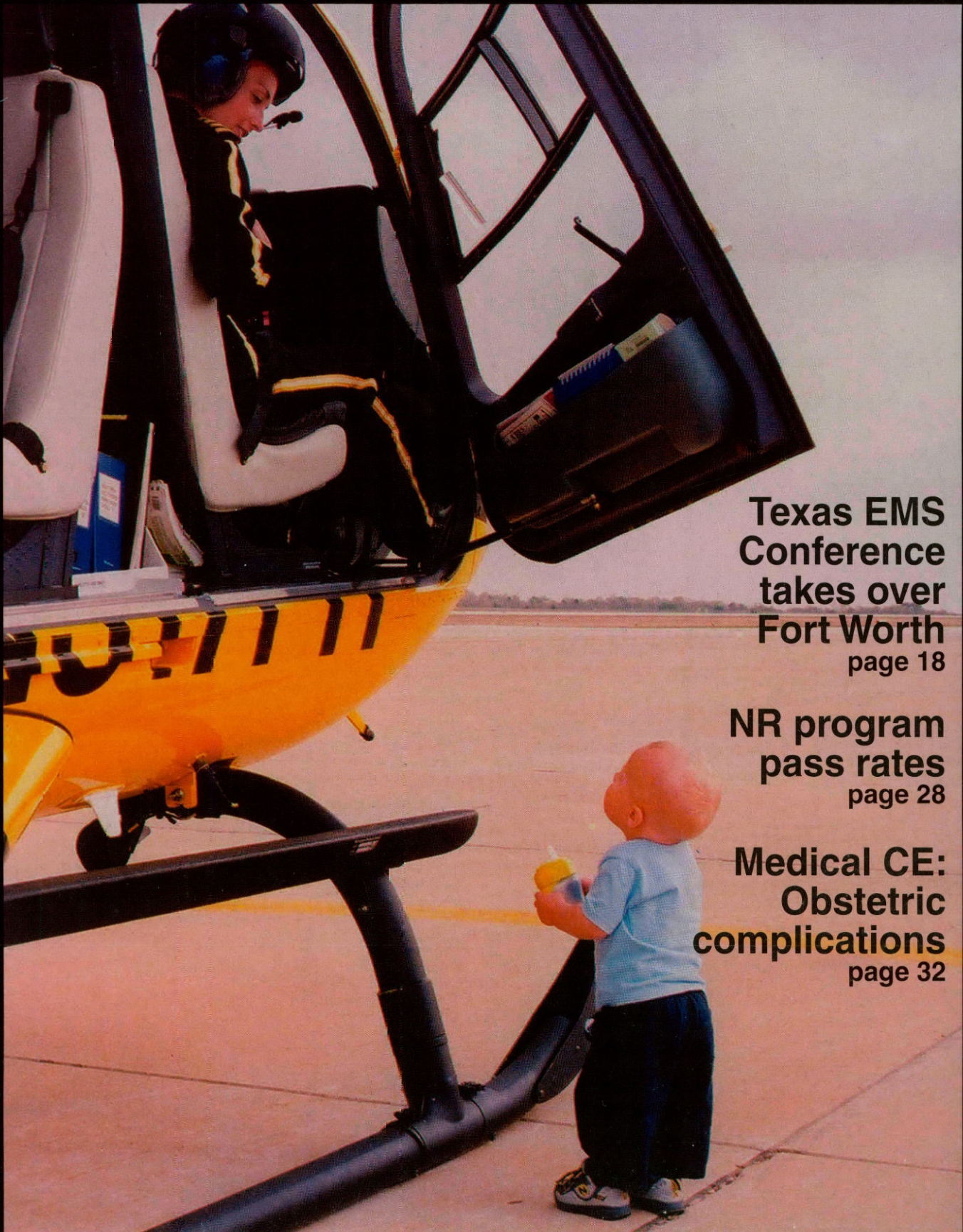


# Texas EMS

Serving Texas Emergency Care Professionals



**Texas EMS  
Conference  
takes over  
Fort Worth**  
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# Texas EMS

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Amount ordered Description

\_\_\_\_\_ **"Ready Teddy" coloring book.** 16 pages of injury prevention and EMS awareness tips by the Texas EMS mascot. English-(4-61)

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- 14 Award winners announced**  
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- 18 Texas EMS Conference 2008!**  
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*Above, participants in the high-angle preconference class practice carrying a victim. Front cover grand prize photo from Texas EMS Conference 2008 photo contest, taken by Darren Fleming.*

**EMS compliance offices by group**

**North group**

PO Box 60968, WTAMU Station  
 Canyon, TX 79016  
 (806) 655-7151

1301 South Bowen Road, Suite 200  
 Arlington, TX 76013  
 (817) 264-4720

Physical: 6515 Kemp Blvd.  
 Bldg. 509

Mailing: EMS Compliance 509  
 PO Box 300  
 Wichita Falls, TX 76307-0300  
 (904) 689-5928

4601 S. First, Suite L  
 Abilene, TX 79605  
 (325) 795-5859

1517 W. Front St.  
 Tyler, TX 75702-7854  
 (903) 533-5370

**South group**

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 (915) 834-7709

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 (432) 571-4105

622 S. Oakes St., Suite H  
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**Central group**

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 MC 1876, P.O. Box 149347  
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 Physical: 8407 Wall St.  
 Suite N-410  
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 Houston, TX 77023  
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1233 Agnes  
 Corpus Christi, TX 78401  
 (361) 889-3481

601 W. Sesame Drive  
 Harlingen, TX 78550  
 (956) 423-0130

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# Passing rates, legislators and GETAC preparation-- it must be January

It's January, and that means it's time for us to report on the NREMT passing rates for educational programs. This is one of our most popular features – I was fielding questions about when it was going to appear in the magazine while we were at Texas EMS Conference. Turn to page 28 for a snapshot of Texas passing rates for 2008.

The 81st Texas Legislature arrives in Austin this month. Lawmakers could start filing bills in November and they got off to a fast start with hundreds of bills already in the queue to be heard. Last session, more than 5,000 bills were filed during the session and plenty were passed. After the session ends in late May, we'll analyze the bills passed pertaining to EMS and trauma and give you a rundown of those in the July/August issue. You can always keep track of what's happening by going to [www.capitol.state.tx.us](http://www.capitol.state.tx.us), which lists all the bills filed and where they are in the process. There's also some nice information on the site about how our lawmaking process works.

Thanks to all of you who came to Texas EMS Conference 2008. Fort Worth welcomed us, and we think it was a good fit for our conference. Our thanks go out again to the more than 120 volunteers who help us with pre-conference classes and monitor the 150 or so workshops. Also, our sincere thanks to the Texas Trauma Coordinators Forum and the Texas Nurses Association for providing wonderful speakers for the nursing tracks, to the EMS Educators Association of Texas for putting together the educator track, and to Texas Engineering Extension Service (TEEX) for coordinating the administrator and the disaster tracks. Also thanks to Scott and Lynn Lail of CareFlite for coordinating the helicopter class and helicopter landing logistics. We also got tremendous support from North Central Texas Trauma Regional Advisory Council (NCTTRAC) and MedStar in setting up transportation and extra-curricular activities such as ride-outs. We will be back in Fort Worth in 2009. There'll be a new Omni open across the street from the convention center, plus we'll still have room blocks available at the Sheraton, Hilton, Worthington, Embassy Suites and Marriott Courtyard. Watch our website for more information.

The GETAC meetings for the year start February 25-27 in Austin. We've moved to a new location — Omni Southpark at the southeast corner of Ben White (Hwy. 71) and I-35. Turn to page 31 for information on the hotel and how to make reservations. And, as usual, there are a limited number of rooms the hotel will sell us at the \$85 rate, so if you're going to GETAC, make your reservations early. We'll be at the Omni Southpark for the February, May and August meetings.

See you at GETAC!



## FROM THIS SIDE



**Kelly Harrell**  
Editor

## GETAC committee apps due January 20

Interested in serving on a GETAC committee? You have until January 20 to get your application in to DSHS. Committee members serve for one-, two- or three-year terms. The application form can be downloaded from the News/Features column of the DSHS Office of EMS/Trauma Systems Coordination website: [www.dshs.state.tx.us/emstraumasystems](http://www.dshs.state.tx.us/emstraumasystems). In addition to established committees, two new committees will be created: Disaster Preparedness Committee and the Cardiac Care Committee.

- Applications (via standard mail, fax, or email) are due in the Office by January 20, 2009. Due to tight timelines, applications received after that time will not be reviewed or considered.
- Committees are made up of 11 members. Committees are currently open to people seeking *either* re-appointment or initial appointment.
- OEMS/TS will work with interim GETAC chair Pete Wolf and the GETAC committee chairs to coordinate the selection

process.

- The announcement of new and/or re-appointed committee members will be made at the GETAC meeting on February 27, 2009. New committees will meet for the first time at the May GETAC meetings.
- Please use the mailing address, email address or fax number printed on the application to make sure we receive the application.

Note: People currently serving on the Disaster Preparedness Task Force who are interested in serving on the new Disaster Preparedness Committee *must* apply to be considered for the committee.

### Committees:

Air Medical  
Education  
EMS  
Injury Prevention  
Medical Directors  
Pediatric  
Stroke  
Trauma Systems  
Disaster Preparedness  
Cardiac Care

For information, email Indra Hernandez at [indra.hernandez@dshs.state.tx.us](mailto:indra.hernandez@dshs.state.tx.us) or call her at 512-834-6700, ext. 6669.

TEXAS EMS CERTIFICATIONS	
AS OF	
DECEMBER 15, 2008	
ECA	3,330
EMT	28,954
EMT-I	3,680
EMT-P	13,004
LP	5,624
TOTAL	54,592
BASIC COORDINATOR	125
ADVANCED COORDINATOR	225
INSTRUCTOR	1,721

## Obituaries

**Jim Arnold, 62**, died



December 9 in Victoria. Arnold began his career in the 1970s, working as a paramedic and EMS

administrator, and as regional EMS director for TDH Public Health Region 4/5 for 14 years. From 1999 to 2003, he served as state EMS director.

**Ozro Henderson, 65**,

died November 19, 2008, after suffering a stroke. A paramedic and nurse, Henderson retired from the Irving Fire Department in 1993 following a 27-year career. He then focused on teaching paramedicine at North Central Texas College in Corinth.

**Richard Saegert Smith**

Jr., 38, of Little Elm, passed away December 14. He was a paramedic and firefighter with McKinney Fire Department.

**Got news? Send in for  
Local and Regional News!**



# Honor guards pay tribute to Hall of Honor

The Department of State Health Services honors emergency medical services personnel who have died in the line of duty by inducting them into the Texas EMS Hall of Honor. The induction takes place every year at Texas EMS Conference during the Awards Luncheon. This year's ceremony featured a presentation by Lubbock EMS and Austin-Travis County EMS honor guards, accompanied by a snare drum and bagpipe detail from Lubbock Pipe and Drums. Additionally, the U.S. Honor Flag was attended by the Euless Fire Department Honor Guard. The U.S. Honor Flag flew over the Texas State Capitol on 9/11 and has flown over Ground Zero in a ceremony honoring those who died there. This flag is now dedicated to honoring the memory of those who've died in the line of duty and travels to memorial services around the country. The Hall of Honor plaques were placed on draped stands next to a table with white roses. The honor guards presented memorial obelisks to the families of the deceased. Playing of "Amazing Grace" followed. The Texas EMS Hall of Honor plaques hang at the Office of EMS/Trauma Systems Coordination, DSHS, 8407 Wall Street in Austin.

Individuals inducted this year:

**Raul Garcia, Jr.**, 38, of Weslaco, died February 5 in a helicopter crash while responding to a medical call. He was an RN with Valley Air Care.

**Robert Lamar Goss**, 55, of Weslaco, died February 5 in a helicopter crash while responding to a medical call. He was a pilot with Valley Air Care.

**Michael T. Sanchez**, 39, of San



Benito, died February 5 in a helicopter crash while responding to a medical call. He was an EMT-P with Valley Air Care.

**Jana Bishop**, 28, of Magnolia, died June 8 in a helicopter crash while transporting a patient. She was a licensed paramedic and registered nurse with PHI, Inc.

**Wayne Kirby**, 54, died June 8 in a helicopter crash while transporting a patient. Kirby was a pilot for PHI, Inc.

**Stephanie Waters**, 27, EMT-P, died June 8 in a helicopter crash while transporting a patient for PHI, Inc. Waters was a member of the Texas EMS Magazine Editorial Board.

-- Kelly Harrell

## Lubbock EMS Honor Guard

Brandon Turnbow  
 Craig Williams  
 Brandi Stephens  
 Jessica Martinez  
 Kat Kctara  
 Eric Teaff  
 Kevin Lowery  
 Jeff Tweed  
 Andrew Ochoa  
 Leslie Leatherwood

## Lubbock Pipe and Drums

Brent Smith -- Bagpipes  
 Chris Addington -- Drummer

## Austin-Travis County EMS Honor Guard

Mark Hawkins  
 Eric Gordon

## Euless Fire Department Honor Guard

Vernon Gilmore, Honor Guard Commander  
 Jeff Morris  
 Dale Skinner  
 Chris Sutterfield





## FLU SEASON: WASH UP!

The flu season is in full swing but that doesn't mean you have to be next. As health care providers, though, EMS is a little more vulnerable than most – more so after riding in the back of an ambulance with a full-blown contagious patient. The most important thing you can do to avoid the flu is ... you know this ... wash your hands! Even if you've worn gloves. And use warm, soapy water for 15 to 20 seconds. "EMS personnel should be washing their hands thoroughly at every opportunity," says State EMS Director Maxie Bishop. "It's the first and best line of defense against illnesses like the flu."

And while we're at it, it's not too late to get a flu vaccination. A recent study at the National Institutes of Health gives a compelling reason to do so. The study found that in the deadly 1918-1919 flu pandemic, those who'd earlier contracted a milder version of the flu were much less likely to get sick when the more virulent bug (probably a mutation of the earlier virus) hit a few months later. As researchers point out, the milder flu offered about the same protection for later as modern vaccines – 70 to 90 percent. If you've ever had the flu, you don't have to be told twice to get vaccinated.

