EMS updates as required for program instructors;
- (D) submit the application for recertification and a nonrefundable fee of \$25, except a fee shall not be required if compensation is not received for instructing in the training course or program;
- (E) be evaluated on teaching effectiveness by the course coordinator and recommendation of the course coordinator;
- (F) be evaluated on performance of students on the department's skills examination

and/or written examination dependent on the program instructor's teaching responsibility as defined by the course coordinator;

(G) maintain adherence to standards for course content as required in

§157.77 of this title (relating to EMS Training Program and Course Approval) as evidenced by site visit evaluation of the teaching sessions; and

(H) instruct a minimum of 16 hours per two years.

(2) After verification by the department of the information submitted by the certified program instructor, the program instructor who meets the requirements of paragraph (1) of this subsection shall be recertified for two years commencing on the day following the expiration of the certificate.

§157.63. Examiner Certification.

§157.63. Examiner Certification.

(a) General. An examiner is an individual who conducts the skills examination required for emergency medical services (EMS) personnel certification under the direction of the department. An examiner may be certified as a basic examiner, as an intermediate examiner, or as an advanced examiner. A basic examiner shall conduct the basic skills examinations for the emergency care attendant (ECA) and the emergency medical technician (EMT) level of certification and may conduct the basic skills examination for the emergency medical technician-intermediate (EMT-I) level of certification and may conduct the basic skills examination for the emergency medical technician-paramedic (EMT-P) level of certification. An intermediate examiner shall conduct the advanced skills examination required for EMT-I level of certification but may conduct the basic skills examination for the ECA or EMT level of certification. An advanced examiner shall conduct the advanced skills examinations required for EMT-P level of certification and may conduct the advanced skills examinations required for EMT-I level of certification or the basic skills examinations for the ECA or EMT level of certification.

(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 to be a basic examiner;
 - (B) be currently certified as at least an EMT-I to be an intermediate examiner;
 - (C) be currently certified as at least an EMT-P to be an advanced examiner; or
 - (D) in lieu of EMS personnel certification, be a physician licensed to practice in the State of Texas or a registered nurse (RN) licensed

to practice in the State of Texas.

(3) complete the application for examiner certification and include a nonrefundable fee of \$25 except a fee shall not be required if compensation is not received for examining certification candidates;

(4) complete the department approved EMS examiner training program;

(5) achieve a passing grade on the department's examiner examination. An examiner candidate who fails the examiner certification examination may retest one time provided that the retest is completed within 90 days of the initial examination;

(6) conduct a minimum of one examination session under the supervision of the department's designated evaluator after which time the candidate will be evaluated on his ability to administer and evaluate the department's skills examinations.

(c) Period of certification. After verification by the department of the information submitted by the candidate, the candidate who meets the requirements of this subsection shall be certified as an examiner for two years commencing on the date of issuance of the certificate.

(d) Responsibilities. An examiner shall have the following responsibilities:

(1) conduct the examination in an objective manner according to the criteria and standards established by the department for each skill examined;

(2) validate the examination results on form(s) prescribed by the department; and

(3) submit prescribed form(s) and reports.

(e) Recertification.

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

(A) maintain EMS certification as required in subsection (b) of this section or professional licensure;

(B) attend seminars and regional EMS updates as required for examiners;

(C) conduct a minimum of 20 individual skills examinations per two years;

(D) have a satisfactory evaluation of the examination session(s) by a department designated evaluator;

(E) submit the application for recertification and a nonrefundable fee of \$25 except a fee shall not be required if compensation is not received for examining certification candidates; and

(F) maintain adherence to criteria and standards for objective conduction of the department's skills examinations required in §157.41 of this title (relating to Certification) and §157.45 of this title (relating to Recertification).

(2) After verification by the department of the information submitted by the examiner certificant, the examiner who meets the

requirements of paragraph (1) of this subsection shall be recertified for two years commencing on the day following the expiration of the certificate.

§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.

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

(A) fails to maintain emergency medical services (EMS) personnel certification at the appropriate level or professional licensure;

(B) fails to maintain recertification requirements as described in §157.61(f) of this title (relating to Course Coordinator Certification);

(C) falsifies the application for course coordinator certification;

(D) falsifies the course completion certificate documents;

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

(F) cheats on the department's course coordinator examination;

(G) compromises the department approved course examination process;

(H) fails to maintain the integrity of the course;

(I) falsifies the course approval application;

(J) fails to maintain sponsorship with an EMS or EMS training entity;

(K) compromises the safety of students and class participants;

(L) allows the recurrent use of inadequate, inoperable, or malfunctioning equipment;

(M) allows inadequate class presentations;

(N) demonstrates a lack of supervision of program instructors and/or guest instructors;

(O) 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

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

(relating to Emergency Medical Technician - Paramedic Training Course);

(P) fails to maintain professionalism in the department approved course;

(Q) issues a check for course coordinator certification which has been returned to the department for insufficient funds; or

(R) 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.

(1) Reasons for suspension or decertification. The department may suspend or decertify a program instructor certificate for, but not limited to, the following reasons. If the certificant:

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

(B) fails to maintain recertification requirements as described in §157.62(f) of this title (relating to Program Instructor Certification);

(C) falsifies the application for certification;

(D) compromises the department approved course's examination process;

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

(F) cheats on the department's program instructor examination;

(G) fails to maintain professionalism in the course;

(H) fails to attend scheduled classes;

(I) 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

(J) 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 re-

quired 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) 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 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.

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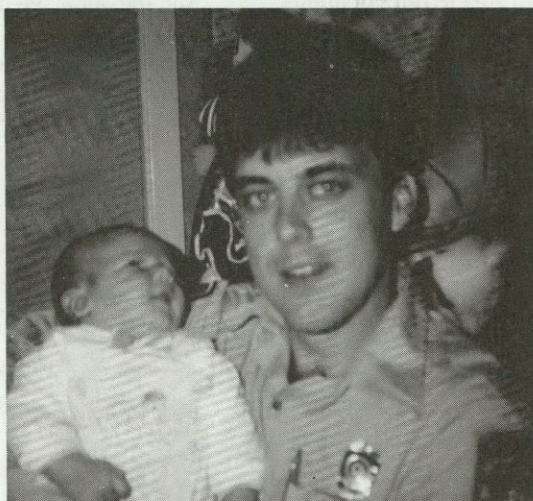
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Texas EMTs make special deliveries

Sutton County EMS Coordinator Lenora Pool says they're beginning to call it the Year of the Baby. In August, Sutton County Ambulance EMTs transported a woman in labor to Hudspeth Hospital in Sonora. Since that hospital has no obstetric facilities, the woman was sent to San Angelo, 65 miles away. During the trip, Treva McReynolds and Tate Fincher, both EMTs, and Ram Perez, an RN, delivered a baby in "full vocal operation," according to Pool. George Keese, EMT, was driving the ambulance. The

Paramedic Gary Crawford of Paris EMS holds the newest member of his family, Nicholas Andrew Crawford. Gary delivered the child in their rural log home when the baby decided he wouldn't wait for the two-hour ride to the hospital.



baby was the first full delivery for the service.

The service had another close call about six weeks later when they were called to a residence where a woman had delivered a baby seconds before EMTs arrived.

Paramedic Gary Crawford of Paris Emergency Medical Services would definitely call 1992 the Year of the Baby. Although Crawford had never delivered a baby in his ten years in EMS, he delivered his own son on September 10. The baby was the Crawfords' third child. Did he mean to make the delivery? "Heck, no, do you think I'm a nut?" he says. Crawford says his wife did not believe him when he told her she was in labor and by the time she was sure, the baby would not have waited during two-hour ride to the hospital. His advice to other dads-to-be is "to follow your instincts and get your wife out to the car."

And on September 3, City of Austin EMS got to play the role of stork and later in the morning, almost got to do it again. Paramedic Robert Browning delivered a seven-pound baby boy in the bathroom of a house at 3:24 a.m. Later in the day, a driver flagged down a deputy sheriff during morning rush hour on IH-35 and told him her daughter was in labor in the car. The deputy called EMS. EMS spokesman Sally Muir then called a radio station to broadcast a traffic advisory about the incident. But the baby waited and was born a few hours later at the hospital.

— Kelly D. Daigle

Did you read... By Paul Tabor, EMT-P

Falls are the leading cause of all non-fatal injuries and are the second leading cause of death from unintentional injuries—after motor vehicles.

In 1990 the pricetag in federal support programs for teenage childbearing was more than \$25 billion, up an alarming 16 percent from 1989.

In Canada some provinces have legislation regulating who provides EMS and how, other provinces give no direction to EMS at all.

Falls are the leading cause of all non-fatal injuries and are the second leading cause of death from unintentional injuries—after motor vehicles.