## Red-light cameras reduce collisions

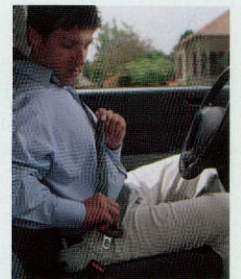
Collisions declined by 30 percent in a year at Texas intersections with red-light camera enforcement systems, according to a report released in December by the Texas Department of Transportation. The report examined 56 separate intersections and found total crashes dropped from 586 collisions prior to red-light equipment installation to 413 in the year after installation. The total number of right-angle collisions, which are responsible for most fatalities, decreased 43 percent, from a total of 265 prior to installation to 151. Only one type of crash increased: Rear end crashes climbed five percent, from 106 to 111.

State law requires local jurisdictions with operating red light systems to report on the number and type of traffic crashes at those intersections each year so TxDOT can publish the data on December 1. Jurisdictions with systems installed after January 1, 2008, must also report crash data for the 18-month period prior to installation. However, TxDOT requested that even those jurisdictions with systems installed before January 1 voluntarily submit data. The Federal Highway Administration reports that red-light running causes 176,000 injuries and 950 deaths annually. Intersection crashes constitute 35 percent of the nation's traffic-related fatalities with 22 percent of all urban crashes a direct result of drivers disobeying red signals. In 2006, Texas recorded more than 48,000 injury and 400 fatal crashes that were intersection-related. More than 60 percent of those intersection crash fatalities involved right angle collisions.



## Buckled up, Texas

Twenty-two years after the mandatory seat belt law was passed in Texas, nine out of ten Texas motorists are continuing to buckle up – and so are their passengers. A new survey completed by the Texas Transportation Institute (TTI) shows that 91.2 percent of drivers and passengers are abiding by the law. Better yet, it's the third year the number has topped 90 percent. Texas is one of only 11 states with such impressive numbers. One group of drivers still falls short: pickup drivers comply with the law about 88 percent of the time, while pickup passengers buckle up only 78 percent of the time. When TTI completed the first survey in 1985 in 12 Texas cities, only 14 percent of drivers and passengers were using seat belts. According to the National Highway Traffic Safety Administration, using a safety belt doubles the chances of surviving a serious crash.





**Q: What are the rules concerning leaving a patient care report at the hospital? Does it have to be completed at the hospital?**

**A:** You should provide the hospital with as much patient care information as possible upon delivery of the patient. In the rule below, "whenever operationally feasible" could be interpreted to mean any time you were not immediately called away for another emergency call. Many services have elaborate computer-assisted report writing, but even for them we strongly suggest that EMS personnel manage to leave a report (hand-written, if necessary) at the hospital with at least the preliminary patient information (as outlined in the rule). This information isn't required to be in a particular format, but the report should provide any vital information you have that's necessary for the continuing treatment of the patient.

25 TAC, Section 157.11

(m) Responsibilities of the EMS provider. During the license period, the provider's responsibilities shall include: . . .

. . . (9) assuring that patient care reports are provided to emergency facilities receiving the patients:

(A) the report shall be accurate, complete and clearly written or computer generated;

(B) the report shall document, at a minimum, the patient's name; condition upon arrival at the scene; the prehospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff;

(C) **whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered;** and/or

(D) if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient.

## Bledsoe honored by ACEP

Bryan Bledsoe, DO, FACEP, was recently named a "Hero of Emergency Medicine" by the American College of Emergency Physicians. ACEP praises Bledsoe for the "dedication, passion and commitment Dr. Bledsoe has shown" that embodies the vision of the association's founders and ideals of emergency medicine. Dr. Bledsoe, a former paramedic, is a clinical professor of emergency medicine at the University of Nevada School of Medicine and a popular speaker at EMS conferences, including Texas EMS Conference. He is lead author of Brady's paramedic textbooks, with nearly one million books in print. Bledsoe also served as medical director for two emergency departments and 15 EMS providers in the Dallas area. He is currently working to develop an EMS Fellowship at the University of Nevada School of Medicine.

ACEP's campaign, part of its 40th anniversary celebration, recognizes emergency physicians who have made significant contributions to emergency medicine, their communities and their patients. Other physicians who have ties to the Texas EMS and trauma community were profiled in the September/October issue of Texas EMS Magazine. ACEP, a national medical specialty society, is committed to advancing emergency care through continuing education, research and public education.



# On Duty





## Emergency funding can help EMS and hospitals

Have you had an emergency that caused a degradation of services to the communities you serve? Extraordinary Emergency Funding is available to assist licensed EMS providers, hospitals and registered first responder organizations that suffer events that may severely reduce or incapacitate emergency response capability. Here's who received money recently:

### **Vernon Fire EMS**

**\$3,429 for a defibrillator**

### **Uvalde EMS**

**\$87,905 for an ambulance**

### **North Runnels Hospital**

**\$68,382 for an ambulance**

For more information, contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us).

## Grants available for ECA training



Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and/or instructors to conduct ECA courses in rural or underserved areas of the state that

lack local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses such as printing and supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. All EMS or FRO entities that meet the basic criteria listed below are encouraged to submit an application. Eligibility requirements for ECAT grants: (1) a minimum of three students, (2) students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization, and (3) services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county. For more information, go to [www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm](http://www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm) or contact Roxanne Cuellar at (512) 834-6700 ext. 2377 or [roxanne.cuellar@dshs.state.tx.us](mailto:roxanne.cuellar@dshs.state.tx.us).

Recently awarded grants:

**Paris Junior College**

**Eastland Volunteer Fire Department**

## Photos available from conference photographer

Looking for a particular photo from the conference? All conference photos are available for purchase from the conference photographer at <http://www.dotphoto.com>.

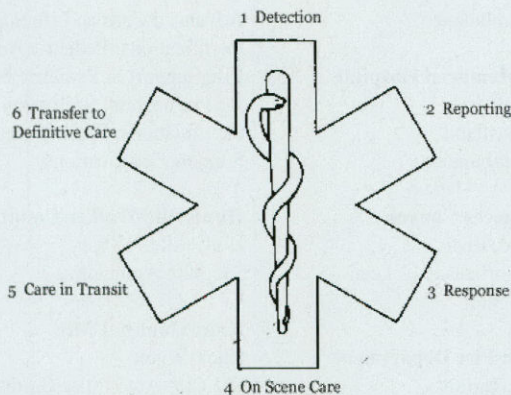
You'll need to log in as new user, then select Galleries at top of page; then select Schools, Clubs and Orgs; select police; then select one of EMS 2008 Saturday, Sunday, Monday or Tuesday albums. You can view all the photos and purchase any size print.





## EMS Week set for May

The American College of Emergency Physicians has set May 17-23, 2009, as EMS Week. The purpose of the week is to bring together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line." This information can be used throughout the year for public education and safety programs. For additional information, contact ACEP at [emsweek@acep.org](mailto:emsweek@acep.org). Single kits can be ordered at no charge. Or go to [ACEP.org](http://ACEP.org) and do a search on EMS Week. The 2009 kit should be available soon for download.



### Where did the Star of Life come from?

A recent question about the Star of Life prompted us to do a little research. The Star of Life was created by the National Highway Traffic Safety Administration (NHTSA) to be an easily recognized symbol of EMS. NHTSA holds priority rights to the use of this registered certification mark. Adapted from the medical identification symbol of the American Medical Association, each bar on the Star of Life represents one of six EMS functions: detection, reporting, response, on-scene care, care in transit and transfer to definitive care. The Star of Life has become synonymous with emergency medical care around the globe, visible on ambulances, equipment and uniforms.

## Retirements and resignations

Don Gordon, MD, retired from UT Health Science Center after 22 years of service. Dr. Gordon had served as faculty member and medical director of San Antonio Fire Department for many years. His work in San Antonio and with the American Red Cross and American Heart Association impacted thousands of patients in South Texas and nationwide. Dr. Gordon will continue to serve on the editorial board of Texas EMS Magazine.

Gary Kesling, PhD, has resigned from the Texas EMS Magazine editorial board and from GETAC's injury prevention committee, where he served as chair.

On Duty

## 2009 GETAC DATES

**FEBRUARY 25-27**

**MAY 13-15**

**AUGUST 19-21**

**NOVEMBER 21-23**

*November dates in Fort Worth, in conjunction with Texas EMS Conference 2009*

# Local Project grants announced

Could your service use a little extra funding? This year the Office of EMS/Trauma Systems Coordination received 98 Local Project grant applications (90 were eligible). Seventy-seven project grants were approved for funding. Major projects included 19 ambulances, one AED, seven monitor-defibrillators and 23 educational projects. Emphasis was placed on grants that would upgrade the level of service available, reduce response time, or to improve patient care capabilities.

Next year's Request for Proposals is expected to be published electronically in the spring of 2009. And, as usual, we will mail out a reminder just after publication. Questions? Contact Linda Reyes at (512) 834-6684, or e-mail [linda.reyes@dshs.state.tx.us](mailto:linda.reyes@dshs.state.tx.us).

**Key Name**  
**City, County**  
**Funding amount—Items**

**Allen Fire Department**  
Allen, Collin  
\$7,500—AutoPulse Chest Compression Device

**Americare EMS**  
Lufkin, Angelina  
\$5,000—Hand-held Radios

**Associated Ambulance Authority**  
Clarendon, Donley  
\$7,375—Power Ambulance Cot; Advanced Cardiac Life Support, Pediatric Advanced Life Support or Pre-hospital Trauma Life Support Certifications

**Bells/Savoy EMS**  
Bells, Grayson  
\$35,000—Ambulance

**Big Spring Fire Department**  
Big Spring, Howard  
\$3,200—Automated External Defibrillators

**Bonham Fire Department**  
Bonham, Fannin  
\$29,429—Ambulance Remount

**Brazos Valley Regional Advisory Council**  
Bryan, Brazos  
\$8,300—Robertson County EMS: Backboards, Spiderstraps; Washington County EMS: Backboards, Portable Ventilators

**BRMC –EMS**  
Brownfield, Terry  
\$7,500—LifePak 12 Defibrillator/Monitor

**Brownsville Fire Department**  
Brownsville, Cameron  
\$15,000—MegaCode Kelly Advanced; MegaCode Kid; ECG Sign and Symptom Generator

**Bulverde-Spring Branch Emergency Medical Services**  
Spring Branch, Comal  
\$31,000—Ambulance; Stretchers; LifePak/Automated External Defibrillators

**Canyon Lake Fire/EMS, Inc.**  
Canyon Lake, Comal  
\$6,000—Syringe Pumps

**CareFlite**  
Grand Prairie, Tarrant  
\$23,780—Infant Patient Simulator Package

**Cedar Park Fire Department**  
Cedar Park, Williamson  
\$6,812—Rescue Tool Power Unit; Spreader; Rescue Cutter

**Childrens Medical Center of Dallas**  
Dallas, Dallas  
\$15,610—Optical Stylets; Glidescopes; SLAM Difficult Airway Conference Certifications

**Childress Regional Medical Center EMS**  
Childress, Childress  
\$2,000—Stretcher

**Citizens EMS**  
Clyde, Callahan  
\$5,596—VHF Portable Radios; Auto GPS Navigation Devices; Stethoscopes; Ear Thermometers; Pulse Oximeters

**Clay County Memorial Hospital**  
Henrietta, Clay  
\$35,000—Ambulance

**Cleveland EMS**  
Cleveland, Liberty

\$35,000—Ambulance

**Collinsville Volunteer Fire Department**  
Collinsville, Grayson  
\$970—Compact Suction Units

**Copperas Cove EMS**  
Copperas Cove, Coryell  
\$2,000—Stretcher

**Coryell Memorial Hospital EMS**  
Gatesville, Coryell  
\$15,000—Cardiac Monitor Defibrillators

**Culberson Hospital EMS**  
Van Horn, Culberson  
\$1,945—Infusion Pump; Oximeter; Oximeter Carry Case; Glucose Meter

**Danbury Volunteer Fire Department and EMS**  
Danbury, Brazoria  
\$4,700—Stair Chair; Power Cots

**Dickens County Ambulance Service**  
Dickens, Dickens  
\$35,000—Ambulance

**Earth EMS**  
Earth, Lamb  
\$35,000—Ambulance

**Eastland Memorial Hospital District**  
Eastland, Eastland  
\$35,000—Ambulance

**EMS of Nueces Canyon**  
Camp Wood, Real  
\$6,000—Refurbished 12 Lead Cardiac Monitor

**Fort Worth Fire Department**  
Fort Worth, Tarrant  
\$15,000—Street Level Airway Medicine Certifications

**Friona EMS**  
Friona, Parmer  
\$13,410—Backboards; Medication Box; Adult Traction Splint; Base Station 2-Way Radio; Infant/Pediatric Spine Board; Portable Suction Unit; Glucose Monitor; Pulse Oximeter; Pulse Oximeter Carry Case; Pediatric Traction Splint; Stair Chair; GPS Receiver; Basic Trauma Life Support, Advanced Cardiac Life Support or Pediatric Advanced Life Support Certifications; Pediatric Education for Pre-hospital Professionals Certifications; Basic Emergency Medical Technician Course Tuition

**Galveston County Health District / Galveston EMS**  
Galveston, Galveston  
\$26,414—Upgrade of Cardiac Monitor Defibrillators; Central Venous Access Mannequin

**Ganado EMS**  
Ganado, Jackson  
\$4,020—Automatic Transport Ventilator with Carry Case; Basic Emergency Medical Technician Course Tuition

**Groom Volunteer Ambulance Service**  
Groom, Carson  
\$5,678—Hand-held Radios; Dashmount Radio; Control Station; Power Charger

**Hamilton EMS**  
Hamilton, Hamilton  
\$3,458—Map Mobile Data Software

**Happy EMS**  
Happy, Swisher  
\$1,100—VHF Pagers with Chargers

**Heart of Texas Regional Advisory Council**  
Waco, Bosque  
\$20,000—Basic Emergency Medical Technician Course Tuition; Advanced Cardiac Life Support Certifications; Pediatric Advanced Life Support or Pediatric Education for Pre-hospital Professionals Certifications; Basic Trauma Life Support Certifications

**Huntsville-Walker County EMS**  
Huntsville, Walker  
\$35,000—Ambulance

**Knox County EMS**  
Knox, Knox  
\$11,619—Auto Pulse Cardiac Support Pump; VHF Channel Pagers

**Lake Bridgeport Volunteer Fire Department**  
Bridgeport, Wise  
\$3,170—Trauma Bag; Backboards; Pulse Oximeter; Stethoscopes; Blood Pressure Cuff; Portable 2-way Radios