In 1986, drownings were the third most common cause of death by unintentional injury in the US.

There has been a decline in fatal poisonings among young children over the last two decades. This has been attributed to poison control centers, which are cost-effective but are now in jeopardy because of less funding.

Morbidity and Mortality Weekly Report, April 24, 1992.

Health and Human Services Secretary Louis W. Sullivan, MD, announced that he had approved a plan for a Center on Injury Control at the Centers for Disease Control. In the wake of the Los Angeles riot HHS stressed the work on violence that the center would do, saying it was designed to face the underlying causes of violence.

Injury is the number one cause of years of life lost in this country.

The Nation's Health, July, 1992.

Overnight hospital admissions have dropped by the largest decrease in the past five years, the American Hospital Association reported recently.

The number of overnight admissions dropped by 1.1 percent, and the number of days spent in hospitals declined even more sharply, down 2.5 percent since 1990.

Among patients younger than 65 years old, the number of days spent in the hospital dropped 4.9 percent, the largest drop since 1985 and part of a steady downward trend that began ten years ago.

But for patients 65 years old and older, the number of days in the hospital increased by 2.5 percent, the association found.

The Nation's Health, July, 1992.

In 1990 the pricetag in federal support programs for teenage childbearing was more than \$25 billion, up an alarming 16 percent from 1989, says the latest study by the Center for Population Options.

CPO estimates that if every birth was delayed until the mother was in her 20s, the government would have saved 40 percent of the calculated expenditures, or \$10.02 billion.

The Nation's Health, July, 1992.

A hospital-based survey on shift work, sleep, and accidents was carried out among 635 Massachusetts nurses. In comparison to nurses who worked only day/evening shifts, rotators had more sleep/wake cycle disruption and nodded off more at work. Rotators had twice the odds of nodding off while driving to or from work and twice the odds of a reported accident or error related to sleepiness. Application of circadian principles to the design of hospital work schedules may result in improved health and safety for nurses and patients.

American Journal of Public Health, July, 1992.

Although Canada's 20-year-old health plan is national, it is administered by the provinces, which share the costs with the federal government. Every province must satisfy certain criteria in order to receive federal funding. But these criteria do not mention EMS. Basically, the federal government provides no guidance, no direct funding and no data collection for EMS. And there is wide variation in the amount and type of financial support provided for EMS by the various provincial governments. Furthermore, while some provinces have legislation regulating who provides EMS and how, other provinces give no direction to EMS at all.

JEMS, "A Province-by-Province Look at Canadian EMS," Marion Angell Garza, January, 1992.

The *National Search and Rescue Dog Directory*, a publication that lists all SAR dog units and unaffiliated handlers in the United States and Canada, is now available from the National Association for Search and Rescue. The loose-leaf listings include number of teams, search capabilities, radio frequencies, callout information, a map showing the location of units, a glossary of terms, and a SAR dog fact sheet. Contact the NASAR Bookstore at (703) 352-1349 for more information.

Emergency, "News Around the Nation," compiled by John Shaw, September, 1992.

About one in eight people in the United States is over age 65 and that number is expected to increase two and a half times in the next 40 years. Over the next 35 years, the fastest growing age group in Texas by far will be people over the age 65. Life expectancy for Texans born in 1990 is 75.1 years, up 3.2 years from 1970.

Rural Texas is aging, too. The percentage of people over age 65 is twice as high in rural Texas.

Rural Health Reporter, "Aging of Rural Texas Affects Health Care," Summer 1992.

According to the 1990 U.S. Census, 15.9 percent of rural residents are 65 years or older, compared to only 8.9 percent of urban residents. Almost 30 percent of the people age 65 or over in Texas live in rural areas.

There are almost 650,000 people in rural Texas over the age 60. Almost three out of five of those older rural Texans are women. Rural Texas has the fifth largest population of people age 65 and over in the U.S., while being the third most populous state.

Rural Health Reporter, "Older Rural Texans Face Barriers to Their Special Health Care Needs," Summer 1992.

David Samuels, project director at Samaritan Health Services, the company selected by the National Highway Traffic Safety Administration to revise the EMT-Basic curriculum has announced that Dr. Allan Braslow, former co-principal investigator for the revision project has been replaced by Dr. Walt Stoy, the director of educational programs at the Center for Emergency Medicine of Western Pennsylvania.

In addition to the personnel change, Samaritan has once again pushed back the curriculum's projected completion date to sometime in 1994. The original target completion date was March 1992.