**Laredo Community College**  
Laredo, Webb  
\$12,152—Compact Suction Unit; 12 Lead Task Trainer; RhythmSim TV Interface and Cable; RhythmSim 6 Channel Defibrillator Trainer Arrhythmia Simulator; Adult Air Management Trainer; Pediatric Intubation Trainer; Infant Airway Management Trainer; Stretcher; Advanced Venipuncture and

Injection Arm

**Lower Rio Grande Regional Advisory Council on Trauma, Service Area V, Inc.**

Harlingen, Cameron  
\$5,060—Little Junior CPR Manikins; Child Airway Management Trainers; Baby CPR Manikins; Resusci Anne Basic CPR Torso

**UMC Lubbock EMS**

Lubbock, Lubbock  
\$9,144—Child Traction Splints; Adult Traction Splints; Radio Response Card Keypad; Radio Response Receiver; Card Carrying Case. Abernathy EMS: Child Traction Splints; Adult Traction Splints. Idalou EMS: Child Traction Splint; Adult Traction Splint. Shallowater EMS: Child Traction Splint; Adult Traction Splint. Slaton EMS: Child Traction Splints; Adult Traction Splints. West Carlisle Volunteer Fire Department EMS: Child Traction Splints; Adult Traction Splints. Wolfforth EMS: Child Traction Splint; Adult Traction Splint

**Lufkin Fire Department**

Lufkin, Angelina  
\$27,787—Ambulance Remount

**Lynn County Hospital District EMS**

Tahoka, Lynn  
\$35,000—Ambulance

**Mansfield Fire Department**

Mansfield, Tarrant  
\$12,796—27" Spreader Core; Telescopic Large Ram Core; Cutter Core; Core Duo Pump; 32" Orange Core Hose; 32" Blue Core Hose; Secunet with Box and Bracket; Ram Support

**Manvel EMS**

Manvel, Brazoria  
\$2,781—Continuous Positive Airway Pressure Kits

**Marble Falls City Fire Department**

Marble Falls, Burnet  
\$2,994—Swiftwater Rescue Kit; Training Projectile; Infant Vest; Child Vest; Adult Vests; Rescue Tubes

**Medcare**

Irving, Dallas  
\$3,750—Advanced Cardiac Life Support Certifications; Pediatric Education for Pre-hospital Professionals Certifications; Basic Trauma Life Support or Pre-hospital Trauma Life Support Certifications

**Memorial Hospital (Nacogdoches County EMS)**

Nacogdoches, Nacogdoches  
\$8,278—Advanced Kelly Megacode; Trauma Kelly Megacode; Advanced Kid Megacode; Trauma Pediatric Kid Megacode; VitalSim Control Units with Remote; Defibrillator Connection for Physio Control to Manikins; IV Skin and Vein Set for Megacode Kelly

**Methodist Hospitals of Dallas EMS Biocare Education Department**

Dallas, Dallas  
\$7,500—Simulation Manikin Advanced Life Support

**Mineral Wells Fire/EMS**

Mineral Wells, Palo Pinto  
\$7,500—Auto Pulse Cardiac Support Pump

**North Channel Emergency Medical Services**

Houston, Harris  
\$30,000—Ambulance Remount

**North Runnels Hospital EMS**

Winters, Runnels  
\$30,000—Ambulance Remount

**Olton Volunteer Ambulance Association, Inc.**

Olton, Lamb  
\$723—Laptop Computer

**Pearland EMS**

Pearland, Brazoria  
\$6,846—Advance Life Support Simulator; VitalSim Control Unit; Trauma Module Set

**Pro-Action, Inc.**

El Paso, El Paso  
\$10,794—Compact Suction Unit; Oxygen Cases; Pulse Oximetry Monitors; Pulse Oximetry Cases; Laptop Computer; Power Point Projector; Injectable Arm; Blood Pressure Simulator; Defibrillation Chest Skin; Oscope/ophthalmoscope Set; Spine Boards; Pediatric Immobilization Board; Rescue Vests; Traction Device; Advanced Child Birth Trainer; Larry Airway Management Trainer; Pediatric Advanced Life Support Trainer; Child Injectable Training Arm; Stair Chair; Life Size Lung Model; Full Size Skelton

**Sabinal Emergency Medical Service, Inc.**

Sabinal, Uvalde  
\$6,464—Board splint; Automated External Defibrillator Monitor Carry

Case; Portable Suction Unit; Pulse Oximeter; Pulse Oximeter Carry Case; Regulator; Base Station 2-way Radio; Automated External Defibrillator Upgrade; Stretcher

**St. Joseph Regional EMS**

Bryan, Brazos  
\$35,000—Ambulance

**San Jacinto County First Responders, Inc.**

Point Blank, San Jacinto  
\$3,023—C-Collar Carry Cases; Flash Lights; Portable Suction Unit; Safety Vests; Stair Chair; Base Station 2-way Radio

**Shackelford County EMS**

Shackelford, Shackelford  
\$5,591—Stretcher; Pediatric MAST Pants; Pediatric Traction Splint; Intubation Kit; Portable Pulse Oximeter; Extrication Device; CPAP Machine; Laptop Computer

**Shannon AirMed 1**

San Angelo, Tom Green  
\$11,942—Upgrade MRL Monitor; Little Anne CPR Training Mankins; Baby Anne CPR Training Manikins; Little Anne Airways; Baby Anne Airways; Little Anne Faces; Baby Anne Faces; Automated External Defibrillator Trainer; 12 Lead EKG Interpretation Classes; Cadaver Labs; Pre-hospital Trauma Life Support Certifications

**South Point Vol Fire & Rescue, Inc.**

Carlton, Erath  
\$5,739—Backboards; Cervical Collars; Kode Vest; Combicarrier Backboard; Aluminum Breakapart Stretcher; Spider Straps; Digital Semi-automatic Blood Pressure Monitors; Med Oxygen Bag Kits; Portable Suction with Case; Oxygen Cylinders "O"; Oxygen Cylinders "E"; Pagers; Portable Radios

**South Taylor EMS**

Tuscola, Taylor  
\$35,000—Ambulance

**Stamford EMS, Inc.**

Stamford, Jones  
\$35,000—Ambulance

**Stephenville Fire Department**

Stephenville, Erath  
\$7,400—M Series Cardiac Monitor

**Sudan Fire Department EMS**

Sudan, Lamb  
\$2,679—Laptop Computer; Ceiling Mount Kit for Projector; Multimedia Projector; Projection Screen; Ceiling Speakers; Cable and Wiring

**Sunray Volunteer Fire Department and EMS**

Sunray, Moore  
\$5,756—Twin Power Unit for Extrication Tools; Spreader; Ram

**Sweeny Community Hospital**

Sweeny, Brazoria  
\$995—GPS Navigation Systems

**Three Rivers Ambulance Service, Inc.**

Crowell, Foard  
\$1,383—I O Driver; I O Adult Infusion Sets; I O Infant Infusion Sets; Emergency Medical Technician-Intermediate Course Tuition; Advanced Cardiac Life Support Certifications

**Trauma Service Area H - Regional Advisory Council**

Lufkin, Angelina  
\$1,797—Oxygen Regulators

**Turkey EMS**

Turkey, Hall  
\$35,000—Ambulance

**University of Texas at Brownsville and Texas Southmost College**

Brownsville, Cameron  
\$19,100—Pedi Advance Life Support Trainer; Intubation Mankins; Pulse Oximeter; Advanced Cardiac Life Support Certifications; Cadaver Anatomy Lab Certifications; Surgical Airway Lab Certifications

**Val Verde Hospital District**

Del Rio, Val Verde  
\$2,000—Ambulance Cot

**Ward Memorial EMS**

Monahans, Ward  
\$35,000—Ambulance

**Westlake Department of Public Safety**

Westlake, Tarrant  
\$7,500—Auto Pulse Cardiac Support Pump

**Willacy County EMS**

Raymondville, Willacy  
\$30,104—Stretchers; 12 Lead Defibrillator Monitors with Trade-in; 12 Lead Defibrillator Monitor

**HealthWebCE.com**

Harlingen, Willacy  
\$7,000—Emergency Medical Technician Basic Course Tuition

# Award winners honored

The 2008 Texas EMS and Trauma Awards, presented during Texas EMS Conference in Fort Worth, honored the best in EMS and trauma in 13 categories.

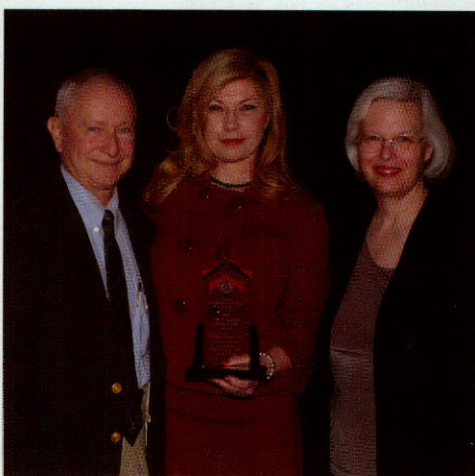
**EMS Public Information/Injury Prevention Award – Clear Lake Emergency Medical Corps** for community outreach programs that make them a leader in public information and injury prevention. The list of programs is extensive: free



*Clear Lake Emergency Medical Corps took home the award for EMS Public Information/Injury Prevention*

immunization clinics for children that include ID kits and safety education; free community CPR classes; car seat checks staffed by certified car seat technicians that include new, donated seats to replace unsafe seats; bike medics who serve as first responders at community events; an outdoor outreach program that teaches children safe hunting and fishing practices and how to be good stewards of the environment; classes to teach babysitting safety; and teen programs “Don’t Die Needlessly” and “Shattered Dreams.” CLEMC says their efforts have paid off in fewer injuries in the response area.

**EMS Citizen Award – Keith Cypert,** 17, for his quick response in saving the lives of two fellow passengers in a horrendous crash. In May of 2008, Cypert was on the way to check on a



*Parkland Health and Hospital System won the Trauma Facility Award. Irwin Thal (left) and DSHS Assistant Commissioner Kathy Perkins (right) congratulate Jorie Klein, RN. Klein is Parkland’s trauma coordinator.*

grass fire in Knox County when the pickup he was riding in was hit by an 18-wheeler pulling a grain trailer. Both trucks burst into flames. The only one left in the truck conscious, Cypert was able to push open the door and pull a 38-year-old passenger to safety. Even though injured himself, Cypert went



*Keith Cypert, of Monday, second from left, won EMS Citizen Award. On either end are the men he pulled from a burning truck.*

back to the burning truck and dragged a 35-year-old passenger out just before the truck exploded. Both passengers were severely injured but survived and have returned home to their wives and children. Through his quick and heroic actions, Cypert singlehandedly saved the lives of both men. The other driver was not seriously injured.

**EMS Educator – Jodie Harbert, LP,** for his devotion to students and

the betterment of the profession in his many years as an EMS educator. Harbert became an EMS basic coordinator in 1980 and went on to run the Cooke County EMS program for 13 years and the Methodist Dallas Medical Center EMS program for 12 years. Nominators praised Harbert for his ability to not only make learning enjoyable, but also challenge the students to “go the extra mile” to better their educations. Harbert has chaired GETAC’s Education Committee for several years, encouraging the committee to make recommendations that increase the professionalism of EMS. As chair of the Medical Advisory Committee for the North Central Texas Trauma RAC, Harbert has been active in writing protocols and designing a one-day course preparing physicians for their roles as EMS medical directors.

**Designated Trauma Facility – Parkland Health and Hospital System** for its commitment to improving trauma care and as a role model for excellence in trauma care. Parkland was verified as a Level I trauma center in 1988 by the American College of Surgeons and has been designated since the inception of the Texas trauma designation program in 1993. There has never been a deficiency in program resources in the 15 years of state designation. Program director Jorie Klein has been involved in the trauma program since its inception at Parkland, and has created outreach programs for developing trauma programs across the state. Parkland



*Jodie Harbert won the EMS Educator Award.*

# at Texas EMS Conference



*Mechelle Salmon took home the EMS Administrator Award.*

administrators have provided resources for the trauma program and encouraged staff to participate in regional trauma development.

## EMS Administrator – Mechelle

**Salmon, LP**, for her selfless and inspirational advocacy of EMS in her own community and a neighboring community. Salmon sets high expectations for herself and her staff, all the while fostering a “family-like” environment where everyone is valued. She shares her time, energy and skills not only with her own employees, but with others. She was recently asked to step in to help a neighboring service regain its footing after a DSHS investigation. Nominations praised Salmon’s leadership in the community and in fostering partnerships with other areas of public safety, ultimately benefitting all citizens. Her leadership and support have earned her the respect of colleagues and those in the community.

**Outstanding RAC Award – Gulf Coast Regional Advisory Council (RAC-R)** for the implementation of committees and projects that benefit not only its own area, but potentially the entire Gulf Coast. In the last five years, RAC-R has gone from a loosely-organized group to an active, dynamic one with several working committees. Committee achievements include injury prevention posters at hospitals, development of an airway class offered to each provider in the RAC, launching of the “Don’t Die Needlessly” campaign for teenage drivers and development of the RAC



*Gulf Coast Regional Advisory Council (RAC-R) was honored as Outstanding RAC.*

disaster plan. In addition, the RAC has established three RACS (Regional Alternate Care Site) trailers and a mobile hospital system to use during disasters such as hurricanes. The RAC recently began partnering with SETTRAC (RAC-Q) to combine some resources in case of a hurricane or other large scale disaster. RAC-R recently bought GPS systems for every EMS provider in the RAC to help mutual aid units locate those in need during a disaster.

**EMS Medical Director – Sharon Malone, MD**, for her passion and enthusiasm for EMS personnel and students, and for emergency medicine. Malone serves as medical director for Grayson College and seven EMS providers in Northeast Texas. Nominators praise her for the countless hours she spends making



*Sharon Malone, MD, won Medical Director. From left, DSHS Assistant Commissioner Kathy Perkins, Malone and Interim GETAC Chair Pete Wolf. Malone serves as medical director for seven EMS providers in Northeast Texas and for Grayson College.*

sure medics and students are the best they can be. She creates her own CE modules by reviewing EMS run documentation and teaches classes once a quarter (and requires attendance!). While working as an ER physician, she still finds time to ride out with medics to experience what they do on the street. One new medic writes that Malone takes the time to answer every patient care question he asks her – and he has a lot of questions. Malone recently organized a forum for EMS and hospitals to foster better communication – and ultimately, better patient care.