While the deadlines and personnel have changed, Stoy says the overall project direction has not. The development group is still committed to an assessment-based, as opposed to a diagnosis-based, teaching approach.

Emergency, "EMT-B Curriculum Developer Replaced," John Shaw, September, 1992.

The majority of bicycle accidents involve children. Each year, 1,300 deaths in the United States are related to bicycle accidents. Of those deaths approximately 70-80 percent of the injuries involve head trauma or brain injury. Wearing a helmet can reduce a child's risk of serious head injury by 85 percent. In a study from the University of Washington's School of Medicine in Seattle, researchers presented evidence that bicycle riders who do not wear helmets are seven times more at risk of suffering serious head injuries. Only 4 percent of cyclists under the age of 15 wear helmets.

(EHSF Dispatch, "Bicycle Safety," Kay Blecher, RN, July, 1992.)

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Citations used with permission.

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.

Baird, Walter Lynn, Canton, Texas. Revocation of EMT-Paramedic license. EMS rule 157.51 (a)(4)(M)(S), violating standard that would jeopardize the health or safety of a patient or has potential negative effect on patient.

Daul, Lynn Ryan, Galveston, Texas. Twelve months probation of EMT-Intermediate certification through June 8, 1993. EMS rule 157.51 (a)(4)(I), attempting to obtain certification by fraud, forgery, deception, misrepresentation, or subterfuge.

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 through May, 1993. Health and Safety Code, Chapter 773.050, failure to staff emergency medical services vehicle with at least two certified personnel.

Garza, Juan, Laredo, Texas. Suspension of EMT-paramedic certification through February 13, 1993. EMS rule 157.51 (a)(2)(A), failure to follow EMS standards of care in management of a patient.

Humphrey, Lloyd D., Tomball, Texas. Revocation of EMT-Basic certification. EMS rule 157.51 (a)(4)(J), conviction of a felony while certified.

* **Jackson, Carolyn Sue**, Joaquin, Texas. Revocation of EMT certification. EMS rule 157.51, falsifying application by failing to report convictions.

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 months 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.

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

Poore, Kevin Lee, San Antonio, Texas. Denial of recertification of EMT-Basic. EMS rule 157.53, failure to report convictions on application, misdemeanor convictions while certified.

* **Robertson, Curtis W.**, Grape Creek, Texas. Denial of certification. EMS rule 157.44 and 157.53, falsifying application by failing to report misdemeanor convictions.

Sandes, Phil R., Jacksonville, Texas. EMS rule 157.51 (a)(4)(J), conviction of a felony while certified.

* **Smith, William B.**, Houston, Texas. Denial of EMT certification. EMS rule 157.44, felon applying for certification.

Terhune, Paul, Irving, Texas. Revocation of EMT-Paramedic certification. EMS rule 157.51 (a)(4)(o), revocation when EMS certificate revoked in another state while holding a Texas EMS certificate.

Wiley, Ronald C., Rockdale, Texas. Revocation of EMT-Intermediate certification. EMS rule 157.51 (a)(4)(S), violation of standard that would jeopardize the health or safety of a patient or that has a potential negative effect on the health or safety of a patient.

* **Wright, Gilbert**, Olney, Texas. 24 months probation of EMT certification through October 1, 1994. EMS rule 157.51(s), violating 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.

*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.

Calendar

Meetings

December 3, 1992. **Nonprofit Marketing Clinic.** San Antonio, TX. 512/227-4333.

December 3-4, 1992. **TEMSAC meeting.** Austin, Texas. Contact Harold Broadbent 512/458-7550.

December 4, 1992. **Swiftwater Rescue Technician I.** \$130. McLennan Community College, Waco, TX. 817/750-3512.

December 10, 1992. **Advanced Vertical Rescue.** \$130. McLennan Community College, Waco, TX. 817/750-3512.

December 20, 1992. **Proposal Writing.** San Antonio. Funding Information Center, PO Box 15070, San Antonio, TX. 78212-8270.

January 20-22, 1993. **Grantsmanship Center 3-day Workshop.** 1-800-421-9512. Austin, TX.

February 1-March 18, 1993. **DOT Paramedic Refresher Course.** 48 hours required for NREMT-P recertification and approved for TDH CE hours. Palestine, TX. 903/928-2211.

February 5-6, 1993. **EMS Medical Directors Seminar.** Texas College of Emergency Physicians. Houston, TX. 214/580-0367.