*Bulverde-Spring Branch EMS won the EMS Public/Private Provider Award.*

**EMS Air Medical Service – San Antonio AirLife** for professionalism and the high standards to which they hold themselves. This air service clearly realizes the value of their ground ambulance partners, routinely providing free continuing education and landing zone classes to EMS providers in the surrounding areas. A nominator said they are always willing to share protocols or expertise – anything that will improve patient outcomes. AirLife staff also makes sure to provide feedback and status on patients EMS providers deliver to the helicopter.

**EMS First Responder Award – Taylor Fire Department** for providing exemplary medical care to the citizens of eastern Williamson County. Taylor FD responds to calls within the city of Taylor and outside city boundaries when requested. Nominated by a medic from Williamson County EMS, Taylor Fire Department is praised for its commitment to training and to having up-to-date equipment. Chief Bruce Watson is cited as an effective leader, supportive of the medical first responder role and well-respected

by his employees. Taylor FD works closely with Williamson County EMS, following their protocols to provide consistent care. The nominator says Taylor FD exemplifies what a quality first responder group should be.

**Telecommunicator Award – Lori Kliem, Pat Cantu and Eva Oguin** of Victoria for their quick actions when a horrific bus crash happened outside Victoria in the pre-dawn hours of January 2, 2008. When the first frantic phone calls came in – mostly in Spanish – the three telecommunicators realized immediately that a large response involving many agencies would be necessary. They alerted Fire Chief Vance Riley and then began coordinating first responders, tow vehicles, incident command staff, mutual aid units and more. The three worked together to pinpoint the exact location and respond to requests from staff on scene. Their work facilitated the transfer of 47 patients to hospitals in about 80 minutes.

**Private/Public Provider Award – Bulverde-Spring Branch EMS** for its commitment to community and to high ethical standards. BSBEMS has adopted a mission statement borrowed

from a California program created by EMT students called ICARE, which stands for Integrity, Compassion, Accountability, Respect and Empathy. Under Chief Scott Wilkinson, BSBEMS makes an effort to be an important part of the community by providing monthly CPR training to the public, opening the EMS building for civic meetings and inviting the public to get to know EMS personnel “over a cup of coffee.” BSBEMS also serves as a training center for not only BSBEMS students but those from other areas for ride-outs. BSBEMS stands out as a positive example of how an EMS provider can function within a rapidly growing community.

**EMS Person Award – Warren Porter, LP**, for his unwavering commitment to making sure the job gets done and his advocacy of all patients, young and old. The nomination cited in particular Porter’s dedication to evacuees in the aftermath of hurricanes Gustav and Ike at the Dallas Convention Center. He worked tirelessly from the first day and even as others prepared to leave when the shelter closed, Porter stayed on to help one more evacuee find a place for her special-needs husband. Porter was not leaving, it seems, until every issue had



*Taylor Fire Department took home the EMS First Responder honors.*



been handled. Porter also is an active participant on the Dallas Children's Hospital Preshospital Committee and has initiated programs to improve nursing home evacuations if ever necessary. A colleague says whatever he does, Porter provides "constant, unwavering, reliable support."

**GETAC's Journey of Excellence – Thelma Lemley** (posthumous) for her unblinking support and enthusiastic work to improve patient care and build the EMS/trauma system. The award reads "Every patient who enters the EMS and trauma system in Texas



*San Antonio AirLife took top honors for EMS Air Medical Service.*



*State EMS Director Maxie Bishop, right, stands with Warren Porter, who won the EMS Person Award.*



*Ed Racht, left, accepts GETAC's Journey of Excellence Award from Interim GETAC Chair Pete Wolf. Another Journey of Excellence Award was given posthumously to Thelma Lemley.*

will feel her hand on their shoulder." Thelma was selfless, seemingly inexhaustible and... relentless when in pursuit of a goal during the 40 years she worked in public health. She was stubborn, compassionate and outspoken – whether it was giving immunizations, inspecting ambulances, teaching teenagers about DWI or serving as a board member of the RAC. She leaves a legacy that will be nearly impossible to surpass. (Lemley passed away on September 8, 2008.)

**GETAC's Journey of Excellence – Ed Racht, MD**, for the "amazing effect one person can have on the

lives of others." GETAC Chair Racht recently took a job in Georgia, which will mean his resignation from GETAC. Council members honored Racht's tremendous leadership throughout the last eight years as chair of GETAC. Racht is often cited for his ability to bring people together and to find a compromise amid the inevitable disagreements. He tackled the role of GETAC chair with grace and humility, even when things got heated. He believed that a solution could be worked out every time. Racht left a permanent mark on EMS and trauma in Texas. His achievements will be felt for many years.

GETAC's Journey of Excellence

is given by the chair and vice chair of GETAC to individuals who consistently demonstrate a keen ability to work through complex problems involving many different organizations and individuals, with a focus on providing a better environment for patient care. The award is unique because it emphasizes not only *what* a person does; it also recognizes *how* a person accomplishes the goals.

– Kelly Harrell

**See you in Fort Worth 2009!**



Texas EMS Conference hadn't been to Fort Worth since 1996, but it seemed like just yesterday when the nearly 4,000 attendees, exhibit hall visitors, exhibitors, staff, instructors and volunteers invaded the streets of downtown. The city of Fort Worth was a warm and welcoming host, with mostly pleasant weather and lots of destinations for food and fun. This year's classes included big hits like the hands-on Guts and Gore Lung Lab and the Rapid Sequence Intubation panel. And folks who made it in early for preconference classes such as the cadaver lab and high-angle rescue were treated to even more hands-on experience. Ice cream and cookie breaks, the Valsalva Bowl, and the exhibit hall opening reception provided lots of opportunities for catching up with old friends and networking with new friends. We'll be back in Fort Worth for Texas EMS Conference 2009.

## Fort Worth says "Howdy" to Texas EMS Conference



*Clockwise from middle left:* Texas EMS Conference offered almost 150 different classes to choose

from over three days. The classes included both one-hour lectures and longer hands-on options.

“Hold still, I’ve almost got it!” Students had several opportunities to practice intubation during preconference and two-hour hands-on classes. Sunday’s class gave students eight hours to practice intubation techniques.

“Don’t look down!” The high angle rescue class on Sunday took students to the Purina plant in Fort Worth to try out a little industrial rescue. Here, students watch as the victim is being lowered.

The conference offered several anatomy labs that made use of pig tracheas and/or lungs. As in years past, two-hour classes were limited to 25 students so participants could get plenty of instructor attention and time to master skills.

The first day of the high angle class took place at the Fort Worth Fire Department training tower. Here, a “volunteer” gets lowered down after being rescued from the top floor.

In the eight-hour class on Defensive Tactics, students learned how to make sure they didn’t get hurt when dealing with combative patients. Preconference classes happened on Saturday and Sunday, while the conference kicked off on Monday morning.



**Top**, an instructor makes sure a student positions the tube correctly in the Emergency Airway Management class on Saturday at the Werthington Hotel. All in all, about 400 people participated in preconference classes that included everything from an instructor course to a cadaver lab at a local college.

**Above left**, the breaks in between the almost 150 classes might have reminded participants of high school. The one-hour classes were in one end of the building, while the two-hour classes took up the other. The conference used nearly every bit of space in the convention center.

**Above right**, CareFlite displayed an A109E, one of four helicopters in the 182,000-square-foot exhibit hall. The exhibit hall kicked off with a welcome reception on Sunday, but more than two days were spent getting everything moved in and set up.

**At right**, the exhibit hall had thousands of visitors over the three days it was open. The hall had four helicopters, 55 vehicles and plenty of booths offering state-of-the-art EMS equipment and supplies.

**At far right**, Kolton Allen gets suited up for what will surely be a career in emergency response – in a few years, anyway. Nine-year-old Kolton has already been to several Texas EMS conferences.

# Ever-growing exhibit hall includes something for everyone

If this year's exhibit hall seemed bigger than last year's, that's only because it was! We had more space than ever to move around in (182,000 square feet, to be exact). It comfortably held almost 200 exhibitors and lots of custom displays, and it had space for four helicopters, 55 vehicles and even an entire mobile hospital. Visitors and family joined conference attendees, faculty and volunteers to keep vendors busy talking up their state-of-the-art equipment, supplies and educational materials. It takes nearly three days and one street closure to set up the exhibit hall ... and about five hours to break it down.



# Texas EMS photo contest 2008

Visitors to Texas EMS Conference voted for their favorite photos among the dozens of terrific images entered in the Texas EMS photo contest. The votes were compiled and the winners were determined after the conference ended.

The grand prize was awarded to photographer Darren Fleming of HP Aviation. The photo shows a PHI EMS pilot looking down at her

young son after completing a patient transport.

Photographer Ryan Coon of Harris County Emergency Services District 1 took first place. The focus of the photo is on the actions following a rear-end collision that caused an entrapment.

Second place went to photographer Susan Smithwick who is employed by PHI Air Medical. According to Susan, the person is a “cowboy” pilot completing the aircraft’s daily check. Those boots were just

*made for Cowtown.*

Third place was awarded to photographer Christopher Chomel, FF/EMT-P, of Seguin Fire/EMS Department. The dramatic photo is of fire fighters working on a truck engulfed in flames.

Honorable mention goes to photographer Berry Ingram, who is employed by Crane Fire/EMS. The lightning strike in this photo displays nature’s power and beauty.



*First place photo by Ryan Coon*



And the winners are ...

Above, grand prize photo by Darren Fleming; above right, honorable mention photo by Bery Ingram; below right, second place photo by Susan Smithwick; below, third place photo by Christopher Chomel.

Got your camera? Send your EMS photos in for the 2009 photo contest.



# Local & Regional EMS News

by Kathy Clayton

## Trauma Systems Development seminar held in Laredo

The Seven Flags RAC hosted a Trauma Systems Development seminar in August in Laredo. The event focused on development of the local RAC as it expands into wider areas of health care and public safety. Dr. Ed Racht, former GETAC chair, was the keynote speaker. Steve Janda, former director of DSHS Office of EMS/Trauma Systems Coordination, was also a special guest, leading the seminar's 75 participants in a lively discussion and question-and-answer session. A luncheon for attendees was sponsored by Tri-anim/Bound Tree Medical.



A Trauma Systems Development seminar was organized and hosted by the Seven Flags RAC in August. The event in Laredo featured Dr. Ed Racht as the keynote speaker. Pictured left to right, standing, are Carlos E. Tello, RAC chair; Monica A. Arredondo, vice chair; Florinda D. DeLeon, secretary; and Manuel Ramirez, treasurer. Seated are Ed Racht, MD, and Steve Janda, former director, DSHS OEMS/TS.

## Acadian Ambulance's Austin operation celebrates one-year safety record

The Austin-area branch of Acadian Ambulance Service marked one year without any lost-time employee injuries with an awards celebration in September. Acadian's 76 employees have gone more than a year without experiencing an on-the-job injury that resulted in missed work time.

Chris Cirillo, the company's area vice president, encourages safe work behaviors through an on-going safety program consisting of educational classes and programs, as well as employee recognition incentives

that cultivate a reduced-risk and safe work environment for its staff, patients and the community.

Cirillo praises the results, stating, "We are particularly proud of this accomplishment because the ambulance and medical transport profession poses a wide array of risks associated with our work." By preventing lost-time accidents, Acadian Ambulance is able to maintain more favorable ratings for worker's compensation insurance and maintain a good standing in Texas and with the Occupational Safety and Health

Administration.

A catered breakfast awards celebration recognized each employee for his or her contribution to the achievement. Cirillo presented a Certificate of Achievement and a \$100 gift card to each employee.

Acadian Ambulance Service is a nationally accredited air and ground ambulance transportation service founded in 1971. Employing nearly 2,500 professionals, the service has operations in Texas, Louisiana and Mississippi.



# Local & Regional EMS News

## New EMS building opens in Kilgore

In October, Kilgore city officials gathered to open the city's new emergency medical services building. The 4,104-square-foot building includes four ambulance bays, six bedrooms, an office, a living room, a kitchen and two storage areas. The city council approved a 15-year lease of the space to Champion EMS. Previously, EMS personnel used a fire station that had been vacated in the 1980s after fire service cutbacks. A recent grant allowed the city to hire six new firefighters, prompting the city to construct a new site for EMS use.



Jim Culver, Ashley Frazier, Peter Henderson, Tracy Jackson, Amber Jones, Lauren Merchen, Nancy Rogers, Donnie Vallery, Ricky Wheeler and Michael Youngblood attended an emergency care attendant course provided by Champion EMS at the Jefferson Fire Department Fire Hall in November.

## ALS ambulances provided by Garland Fire Department

Garland Fire Department is now staffing an ALS-level ambulance at each of its 11 fire stations. This commitment to providing EMS services to the city of Garland is echoed in the level of training department personnel receive. All fire suppression personnel are EMT trained and approximately 100 fire suppression personnel are paramedic trained. Additionally, all truck and engine companies now have automatic external defibrillators (AEDs). The location of each station enables responders to reach any area of the city within three minutes.

## ECA course in Longview

Champion EMS in Longview recently coordinated an emergency care attendant course for the Jefferson Volunteer Fire Department. Members of the Jefferson VFD expressed interest in becoming first responders, so a course was organized and held in their fire hall. The course was coordinated by Richard Adams, BS, LP, education manager for Champion EMS, and the lead instructor was Tracie Roberts, CCEMT-P, station captain for the Champion Lone Star station. Ten people successfully completed the course and were issued course completion certificates.

### What's up in your area?

**Tell us your EMS news, and we'll share it in Local and Regional EMS News.**

Send your news to:  
Texas EMS Magazine  
Kelly Harrell, Editor  
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P.O. Box 149347  
Austin, Texas 78714-9347  
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(512) 834-6743 , Fax (512) 834-6736

# Local & Regional EMS News

Paul and Dixie Mix (seated, center) are surrounded by Highland Mall security and housekeeping personnel, Austin-Travis County EMS paramedics and district commanders, Austin firefighters, cardiologist Joanne Tsai and ATCEMS director Ernesto Rodriguez in a reunion following Paul Mix's recovery from a heart attack in November. The quick action of the mall security staff following Mix's collapse helped him survive until EMS personnel arrived.  
*Photograph by Warren Hassinger*



## Austin man saved by mall employees

Each morning Paul and Dixie Mix get their daily exercise by walking inside Highland Mall in Austin. In early November, Paul stopped to take his medicine, while Dixie walked another lap around the mall.