February 22-26, 1993. **Grantsmanship Center 5-day Workshop.** 1-800-421-9512. Austin, TX.

February 25-28, 1993. **Disaster '93 - The International Disaster Management Conference.** Twin Towers Hotel, Orlando, Florida. 1-800-766-6335 or 407/281-7396.

February 27-28, 1993. **Responding to Hazardous Materials.** 16-hour training. \$60. CE hours. Lee College Continuing Education and Miles, Inc. Co-sponsoring. PO Box 818, Baytown, TX 77522-0818. For information call Kathy Keeler at 713/425-6311.

March 24-27, 1993. **EMS Today,** Phoenix AZ. Contact Jems Conference Corporation. 619/431-8088.

November 22-24, 1993. **Texas EMS Conference '93.** Fort Worth Tarrant County Convention Center. Contact Texas Department of Health 512/458-7550.

Jobs

Paramedic/Firefighter: City of Edna. Buster Chase 512/782-3159 or send application to City of Edna, EMS/Fire Department, 105 N Allen, Edna, TX 77957.

Instructor: Bachelor's degree in health care related field. Texas paramedic certification and EMS instructor and examiner certification required. This position is open through the spring semester of 1993. Resume: Personnel Office, Lee College, PO box 818, Baytown, TX 77522-0818.*

Paramedic: Los Fresnos EMS. Advanced protocol. Part-time status. Resume: Jesse Luna, 200 N. Brazil, Los Fresnos, TX 78566. 210/233-5768.*

EMS Instructors: Part-time. Advanced TDH certification, ACLS provider, and minimum 2 years field experience as EMT-P. Resume: Jay Petty, Metrocrest Medical Service, 2997 LBJ Freeway, Suite 139, Dallas, TX 75234.*

Paramedics: 9-1-1 MICU system in Arlington. Progressive protocols, excellent equipment. \$21,000 with complete benefits package. Resume: Mike Smith, Life Star Ambulance, 601 E. Main, Arlington, TX 76010. 817/261-3881.

Clinical Coordinator: Paramedic and/or registered nurse. EMS coordinator, advanced instructor, ACLS certified, BTLIS instructor. 5 years experience. Resume and salary requirements: Mike Smith, Life Star Ambulance, 601 E. Main, Arlington, TX 76010. 817/261-3881.

EMS Instructor/Examiner: Gulf coast area. \$1,400-\$2,000 plus car, benefits and relocation allowance, depending upon teaching experience. 1-800-462-9569.

Training Coordinator/Quality Assurance Manager: Private ALS/MICU service in south Texas. Eligibility for Texas advanced course coordinator certification required. Resume: AMCARE, 10116 Huebner Road, San Antonio, TX 78240. EOE.

Paramedic: Certified EMT-P for city/county 9-1-1 emergency/emergency transfers EMS system. Mike Scudder, W.T.A.S., Alpine EMS, PO Box 338, Alpine, TX 79831. 915/837-3028.

Paramedic: TDH EMT-P certification. Salary commensurate with qualifications and experience. Irma Trevino, 101 W. Burleson, Wharton, TX 77488. Individuals hired by the City of Wharton must pass a physical and alcohol/drug test. EOE.

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

Operations Manager: Stamford EMS accepting applications for operations manager, must be a paramedic. Send application to Stamford EMS, PO Box 27, Stamford, TX 79553.

EMT/Paramedic: Calhoun County EMS is accepting applications for three full-time positions. Call Carl at 512/552-1140 or write to: 216 E. Mahan, Port Lavaca, TX 77979.

For Sale

For Sale: ICOM H16a VHF-High 16 ch. keypad programmable scanning Handheld \$515. 512/693-4999.

For Sale: Numerous supplies and equipment from BLS to MICU. Radios, pagers, linen, desks, chairs and much, more. Serious inquiries to PO Box 2951, Palestine, TX 75801 for a complete listing.

For Sale: 1984 Ford Wheeled Coach Type II, gas vacuum/electric suction, light bar & siren, under bench storage, lots of cabinets, good condition. \$6,500.

Moving? Renewing your subscription? Placing an ad?

Moving? Let us know your new address—the post office does not automatically mail your magazine to your new address. Use the subscription form in the magazine to change your address and mark the change of address box. We don't want you to miss an issue!

Renewing your subscription? Paid subscriptions have a 4-digit number on the mailing label. Example: 9304 means the subscription expires with the April, '93 issue. Use the subscription form in the magazine to renew your subscription and mark the renewal box.

Placing an ad? To place an ad in the calendar section, write the ad (keep the words to a minimum, please) and fax to *Texas EMS Magazine*, 512/458-7407 or send to the address below. Ads will run in two issues and then be removed.

For circulation and calendar information call or write Jan Brizendine at 512/458-7550 or *Texas EMS Magazine*, 1100 West 49th, Austin, Texas 78756-3199.

Mike Branigan, Hall Co. EMS, Memphis, TX 806/259-2023 days, or 259-2618 evenings.

For Sale: 1979 Ford Type III. Excellent condition, low mileage, many extras. \$13,000. 512/729-2112.

For Sale: Kenwood TK705 VHF-High 16 channel, 25 watt, programmable mobile radio. 512/693-4999.

For Sale: Excellence & Marque Ambulances. Re-mounts start at \$5200 plus chassis. Reliable Emergency Vehicles. 1-800-460-VALU.*

Announcements

CPR Classes: Every Saturday in the Dallas area. Call Steve at 214/242-5883.*

Bloodborne Pathogens Training Program. Fulfills OSHA standards. Rick Murray 817/295-4707.*

* This listing is new to this issue.

Is This You? Do you enjoy teaching EMS personnel the ins and outs of providing high quality prehospital emergency health care? Do you like to travel to far reaches of the state into areas where few, if any, continuing education classes are offered? Are you a paramedic with field experience, ACLS/PHTLS/BTLS/BCLS instructor with experience? If so, you may be just the right person the EMS System Development Program of the Bureau of Emergency Management is looking for!

If selected, you will develop and implement a new Bureau-sponsored program called the Mobile Training Unit, which will take continuing education to areas where there are limited opportunities to obtain low-cost training. You will be on the road at least 75% of the time with the work days and hours determined by the location and type of training provided during the week. Your salary will be \$29,412 annually and you will receive an outstanding state benefits package.

If this sounds like you, or someone you know, contact Ernie Rodriguez at (512) 458-7550. An official Texas Department of Health employment application must be completed and submitted to the Bureau of Human Resources, 1100 West 49th Street, Austin, Texas 78756-3199.

Making the grade: Lockwood oversees all EMS applications

Phil Lockwood's work in the EMS Certification Program may have saved lives indirectly over the years, but it played a direct role in saving one. Phil became certified as an EMT when he came to work for the Bureau 14 years ago. He had the opportunity to use his training when his mother collapsed with a cardiac arrest in her back yard.



Phil Lockwood fields another call about certification, one of the many he receives each day. Phil and his staff process more than 14,000 applications each year.

"We lived just across the pasture at the time so I ran over there and my sister-in-law and I did CPR on her while my brother-in-law called EMS," Phil says. "It took a while for STARFlight to get there, so I'm glad we knew what to do.

"If for no other reason than that, I'm glad I came to work in EMS."

Phil began his career with the health department in 1976 after he graduated from Sam Houston State University with a bachelor's degree in animal science. He

first took a job in Public Health Region 5 in Zoonosis Control.

"I investigated for the source of infection when people contracted zoonotic diseases," Phil says, "I'd do things like go out and catch sparrows and mosquitoes to see if they had encephalitis."

Two years later, Phil came to work at the Bureau in the EMS Registry, which is now the EMS Certification Program. He became interested in EMS during his college years after a work supervisor had chest pains.

"We just called his wife and loaded him in a pickup truck and took him home," Phil says. "He later died, and now I know that was the worst thing to do. If we had called EMS he might have had 10 or 12 more years."

Phil supervises five other people who process 14,000 personnel certifications and 400 EMS firm licenses every year.

"We stay busy all the time," Phil says with a smile, gesturing to an office stacked with papers. "I'm lucky that I work with a great bunch of hard workers."

Phil grew up in Manor competing in rodeos, something he gave up when his sons were born. He now lives in Lexington with his wife, Cindy, and their three sons, Clint, Cade, and Russ. His EMT certification lapsed several years ago, but Phil is now taking ECA training and plans to volunteer for Lexington EMS. When he's not coaching his sons' baseball, football, or basketball teams, or serving as a member of the Lexington school board, he helps his wife's parents with their cattle.

For information about EMS certification, call Phil at (512) 458-7550.

Bureau of Emergency Management
Texas Department of Health
1100 West 49th Street
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