According to Dixie, a store employee saw Paul fall, and "By the time I got back to him, his heart and lungs were still working, but he just said, 'I need down,' and collapsed." Paul Mix, 74, had suffered a heart attack.

Mrs. Mix was so busy holding on to her husband that she didn't have time to call 9-1-1, she said. Mall security captain Criselda Ozuna and security officer Jamael Jackson rushed to the couple's side. Ozuna performed CPR and Jackson

helped operate an automated external defibrillator according to Dixie Mix's account. By the time paramedics arrived, officials said, the mall employees had done much of the work of reviving Paul Mix.

Ozuna, Jackson and two other mall employees—Fidel Salazar and Carlos Ignacio—who assisted with Mix's rescue, were recognized at a ceremony in early December.

"How do you thank somebody for returning what could have been lost when it is everything?" Dixie Mix said at the ceremony. Highland Mall operations manager Rob Ledbetter gave out Certificates of Lifesaving to the employees along with awards in the shape of Lifesavers candy.

Dr. Joanne Tsai, a cardiac

electro-physiologist with the Heart Hospital of Austin, treated Paul Mix after his heart attack and implanted an internal defibrillator. She said that Mix was lucky that he was in a public place that had an AED available when the incident occurred, because timing is "the most crucial thing" during cardiac arrest.

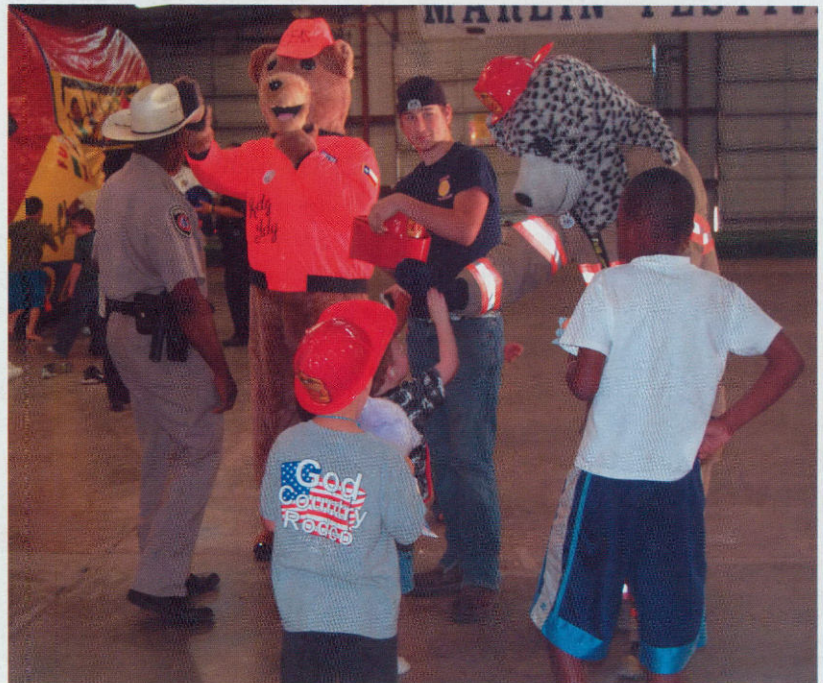
Austin-Travis County Emergency Medical Services Director Ernesto Rodriguez said the event also shows how important it is for businesses to invest in automated external defibrillators.

"You have to ask yourself, What is my next heartbeat worth?" Rodriguez said. "This is a perfect example of a business who decided that well in advance."

# Local & Regional EMS News

## Transportation and census information shared by Garland nursing homes

A forum with nursing homes and assisted living centers held in Garland in June has led to a regular sharing of information between local facilities and Garland Fire Department. A standard emergency patient transportation form and a facility census form foster communication and information sharing, making it easier to work with and evacuate special care facilities in the event of a disaster. The emergency evacuation form provides basic data on each nursing home patient, such as demographic information, medical power of attorney, DNR status and known medical conditions. The census form is completed monthly and lets Garland FD know approximately how many residents are in a facility, whether they have any bariatric patients and how many residents have dementia or are oxygen dependent. This information assists in coordinating responses and avoiding potential transportation problems in the event of a large-scale evacuation.



Ready Teddy oversees the mechanical bull riding competition at this year's National Night Out block party in Marlin. *Photograph by Lois Cooper*

## National Night Out events in Falls County

Ready Teddy, working with Falls County EMS, was on hand to keep the mechanical bull-riding safe at this year's National Night Out block party in Marlin. More than 400 people attended the party, hosted by the Marlin Police Department and sponsored by the National Night Out Association. As in other communities across Texas, the October event featured safety and crime-prevention information booths along with food, fun and community camaraderie.

National Night Out, 'America's Night Out Against Crime,' was introduced by the National Association of Town Watch in 1984. In an effort to heighten awareness and strengthen participation in local anticrime efforts, NATW Executive Director Matt A. Peskin felt that

a high-profile, high-impact crime prevention event was needed nationally. He proposed a national program that would be coordinated by local crime prevention agencies and organizations, but would also involve multiple communities at one time. While the traditional "lights on" and front porch vigils that were the main demonstrations back in 1984 remain a part of NNO, activities have expanded considerably over the years to include block parties, cookouts, parades, visits from police, festivals, neighborhood walks, safety fairs, contests, rallies and meetings. National Night Out 2007 included 35.4 million people in 11,310 communities from all 50 states, U.S. territories, Canadian cities and military bases worldwide.

**GETAC meets  
February 25-27,  
2009  
in Austin**

# National Registry - Texas Pass Percentage

January 1, 2008 - November 30, 2008

The statistics below include the 2008 Texas EMS program pass rates and compare overall Texas scores to the national average. The data is from January 1, 2008, through November 30, 2008. A pass rate with a low number of students may not be indicative of a program's capabilities.

The state EMS director and DSHS EMS compliance managers for your region can give more details on the statistics and documents, and they are also available to discuss different avenues of improvement for Texas EMS education programs.

State EMS Director: Maxie Bishop: (512) 834-6700; maxie.bishop@dshs.state.tx.us  
 EMS Manager, North: Kevin Veal: (817) 264-4720; kevin.veal@dshs.state.tx.us  
 EMS Manager, South: Fernando Posada: (210) 949-2050; fernando.posada@dshs.state.tx.us  
 EMS Manager, Central: Brett Hart: (512) 834-6700; brett.hart@dshs.state.tx.us  
 EMS Manager, East: Aaron Patterson: (713) 767-3333; aaron.patterson@dshs.state.tx.us

EMS Certification Level	2007 National Average Pass Percentage	2008 National Average Pass Percentage	Texas 2007 1st Opportunity Pass Percentage	Texas 2008 1st Opportunity Pass Percentage	Texas 2007 Overall Pass Percentage	Texas 2008 Overall Pass Percentage
ECA (FR)	78%	80%	73%	74%	80%	78%
EMT-B	72%	77%	63%	63%	72%	74%
EMT-I	68%	78%	68%	79%	73%	84%
EMT-P	65%	80%	48%	60%	64%	76%

ECA (FR) Provider	Passed / Attempted	Pass percentage
ABC Resources	8 / 8	100
Angel Care EMS Training Program	0 / 1	0
Aransas County EMS	3 / 5	60
Champion EMS Training Center	2 / 4	50
College of the Mainland	1 / 1	100
Cuero Community Hospital	5 / 6	83
Dalhart EMS Education Department	6 / 7	86
East Texas Medical Center	13 / 16	81
ECAT DSHS Schriber	9 / 9	100
Emergency Consultants, Inc.	23 / 37	62
Emergency Management Training & Services	7 / 8	88
Emergency Medical Training Inc	1 / 1	100
EMS Educators	2 / 2	100
EMS Network, Inc.	5 / 6	83
EMS Online Training Plus	2 / 2	100
Grayson County College	8 / 8	100
Healthwebce.com Limited Liability Co	0 / 2	0
Howard College	1 / 3	33
Integrated Training Services, Inc	8 / 11	73
McLennan Community College	4 / 5	80
MetroCare Services	3 / 4	75
Montgomery County Hospital District	21 / 25	84

ECA (FR) Provider	Passed / Attempted	Pass percentage
Mountain Medics	3 / 3	100
Nacogdoches Memorial Hospital	4 / 4	100
National College of Tech Instruction-AMR	0 / 1	0
North Wheeler County EMS	1 / 1	100
San Jacinto Community College	3 / 4	75
San Saba County EMS	9 / 11	82
Schleicher County Volunteer	11 / 17	65
South Plains College	4 / 5	80
South Texas College	6 / 9	67
Southeast Texas EMS Instructors	14 / 17	82
Southwest Texas EMS Training	1 / 3	33
Sutton County EMS	2 / 2	100
TechPro Services, Inc.	18 / 22	82
Temple College	4 / 5	80
Texarkana College	2 / 5	40
Texas Emergency Services Education Group	4 / 4	100
Texas Emergency Training	3 / 6	50
Texas Engineering Extension Service	61 / 70	87
Training Division.com	21 / 24	88
University of Texas Health Science Ctr	10 / 14	71
Weslaco Fire Department EMS	13 / 22	59
Western Texas College	1 / 1	100

EMT-B Provider	Passed/ Attempted	Pass percentage	EMT-B Provider	Passed/ Attempted	Pass percentage
ABC Resources	12 / 15	80	Lifesaver Education Courses	0 / 1	0
Alert Academy	14 / 16	88	Lone Star College-Cy Fair	45 / 60	75
Alvin Community College	19 / 21	90	Lone Star College-North Harris	44 / 50	88
Amarillo College	53 / 63	84	Lone Star Public Safety Academy	0 / 1	0
Angel Care EMS Training Program	4 / 8	50	Longhorn Student EMS Education Program	17 / 18	94
Angelina College	14 / 15	93	McLennan Community College	26 / 40	65
Aransas County EMS	0 / 3	0	Methodist Dallas Medical Center	29 / 41	71
Atascosa County EMS Training Program	3 / 4	75	MetroCare Services	11 / 15	73
Austin Community College	48 / 51	94	Midland College	11 / 15	73
Austin Fire Department EMT Academy	31 / 31	100	Montgomery County Hospital District	14 / 18	78
Austin-Travis County EMS	6 / 8	75	National College of Tech Instruction-AMR	33 / 47	70
Blinn College	52 / 59	88	Navarro College	28 / 51	55
Brazosport College	3 / 6	50	North Central Texas College	26 / 30	87
Brookhaven College	47 / 58	81	North Wheeler County EMS	4 / 10	40
Bulverde Spring Branch EMS	36 / 51	71	Northeast Texas Community College	5 / 9	56
Central Texas College	11 / 13	85	Northeast Texas Fire/EMS Training Academy	18 / 30	60
Champion EMS Training Center	0 / 2	0	Odessa College	4 / 11	36
Cintas First Aid and Safety	49 / 98	50	Palo Alto College	6 / 13	46
City of Laredo Fire Department	15 / 15	100	Panola College	2 / 6	33
Clay County Memorial Hospital	20 / 36	56	Plainview Fire EMS	4 / 15	27
College of the Mainland	22 / 23	96	Plano Independent School District	23 / 36	64
Collin County Community College	50 / 55	91	ProAction EMS Training Center	11 / 24	46
Corpus Christi Fire Department	13 / 14	93	Professional Education and Resources Com	1 / 2	50
Cuero Community Hospital	2 / 3	67	Res-Q-One	11 / 22	50
Cypress Creek EMS	4 / 6	67	Rice University EMS	15 / 16	94
Dalhart EMS Education Department	1 / 3	33	Roberson EMS Training Academy	5 / 6	83
Del Mar College	29 / 41	71	Safety First	2 / 7	29
DeSoto Fire Academy EMS	22 / 32	69	San Angelo Fire Department	14 / 15	93
Driscoll Childrens Hospital	1 / 3	33	San Antonio College EMS Academy	18 / 28	64
Eagle Pass EMS Training Program	7 / 15	47	San Antonio EMS Degree Program	25 / 37	68
East Texas Medical Center	23 / 28	82	San Jacinto Community College	45 / 95	47
El Paso Community College	22 / 36	61	San Marcos Hays County	21 / 29	72
El Paso Fire Department Training Academy	53 / 54	98	Schertz EMS Training Academy	27 / 30	90
Emergency Consultants, Inc.	36 / 55	65	Seminole EMS	2 / 4	50
Emergency Management Training & Services	33 / 43	77	South Plains College	29 / 37	78
Emergency Medical Training Inc	6 / 13	46	South Texas College	21 / 27	78
Emergency Medical Training Serv-El Paso	2 / 3	67	Southwest Texas EMS Training	2 / 3	67
Emergency Medical Training Services EMTS	51 / 60	85	Sutton County EMS	2 / 3	67
Emergency Training Enterprises	14 / 32	44	Tarrant County College	62 / 86	72
EMS Online Training Plus	16 / 16	100	TechPro Services, Inc.	35 / 44	80
EMS Unlimited Educators	3 / 5	60	Temple College	12 / 12	100
Fort Worth Fire Department	31 / 38	82	Texas Emergency Services Education Group	12 / 21	57
Frank Phillips College	13 / 19	68	Texas Emergency Training	3 / 8	38
Friona EMS Education	1 / 1	100	Texas Engineering Extension Service	152 / 180	84
Galveston College	9 / 12	75	Texas State Technical College-Harlingen	24 / 34	71
Garland Fire Department	11 / 11	100	Texas State Technical College-West Texas	32 / 33	97
Goldenwest EMS	6 / 8	75	Timpson Community EMS Training Program	2 / 6	33
Grayson County College	27 / 38	71	Training Division.com	128 / 138	93
Healthwebce.com, Limited Liability Co	11 / 36	31	Travis County ESD #3	16 / 18	89
Hill College	13 / 21	62	Tri-County Training Program	2 / 4	50
Houston Community College	65 / 86	76	Trinity Valley Community College	12 / 19	63
Howard College	8 / 14	57	Tyler Junior College	29 / 37	78
Integrated Training Services, Inc.	13 / 15	87	Univ of TX Southwestern Medical Center	68 / 73	93
International Academy of Emergency Prep.	10 / 22	45	University of Texas Health Science Ctr	65 / 74	88
Kilgore College	14 / 16	88	Vernon College	14 / 22	64
Killeen Fire Department Academy	12 / 14	86	Victoria College	11 / 16	69
Lake Country Regional Fire/EMS Training	3 / 8	38	Waller County EMS	1 / 2	50
Lamar Institute of Technology	15 / 19	79	Washington County EMS	2 / 2	100
Lamar State College-Orange	0 / 5	0	Weatherford College	44 / 52	85
Laredo Community College	31 / 40	78	West Texas Emergency Services Training	2 / 11	18
Lee College	2 / 3	67	Western Texas College	5 / 7	71
Life Ambulance EMS Academy	11 / 16	69	Wharton County Junior College	20 / 36	56

<b>EMT-I Provider</b>	<b>Passed/ Attempted</b>	<b>Pass percentage</b>
Abilene Fire Department	14 / 14	100
Alvin Community College	1 / 1	100
Angelina College	7 / 8	88
Austin Community College	13 / 13	100
Brazosport College	2 / 3	67
Bulverde Spring Branch EMS	34 / 39	87
College of the Mainland	4 / 5	80
Cuero Community Hospital	1 / 1	100
Dalhart EMS Education Department	4 / 4	100
Del Mar College	3 / 3	100
El Paso Community College	7 / 7	100
Emergency Consultants, Inc.	19 / 22	86
Friona EMS Education	1 / 1	100
Galveston College	1 / 2	50
Hill College	3 / 3	100
Houston Community College	2 / 2	100
Kilgore College	2 / 3	67
Lamar Institute of Technology	3 / 3	100
Life Ambulance EMS Academy	2 / 4	50
Lone Star College-North Harris	12 / 14	86
McLennan Community College	4 / 4	100
MetroCare Services	2 / 2	100
Midland College	1 / 1	100
Montgomery County Hospital District	5 / 11	45
Nacogdoches Memorial Hospital	1 / 1	100
North Wheeler County EMS	3 / 8	38
Northeast Texas Community College	2 / 2	100
Palo Alto College	3 / 3	100
ProAction EMS Training Center	1 / 1	100
Roberson EMS Training Academy	12 / 13	92
Safety First	1 / 2	50
San Angelo Fire Department	15 / 15	100
San Antonio College EMS Academy	12 / 13	92
San Jacinto Community College	16 / 19	84
San Marcos Hays County	2 / 4	50
South Plains College	14 / 18	78
South Texas College	14 / 20	70
Southeast Texas EMS Instructors	1 / 1	100
Tarrant County College	3 / 3	100
TechPro Services, Inc.	10 / 11	91
Temple College	1 / 1	100
Texas Engineering Extension Service	3 / 5	60
Texas State Technical College-West Texas	7 / 8	88
Training Division.com	2 / 2	100
Trinity Valley Community College	1 / 1	100
University of Texas at Brownsville	2 / 3	67
Vernon College	4 / 4	100
West Texas Emergency Services Training	12 / 14	86
Wharton County Junior College	9 / 12	75

<b>EMT-P Provider</b>	<b>Passed/ Attempted</b>	<b>Pass percentage</b>
Alert Academy	8 / 10	80
Alvin Community College	4 / 5	80
Amarillo College	7 / 7	100
Aransas County EMS	4 / 6	67
Austin Community College	15 / 15	100
Blinn College	5 / 10	50
Brazosport College	2 / 2	100

<b>EMT-P Provider</b>	<b>Passed/ Attempted</b>	<b>Pass percentage</b>
Brookhaven College	24 / 26	92
Bulverde Spring Branch EMS	25 / 35	71
Central Texas College	37 / 49	76
College of the Mainland	8 / 12	67
Collin County Community College	27 / 27	100
Corpus Christi Fire Department	2 / 3	67
Cypress Creek EMS	9 / 11	82
Del Mar College	7 / 8	88
East Texas Medical Center	15 / 18	83
El Paso Community College	4 / 7	57
Emergency Consultants, Inc.	18 / 28	64
Emergency Medical Training Serv-El Paso	5 / 6	83
Emergency Medical Training Services EMTS	47 / 54	87
Frank Phillips College	0 / 2	0
Grayson County College	20 / 26	77
Hill College	12 / 12	100
International Academy of Emergency Prep.	16 / 47	34
Kilgore College	6 / 10	60
Lamar Institute of Technology	1 / 1	100
Laredo Community College	5 / 14	36
Life Ambulance EMS Academy	4 / 6	67
Lone Star College-Cy Fair	14 / 16	88
Lone Star College-North Harris	12 / 15	80
Lone Star Public Safety Academy	5 / 7	71
McLennan Community College	10 / 12	83
Methodist Dallas Medical Center	14 / 19	74
MetroCare Services	9 / 15	60
Midland College	13 / 16	81
National College of Tech Instruction-AMR	7 / 12	58
Navarro College	7 / 15	47
North Central Texas College	15 / 21	71
North Wheeler County EMS	4 / 6	67
Northeast Texas Community College	5 / 7	71
Northeast Texas Fire/EMS Training Acad.	4 / 12	33
Odessa College	3 / 3	100
Red River Medical Institute	10 / 12	83
Roberson EMS Training Academy	7 / 8	88
San Angelo Fire Department	9 / 10	90
San Antonio College EMS Academy	13 / 14	93
San Jacinto Community College	10 / 17	59
Seminole EMS	3 / 5	60
South Plains College	7 / 9	78
South Texas College	10 / 13	77
Southeast Texas EMS Instructors	3 / 9	33
Tarrant County College	24 / 24	100
TechPro Services, Inc.	8 / 13	62
Temple College	8 / 8	100
Texarkana College	7 / 8	88
Texas Emergency Services Education Group	8 / 19	42
Texas Engineering Extension Service	60 / 86	70
Texas State Technical College-Harlingen	1 / 4	25
Texas State Technical College-West Texas	3 / 5	60
Texas Tech School of Medicine	13 / 15	87
Trinity Valley Community College	2 / 5	40
Tyler Junior College	2 / 5	40
Univ of TX Southwestern Medical Center	99 / 102	97
University of Texas at Brownsville	0 / 5	0
University of Texas Health Science Ctr	54 / 62	87
Victoria College	8 / 9	89
Wharton County Junior College	1 / 2	50

# GETAC meets at conference in Fort Worth

The Governor's EMS and Trauma Advisory Council (GETAC) met on Monday, November 24, 2008, in Fort Worth. Following are the motions put forward after the chair, staff, standing committees/task forces and other groups reported on their most recent activities. For a more detailed recap of the GETAC meeting, go to [www.dshs.state.tx.us/emstraumasystems/governor.shtm](http://www.dshs.state.tx.us/emstraumasystems/governor.shtm).

## Action items

A motion was made by Pete Wolf and seconded by Marti VanRavenswaay for GETAC to support legislation to strengthen DSHS's ability to use criminal background as a determinant for initial and continued certification, including exempting EMS from Chapter 53 of the Occupations Code and inserting appropriate language in Chapter 773 of the Health Safety Code. The motion passed unanimously.

A motion was made by Pete Wolf and seconded by Ryan Matthews for GETAC to support the EMS Committee's request for DSHS to allow the committee to reopen discussion of 157.11, EMS Provider Licensure Rule, to work on possible revisions. The motion was approved with 10 in favor and four opposed.

A motion was made by Pete Wolf and seconded by Vance Riley for GETAC to ask DSHS to place a moratorium on enforcement of the particular section of 157.11, Provider Licensure Rule, concerning the placement of the provider's license number in 2-inch tall letters on both sides of

all ambulances. The motion failed to pass with six in favor and eight opposed.

A motion was made by Joan Shook, MD, and seconded by Tivy Whitlock that all committees include liaison reports as a standing item on their agendas. The motion was approved with 13 in favor and one opposed.

A motion was made by Mike Click and seconded by Vance Riley that GETAC approve the support stroke facility criteria designation with the amendment of physician and nurse comment on National Institute of Health Stroke Skill (NIHSS) competency or certification. The motion passed unanimously.

A motion was made by Mike Click and seconded by Vance Riley to amend the rule 157.133 for a three-year designation for a stroke facility rather than a two-year designation. The motion passed unanimously.

A motion was made by John Smith and seconded by Randy Loflin, MD, to have the GETAC chair and standing committee chair jointly discuss the size of each standing committee and increase them if needed. A friendly amendment was made by Ryan Matthews noting if the committee cannot agree on a consensus, then it be brought to GETAC for discussion. That amendment was not accepted, due to the next GETAC meeting date being after the selection process will be completed. Pete Wolf suggested that a third person, someone from the Department of State Health Services, work with the GETAC

Chair and Committee Chair (if needed) in deciding whether it is necessary to increase the number of members on a particular committee, with the decision ultimately resting with the GETAC chair. The motion passed unanimously.

GETAC committees meet February 25-26, 2009. GETAC meets February 27, 2009. All meetings are in Austin at the Omni Southpark.

## GETAC dates for 2009

February 25-27, 2009

May 13-15, 2009

August 19-21, 2009

November 21-23, 2009 (*In Fort Worth, in conjunction with Texas EMS Conference 2009*)

## How to reserve a room

The February, May and August meetings will be at the Omni Southpark in Austin. For reservations, call (512) 448-2222 and use the group code GETAC. You can also go to [www.omnihotels.com/findahotel/austinsouthpark/meetingfacilities/getac2.aspx](http://www.omnihotels.com/findahotel/austinsouthpark/meetingfacilities/getac2.aspx) and use the group code GETAC.

Omni Southpark  
4140 Governor's Row  
Austin, TX 78744  
(512) 448-2222

# Prehospital Management of Obstetric Complications

By Kenneth Navarro, LP

## Objectives

At the end of the CE module, the EMS provider will be able to:

1. Describe the anatomic structures and physiology of the female reproductive system
2. Assess and provide care for obstetric patients with pre-delivery emergencies
3. Identify and describe complications associated with pregnancy and delivery



## Introduction

Although most pregnancies proceed without any significant difficulties, complications do occasionally arise. In those circumstances, EMS personnel must remember two important prehospital management principles:

1. Definitive care might not be possible in the field.
2. Appropriate care of the mother provides the most appropriate care for the fetus.

This article will focus on common prehospital obstetrical emergencies, such as vaginal bleeding, abdominal pain, labor, pre-eclampsia/eclampsia, trauma and other medical conditions.

## Anatomy and Physiology Review

Each month, the female sex organs known as the ovaries release an egg into the fallopian tube. Conception normally takes place when the egg and sperm unite within the fallopian tube. The fertilized egg then completes its journey through the tube and comes to rest on the upper back wall of the uterus between four and seven days after release.

The uterus is a hollow, pear-shaped muscular organ composed of three tissue layers. These layers help provide nutrients during fetal

development, contract during labor to expel the fetus and prevent maternal hemorrhage after delivery by closing off blood vessels.

The elongated lower portion of the uterus, or cervix, opens into the vagina. The vagina, sometimes referred to as the birth canal, is a fibrous muscular tube that extends to the outside of the body. A mucus plug seals the cervix during pregnancy. As labor begins, changes in the cervix release the plug, expelling it from the vagina in what may be a bloody discharge. Growth of the pregnant uterus places pressure on the bladder and bowel and results in feelings of urgency or needing to urinate often. When birth is imminent, the patient may have a strong sense of needing to move her bowels.

## Organs of Pregnancy

Attached to the internal uterine wall is the placenta, which originates from the same mass of cells as the fetus. This organ provides support for the fetus by transferring respiratory gases, nutrients, wastes, antibodies, hormones and electrolytes between mother and child through the placental membranes.

A long twisting collection of tubes known as the umbilical cord attaches the fetus to the placenta. Throughout the pregnancy, the umbilical cord grows to meet the needs of the



fetus. At birth, as many as 40 spiral twists may be present in the cord. A possible complication resulting from this anatomic configuration is stillbirth. The fetus can move through a loop of umbilical cord to create a true knot, stopping the flow of nutrients from the placenta to the fetus.

Surrounding the fetus is a bag of water known as the amniotic sac. The amniotic fluid serves as a cushion to decrease external forces applied to the fetus. At term, the sac contains about 1,000 mL of fluid, most of which is water but it may also contain fetal urine.

### ***Fetal Circulation***

Maternal blood flow is essential for fetal development and well-being; however, the mother's blood does not flow directly through the infant. The baby has its own circulatory system. Blood from the fetus flows through the umbilical cord, filters through the fetal side of the placenta and then returns to the infant. Tightly fitting cells form a placental barrier, which separates fetal blood from maternal blood. The placental barrier allows some substances, such as oxygen and glucose, to pass from mother to baby but prevents other substances, such as certain drugs, from diffusing across.

### ***Progress of Gestation (The Trimesters of Pregnancy)***

A full term pregnancy lasts approximately 280 days, and health care providers divide these days into three-month intervals called *trimesters*.

During the first trimester, the uterus does not enlarge very much. The fetus is still very tiny, but all essential fetal body parts form during the first trimester. In the first trimester, the mother may experience breast tenderness due to the enlargement of breast tissue, fatigue, frequent urination as the uterus expands enough to put pressure on the bladder, heartburn due to decreased gastric emptying and nausea or vomiting (morning sickness) thought to be caused by pregnancy hormones.

By the time the second trimester begins most of these symptoms will disappear. The second trimester is generally a period of well-being highlighted by the first sensations of fetal movement.

During the third trimester, the growing uterus causes the mother's diaphragm to elevate, which can lead to shortness of breath.

An increase in the maternal blood volume will produce a physiological anemia. Leg cramps are common. The expanding abdomen changes the mother's center of gravity and predisposes her to falls.

### **Prehospital Assessment of the Obstetrical Patient**

An ideal environment for conducting an obstetrical assessment would be clean, quiet and private. Those conditions might be hard to come by in prehospital settings, thereby complicating patient assessment. A lack of privacy could lead to increased anxiety and fear for the expectant mother, which further complicates the assessment.

To minimize these anxieties, EMS personnel should attempt to reassure the patient, explain every step in the assessment and attempt to preserve the patient's privacy whenever possible.

### ***History***

Health care providers who suspect pregnancy as the cause of the patient's chief complaint must obtain a complete and accurate obstetric and gynecologic history. For some patients, especially teenage patients, conducting the interview in private is preferred, as denial of pregnancy may prevent EMS personnel from obtaining an accurate history. A public statement of regular menstrual periods and/or the lack of sexual activity may not rule out pregnancy.

The history can provide clues for determining the likelihood of adverse events and developing emergencies. The SAMPLE history, normally obtained for every patient, is a good place to start. For example, knowing about medical conditions such as anemia (which can make pregnant women more susceptible to complications from blood loss) or insulin-dependent diabetes (which increases the likelihood of a miscarriage) gives health care providers important assessment tools.

Essential data for an obstetrical/gynecological history also includes:

- A description of any abdominal pain using the OPQRST method
- Last normal menstrual period or expected date of delivery (abbreviated as EDC, which stands for *estimated date of confinement*)
- Likelihood of pregnancy in patients not obviously pregnant

- Gravity, which is a term that indicates the number of pregnancies the woman has had, and parity, which is the number of live births she has had
- The presence and amount of vaginal bleeding. The patient may be able to recall the number of pads or tampons used per day
- The presence or amount of any other vaginal discharge, such as products of conception
- Any prenatal care and by whom. Women who receive regular prenatal care are more likely to quickly identify complications

When EMS personnel suspect labor is imminent, additional information should focus on the obstetrical history of the patient. This expanded data includes:

- Previous cesarean sections
- The possibility of a ruptured amniotic sac and any discolorations (which would suggest the presence of meconium)
- Frequency and duration of contractions. If the mother says the baby is coming, prepare for immediate delivery.
- Any complications expected, such as multiple births or placenta previa

### ***Rapid Physical Assessment***

Follow the history with a rapid physical assessment, which will evaluate the patient's general medical condition and vital signs. The goal of this assessment is to identify and treat any immediately life-threatening symptoms. Remember, however, the two basic principles of prehospital obstetric care:

1. Definitive care might not be possible in the field.
2. Appropriate care of the mother provides the most appropriate care for the fetus.

### ***Vital Signs***

When evaluating the obstetrical patient, a few important vital sign changes must be taken into consideration. The average heart rate in the pregnant patient will often increase steadily throughout pregnancy. By the third trimester, her heart rate may be 15 to 20 beats per minute higher than a non-pregnant patient. The systolic and diastolic blood pressure will often decrease

by 10 to 15 mmHg in the second trimester and then return to normal by term.

When a third trimester patient is supine, the enlarged uterus may come to rest on the inferior vena cava. This can reduce blood flow back to the heart by as much as 25 to 30 percent, causing significant hypotension. To avoid acting on incorrect data, place third trimester patients on their left side and not supine. For gravid patients immobilized on a backboard, tilt the backboard at about a 20-degree angle to the left to allow the uterus to roll off the vena cava.

By the third trimester, the patient will also have a significant increase in the volume of circulating blood. However, this increase is primarily in the liquid component. There is no significant increase in oxygen-carrying capacity. Because of the increased volume, a pregnant patient near term can tolerate a greater blood loss before the blood pressure falls. In fact, it may take a 30 to 35 percent blood loss before the systolic blood pressure changes.

Compensatory mechanisms in the mother will attempt to keep blood flowing to the vital organs in both the baby and in the mother herself. However, once the compensatory mechanisms begin to fail and the blood pressure starts to drop, the survival mechanisms within the mother will divert blood away from the fetus in favor of the mother's own organs. Blood loss significant enough to cause hypotension in the mother will be fatal for the fetus most of the time. However, maternal blood loss that does not result in hypotension can still reduce blood flow to the fetus by 90 to 95 percent.

Hypovolemic patients may have changes in blood pressure readings as they change from a supine to an upright position. If the conditions allow, EMS personnel should measure a supine blood pressure and reassess with the patient in an upright or sitting position. Be sure to support the mother as syncope could occur in fragile patients. A tilt-test is unnecessary if there are obvious signs of blood loss. Consider the presence of blood loss and tachycardia as enough evidence of hypovolemia and treat accordingly.

### ***Physical Assessment***

The prehospital physical examination is usually limited, with a focus on determining blood loss and/or the presence of crowning during labor. An internal vaginal exam has no place in the prehospital evaluation of the

patient. It provides little useful information and may actually create life-threatening complications for the mother and fetus.

EMS personnel must perform a visual inspection of the vagina for third trimester patients complaining of vaginal discharge or labor. Visual inspection may reveal uncorrectable conditions such as breech presentations or a prolapsed umbilical cord, which are substantial threats to the baby. Vaginal bleeding in the third trimester is a serious condition and may represent a significant threat to the fetus even when the mother's vital signs seem normal.

### General Treatment Principles

As previously mentioned, appropriate care of the mother provides the most appropriate care for the fetus. It is true that you have two patients, but survival of the internal patient relies exclusively on the ability of the external patient to maintain compensatory mechanisms. Until both patients arrive at a definitive care facility, ensuring the mother remains as stable as possible gives the fetus the best chance of survival.

Oxygen administration may have significant benefits for both the mother and the baby. Ensuring high oxygen saturations in the mother will help to ensure the fetus has enough oxygen to perform vital organ functions.

Vital signs of the mother may be a poor indicator of the hemodynamic status of the baby. For that reason, advanced EMS personnel should obtain venous access and perform fluid resuscitation for any suspicion of hypovolemia. Maintain maternal blood pressure above 90 mmHg using normal saline in 250 mL bolus infusions as often as necessary. Vasopressors, such as dopamine and norepinephrine, have been known to cause decreased blood flow to the uterus and therefore should be used only after fluid resuscitation and then only when necessary as a final effort to prevent complete cardiovascular collapse. Place the hypotensive obstetrical patient on a cardiac monitor.

Remember that a third trimester patient should be transported on her left side in order to keep the uterus from reducing the blood flow back to the heart. If you are concerned about the potential for a spinal injury, immobilize the patient and tilt the backboard at a 20-degree angle, which should prevent the uterus from compressing the inferior vena cava.

Not only is appropriate care essential for the survival of the mother and baby, but the decision of where to transport will also influence the outcome of both patients. The destination hospital must be capable of providing comprehensive care for obstetric and neonatal emergencies much in the same way that burn and trauma centers provide specialized services for those patients.

### Vaginal Bleeding and Abdominal Pain

Two of the most common chief complaints in obstetrical or gynecological patients are vaginal bleeding and abdominal pain. Although there are many possible explanations for these symptoms, for safety's sake EMS personnel must always assume they are pregnancy-related in women of childbearing age.

Any bleeding during pregnancy represents the possibility of a spontaneous abortion, or miscarriage. Definitive care for this patient is not possible in the prehospital environment and transport to an emergency facility capable of advanced obstetrical and neonatal care is the clear priority. Perform the history, physical exam and treatment on the way to the hospital.

If the patient is sexually active but not visibly pregnant or is unsure of her pregnancy status, vaginal bleeding often with abdominal pain suggests an ectopic pregnancy. Again, rapid transport to an appropriate facility, oxygen and fluid resuscitation en route are the priorities.

### Labor

Another frequent presentation for the pregnant patient is labor. The majority of deliveries proceed normally with minimal risks; however, EMS personnel must be prepared to manage any number of complications that may develop with little or no warning.

Very early in the assessment, the emergency care provider must determine whether there is time to transport the mother to the hospital safely before childbirth or if delivery is imminent. Perineal or rectal bulging, uncontrollable pushing, the sensation of an impending bowel movement or visible crowning are all evidence of imminent delivery. If birth is imminent, quickly prepare for the delivery. If the baby has not delivered within ten minutes, begin transport and provide all subsequent care on the way to the hospital.

EMS personnel must resist the urge to prevent or delay delivery. Do not hold the



mother's legs together. Do not let the mother go to the bathroom. Recognize your own limitations and, if necessary, begin transport.

If delivery outside the hospital is inevitable, place the mother on her back with her knees widely separated and feet firmly on the floor or on the stretcher. The buttocks can be elevated with pillows or blankets to allow greater access to the baby. If time permits, don clean gloves, a mask, gown and eye protection.

In most cases, the role of the emergency care provider is to control the birthing process and prevent an explosive delivery that could injure the fetus. After the infant delivers, thoroughly suction the baby's mouth and nose, dry the infant and keep the baby warm. Calculate the APGAR score by evaluating the newborn baby on five criteria on a scale from zero to two, then summing up the five values. The resulting APGAR score ranges from zero to ten. The five criteria are appearance, pulse, grimace, activity, and respiration.

Many acute obstetrical complications cannot be resolved in the prehospital environment. Breech or limb presentations and prolapsed umbilical cords are indications of rapid transport to an emergency obstetric facility. In cases of breech presentations, place the mother in a head down position with the pelvis elevated. If delivery progresses, the EMS provider should assist in the delivery. The stimulus for the baby to take its first breath comes when the chest clears the vaginal opening. In a breech delivery, the baby will be stimulated to breathe before the head emerges. If there is a delay in the delivery of the head, rescuers may prevent fetal suffocation by inserting two gloved fingers into the vagina and pushing the birth canal away from the baby's mouth and nose.

A prolapsed umbilical cord endangers the life of the unborn fetus. This condition develops when the umbilical cord enters the birth canal before the baby. As the baby enters the canal, the cord is compressed and severely compromises blood flow to the unborn child. Push the baby off the prolapsed cord by inserting two gloved fingers into the vagina as described previously. Elevate the mother's hips and buttocks to allow gravitational assist in pulling the baby out of the birth canal. Maintain maternal positioning and manual protection of the cord integrity until arrival at the receiving hospital. Cord prolapse and abnormal presentation are the only two situations that

require direct vaginal intervention by EMS personnel.

## Trauma

The leading cause of death for pregnant patients is trauma. Trauma care for the pregnant female does not differ significantly from trauma care provided to any other patient. Airway, breathing and circulation problems have priority. Protect the cervical spine and do not spend any more time on scene than is necessary. Third trimester patients secured to a backboard should have the backboard tilted at a 20-degree angle to keep the enlarged uterus off the vena cava.

Gravid patients are at an increased risk for serious injury from a variety of anatomic and physiologic changes related to the pregnancy. Vital sign abnormalities previously discussed may make shock less noticeable. Pregnancy slows movement of food through the gastrointestinal tract. This, combined with the increased pressure on the stomach by the enlarged uterus, makes vomiting more likely, creating an increased aspiration risk. Finally, seemingly minor mechanisms of injury can cause the placenta to tear away from the uterine wall, and this placental abruption is the leading cause of traumatic fetal death.

## Specific Obstetrical Emergencies

Now that we have examined some common patient presentations, we can review specific obstetrical emergencies.

### Abortion

Spontaneous abortion, often called a miscarriage, is the most common complication of pregnancy and occurs in about 10 to 20 percent of all pregnancies. It is estimated that as many as 50 percent of all pregnancies spontaneously terminate before the first missed menstrual period and are therefore not clinically recognized. By definition, a spontaneous abortion must be a pregnancy recognized by blood test or ultrasound that terminates before the 20th week of conception.

The timing of the miscarriage may provide clues to its cause. Spontaneous abortion occurring in the first eight weeks of gestation is usually the result of chromosomal defects in the developing embryo. Miscarriages in the first trimester beyond eight weeks may be the result of maternal hormone imbalances, infections,

environmental factors or maternal structural anomalies. Second-trimester abortions are usually associated with anatomic mutation.

About 500 women in the United States die every year from complications of pregnancy, with spontaneous or induced abortions accounting for about six percent of these deaths. Statistically, African American females are almost twice as likely to die as a result of spontaneous abortion as white females. Women over the age of 20 years are twice as likely to suffer a spontaneous abortion compared to those less than 20 years of age.

Vital signs for patients experiencing a miscarriage should all be within normal limits unless further complicated by infection or hypovolemia. The abdomen will usually be soft and non-tender, but the patient may be complaining of cramping and vaginal discharge. Abdominal pain is usually confined to the lower abdominal quadrants and suprapubic pain is common. If present, pain may also radiate into the lower back, perineum, buttocks or genitals. The miscarriage may have expelled partial or complete conceptual products into clothing or a toilet. Occasionally, the mother will discharge the gestational sac intact.

EMS personnel should maintain universal precautions. Because of the potential for heavy blood loss, hemorrhagic shock may develop quickly. Manage any hemodynamic instability aggressively with fluid resuscitation. Administer oxygen as needed. Place OB pads over the external vagina and begin transport as soon as possible. Encourage the patient to bring any expelled tissues to the hospital for analysis.

### ***Pre-eclampsia/Eclampsia***

Pre-eclampsia is a hypertensive disease that occurs in about five percent of all pregnancies, with an estimated 35 to 300 deaths per 1000 births, depending on the neonatal support capabilities of the delivering hospital. Fetal mortality rates in pre-eclampsia are twice that of normotensive pregnancies.

The cause of pre-eclampsia remains unknown, however, placental dysfunctions may result in blood pressure elevations and an increase in the development of blood clots. Pre-eclampsia typically develops after the 20th week of gestation. Risk factors include maternal extremes of age, with the greatest risk in women under the age of 20 years, first pregnancies, preexisting high blood pressure, diabetes, renal

disease or family history of pre-eclampsia.

The most serious complication of pre-eclampsia is a progression to eclampsia, which causes seizures and coma. It occurs in less than one percent of all pregnancies, but as many as 36 percent of the mothers who progress to eclampsia will die, and fetal mortality rates are high. About one-fourth of all eclampsia will develop and present for the first time after the baby is born but within a three-week postpartum period. Any seizure beyond the third postpartum week is probably not the result of eclampsia.

The hypertension present in eclampsia causes brain swelling and is the likely origin of the seizures and mental status changes. Maternal death is usually the result of cerebral hemorrhage. The seizures can also cause the placenta to separate from the uterine wall, which will kill the fetus and result in maternal hemorrhage.

EMS personnel do not have the diagnostic tests necessary for a definitive diagnosis of pre-eclampsia in the prehospital environment, but symptoms may indicate the condition. The patient may have called an ambulance because she has a headache, right upper quadrant (RUQ) abdominal pain, shortness of breath on exertion, swelling in the hands and face, visual disturbances or nausea/vomiting. A physical examination may reveal a blood pressure higher than 140/90 mmHg, tachycardia, tachypnea, pulmonary edema and confusion. Generalized edema may be present. By the time eclampsia has developed, the blood pressure is usually higher than 160/110 mmHg, although it is possible to develop seizures with lower pressures.

As with other patients, secure an airway, ensure adequate ventilation and maintain sufficient circulation. Administer oxygen and keep suction nearby. Establish an IV and treat for shock, if indicated. Place the patient on a cardiac monitor. Place the patient on her left side and transport to an appropriate facility. Be aware that lights, sirens and excessive movement can set off seizures in the pre-eclamptic patient. Transporting with lights and sirens activated is not necessary unless seizure or coma is present.

Definitive treatment of eclampsia requires the delivery of the neonate. Magnesium sulfate is the drug of choice for the management of eclamptic seizures, however the doses required may be large and most ambulances are not



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equipped for the intensive maternal and fetal monitoring required when administering the drug.

For eclamptic patients experiencing a seizure, advanced EMS personnel in many systems administer a benzodiazepine in small increments by IV push until the seizure stops or until reaching a preauthorized maximum dose of the medication. If the seizure persists, EMS personnel should contact a medical control authority as soon as possible for additional medication orders. The primary disadvantage with benzodiazepine administration is that this class of medication will cross the placental barrier and therefore may cause neonatal depression.

### ***Ectopic Pregnancy***

An ectopic pregnancy exists when a fertilized egg implants anywhere other than the normal lining of the uterus. Ectopic pregnancy is the leading cause of pregnancy-related death in the first trimester and may be responsible for as many as 10 percent of all maternal deaths. Minority teenagers have a mortality rate from ectopic pregnancy almost five times higher than their white counterparts.

In some situations, narrowing or scarring in the fallopian tube will cause the fertilized egg to implant along the length of the tube instead of in the uterus. As a result, the placenta invades the surrounding tissues, is unable to accommodate the developing fetus and ruptures. The resulting hemorrhage can be life threatening for the mother.

Ectopic pregnancy occurs most often in women between the ages of 25 and 34 years old. The use of fertility drugs, oral contraceptives and intrauterine devices (IUD) increases the likelihood of ectopic implantation. Abnormal implantation may also be due to a variety of factors, including a prior tubal infection, structural abnormalities of the fallopian tubes or uterine anomalies.

No physical signs or symptoms are specific enough to allow the definitive diagnosis of an ectopic pregnancy in the prehospital environment. Because the risk of death is significant, EMS personnel should assume ectopic pregnancy until proven otherwise in any woman in her childbearing years with a chief complaint of abdominal pain, pelvic pain, cramping, and/or vaginal bleeding. The patient may also report or physical exam may reveal

any of the following:

- A late or delayed menstrual period
- Vaginal bleeding ranging from minimal or absent to hemorrhage with evidence of clinical shock
- Abdominal pain may range from mild to severe and may be described as “knife-like” that is localized on one side
- Shoulder pain as the result of blood in the peritoneal cavity
- Periods of lightheadedness or fainting as the result of orthostatic changes in blood pressure

EMS personnel must be prepared to manage shock even if the signs and symptoms have not fully developed. Rescuers should administer oxygen, elevate the patient’s lower extremities approximately eight to 12 inches, keep the patient warm, establish one or two large-bore IVs with aggressive fluid resuscitation as needed and begin transport to an emergency obstetric facility as early as possible.

### ***Abruptio Placentae***

Abruptio placentae, or placental abruption, occurs when the normally located placenta separates from the uterine wall after the 20th week of gestation and prior to birth. Abruptio placentae occurs in about one percent of all pregnancies and the fetal mortality rate is about 15 percent when it happens.

Placental abruption begins with bleeding between the maternal and fetal portions of the placenta. With continued bleeding, the developing hematoma further separates the fetal portion of the placenta from the uterine wall. The hematoma can compromise blood flow to the fetus and when enough of the placenta separates, the fetus will die unless a doctor performs an immediate cesarean section.

In some cases, the bleeding will cause the uterine wall to weaken. As the pressure from the growing hematoma increases, the weakened area can rupture and bleeding will extend into the peritoneal cavity. This uterine rupture will lead to an immediately life-threatening obstetrical emergency.

Maternal hypertension is the cause of almost half of all abruptions. Trauma, such as motor-vehicle collision, assaults and falls are also significant causes of abruption. Risk factors for the development of non-traumatic abruption are cigarette smoking, alcohol or cocaine use during

pregnancy and advanced maternal age.

Some abruptions will produce vaginal bleeding although most do not. Patients frequently describe the accompanying severe abdominal or back pain as a "tearing" sensation as the placenta essentially tears away from the uterine wall. Some degree of fetal distress will likely be present although this can be almost impossible to assess in the field. As the placenta begins to separate from the uterus, premature labor will begin in about one-fourth of the cases.

The definitive care for abruption is to remove the fetus by cesarean section, which is beyond the scope of prehospital care. Continuous, high-flow supplemental oxygen, elevation of the lower extremities, keeping the patient warm, one or two large-bore IVs lines, fluid resuscitation as needed and rapid transport to an emergency obstetric facility is indicated.

### Placenta Previa

Another of the leading causes of vaginal bleeding in the second or third trimesters is placenta previa. Placenta previa occurs when the placenta implants over or near the cervix, which is the passageway from the uterus to the birth canal. When this happens,

early labor or fetal movement can cause the placenta to separate from the uterine wall. This obstetrical complication is responsible for significant morbidity and mortality to both the fetus and the mother with the majority of deaths related to the degree of uterine bleeding.

African American and Asian females are more likely to have placenta previa than white females. Expectant mothers over the age of 30 years are also three times more likely to develop an abnormal placental implantation compared to younger mothers. Other risk factors include the first pregnancy following a cesarean delivery, multiple gestation, previous abortion and smoking.

The most common symptom and complaint associated with placenta previa is vaginal bleeding. The bleeding is usually bright red and painless although contractions and premature labor sometimes develop. The bleeding may be severe enough to produce hypovolemic shock.

The most common cause of death in placenta previa is hypovolemia. Prehospital care should focus on oxygen, shock positioning, keeping the patient warm, maintaining hemodynamic stability, and rapid

transport to an appropriate facility.

### Conclusion

In most circumstances, pregnancy proceeds without any problems and a healthy baby is born. The arrival of a child is usually a joyous occasion welcomed by all involved. However, complications do occasionally arise and EMS personnel must be prepared to manage those emergencies. As a final reminder, the prehospital management strategy for complications of pregnancy focuses on two primary principles:

1. Definitive care might not be possible in the field.
2. Appropriate care of the mother provides the most appropriate care for the fetus.

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## Prehospital Management of Obstetric Complications Quiz

1. The term *gravidity* used in the history of the pregnant patient refers to the
  - A. Number of live births
  - B. Number of pregnancies
  - C. Expected date of delivery
  - D. Date of the last menstrual period
2. Conception normally takes place
  - A. Within the ovary
  - B. Within the uterus
  - C. Within the vagina
  - D. Within the fallopian tube
3. In the third trimester, it is normal for expectant mothers to have which of the following changes in vital signs?
  - A. 15 to 20 beat increase in heart rate but a normal blood pressure
  - B. 20 beat decrease in heart rate but a 20 mmHg increase in blood pressure
  - C. 15 to 20 beat decrease in heart rate and slight decrease in blood pressure
  - D. 20 beat increase in heart rate and a 20 mmHg decrease in blood pressure
4. A third trimester patient who is lying flat on her back may have significant hypotension as the result of
  - A. A decrease in the number of red blood cells
  - B. The enlarged uterus resting on the vena cava
  - C. The weight of the fetus pressing on the diaphragm
  - D. An overall decrease in the amount of circulating blood
5. The best way to ensure that the fetus remains viable in the prehospital environment is to
  - A. Perform a field cesarean section
  - B. Induce labor as soon as possible

- C. Place the mother supine with her hips elevated  
D. Ensure the mother remains as stable as possible
6. Even seemingly minor mechanism of injury places the gravid trauma patient at risk for  
A. Eclampsia  
B. Placental abruption  
C. Ectopic implantation  
D. Umbilical cord prolapse
7. The most common complication of pregnancy is  
A. Placenta previa  
B. Abruptio placenta  
C. Ectopic pregnancy  
D. Spontaneous abortion
8. The term *parity* used in the history of the pregnant patient refers to the  
A. Number of live births  
B. Number of pregnancies  
C. Expected date of delivery  
D. Date of the last menstrual period
9. You are caring for an 18-year-old, first pregnancy, third-trimester patient who was reported to have had seizure prior to your arrival. The vital signs are: pulse rate 130; B/P 160/110; and respiratory rate is 30. The seizure is likely being caused by  
A. Eclampsia  
B. Pre-eclampsia  
C. Toxic fetal syndrome  
D. Organic brain syndrome
10. The function(s) of the uterus is (are) to  
A. Contract during labor to expel the fetus  
B. Help to provide nutrients during fetal development  
C. Close off blood vessels thus preventing the mother from hemorrhaging after delivery  
D. All of the above
11. The leading cause of pregnancy-related maternal death within the first trimester is  
A. Trauma  
B. Placenta previa  
C. Abruptio placenta  
D. Ectopic pregnancy
12. A 30-year-old, not visibly gravid patient is complaining of severe lower abdominal pain. The patient denies pregnancy due to her use of oral contraceptives. Which of the following is the most likely cause of the patient's complaints?  
A. Vaginitis  
B. Pre-eclampsia  
C. Abruptio placenta  
D. Ectopic pregnancy
13. The leading cause of abruptio placentae is  
A. Trauma  
B. Maternal hypertension  
C. Advanced maternal age  
D. Alcohol or cocaine use during pregnancy
14. An implantation of the placenta over or near the cervix is known as  
A. Placenta previa  
B. Ectopic pregnancy  
C. Placental abruption  
D. Incomplete abortion
15. Your 20-year-old, gravida 5, para 4, third-trimester patient is complaining of headache, shortness of breath on exertion, and nausea with vomiting. The vital signs are: pulse 118; respirations 20; and B/P 140/90. Of the following, which is the most likely explanation for the signs and symptoms?  
A. Pre-eclampsia  
B. Abruptio placenta  
C. Precipitous delivery  
D. Spontaneous abortion
16. Early in pregnancy, the purpose of the amniotic fluid is  
A. To keep the fetus well hydrated  
B. Lubricate the vagina for conception  
C. Provide nutrients for the rapidly growing fetus  
D. Serve as a cushion to decrease external forces applied to the fetus
17. The mother's blood flows into and out of the fetus  
A. True  
B. False
18. Normal changes occurring within the mother's body during the third trimester are more likely to produce which of the following?  
A. Heartburn  
B. Morning sickness  
C. Shortness of breath  
D. First sensation of fetal movement
19. You are caring for a first pregnancy third-trimester patient with a chief complaint of vaginal bleeding. The patient describes the bleeding as heavy and reports a blood loss of about six OB pads over the last hour. The patient's pulse rate is 130, respirations are 28 and the blood pressure is 100/60. Which of the following statements about blood loss in the pregnant patient is *true*?  
A. The mother's compensatory mechanisms are keeping the baby perfused.  
B. The fetus has its own blood supply and therefore, maternal blood loss has no effect on the fetus.  
C. Because vital signs are abnormal in the pregnant patient, assessment of maternal blood loss cannot be made.  
D. Maternal blood loss that does not result in hypotension can still significantly reduce blood flow to the fetus.
20. You are assessing a third-trimester female who was the driver of a vehicle involved in a low-speed collision. The patient is ambulatory at the scene but complains of severe pain in her abdomen that she describes as a tearing sensation. She denies any vaginal bleeding. Based on the mechanism of injury, you suspect  
A. Ruptured spleen  
B. Placental abruption  
C. Spontaneous abortion  
D. Labor with impending delivery



This answer sheet must be postmarked by February 20, 2009  
CE Answer Sheet Texas EMS Magazine  
Medical CE: Prehospital Management of Obstetric Complications

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Answer Form

Check the appropriate box for each question. All questions must be answered.

- |     |    |                          |    |                          |    |                          |    |                          |     |    |                          |    |                          |    |                          |    |                          |
|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| 1.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 11. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 2.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 12. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 3.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 13. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 4.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 14. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 5.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 15. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 6.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 16. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 7.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 17. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> |    |                          |    |                          |
| 8.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 18. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 9.  | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 19. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |
| 10. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> | 20. | A. | <input type="checkbox"/> | B. | <input type="checkbox"/> | C. | <input type="checkbox"/> | D. | <input type="checkbox"/> |

**Did you enclose your \$5 check or money order?**

# FAQ

## Frequently Asked Questions

By Mattie Mendoza

**Q: What is the new way to get an FBI federal background check?**

**A:** The new system is called the FBI Fast Pass System. The fingerprint process is electronic and much easier and faster than the previous process. First, contact any L1 Identity Solutions location either by phone or online and pay the fee upfront with a credit card or an electronic check. Then go to the closest L1 Identity Solutions site to have your fingerprints taken electronically. You may visit the L1 Identity Solutions website at [www.iisfingerprint.com](http://www.iisfingerprint.com) for more information on this technique.

The federal background check results are sent electronically directly to our EMS office in one to two weeks versus the 16 to 18 weeks the FBI's website now states is the processing time for the current paper fingerprint card process. The electronic process is now being used for all out-of-state reciprocity applications.

**Q: Once I have my National Registry card, am I automatically state certified as well?**

**A:** No. The National Registry and state of Texas EMS certification are two separate certifications. You are only legal to work in Texas if you have attained state of Texas certification. To attain state of Texas EMS certification, you must submit an application, pay the appropriate fee and meet all other initial certification requirements,

including taking the National Registry exam. You can find all of the requirements for initial state of Texas certification on the EMS/Trauma Systems website at <http://www.dshs.state.tx.us/emstraumasystems/CertInfo.shtm>.

The National Registry has its own application process and does *not* submit your state certification application for you (although it will electronically send test results to the state office). For information about National Registry or to schedule your exam, contact the National Registry or view their website at [http://www.nremt.org/about/nremt\\_news.asp](http://www.nremt.org/about/nremt_news.asp).

**Q: What is the difference between EMT-P and licensed paramedic certification?**

**How can I apply for licensed paramedic certification?**

**A:** The difference between the two levels of certification is a college degree. According to Texas Administrative Code (TAC) §157.40(1), a currently certified EMT-Paramedic may apply for a paramedic license if the candidate has at least one of the following degrees from an institution of post secondary education that has been accredited by an agency recognized by the U.S. Department of Education as an approved accrediting authority:

1. an associate degree in emergency medical services (EMS);
2. a baccalaureate degree; or
3. a postgraduate degree.

You can find all of the requirements for EMT-P and licensed paramedic certification on our website at [www.dshs.state.tx.us/emstraumasystems/default.shtm](http://www.dshs.state.tx.us/emstraumasystems/default.shtm) or contact our office at (512)834-6700.

**Q: What is the number I am given at the end of the electronic application process, and do I need to keep it?**

**A: Yes!** That number is commonly referred to as the *trace number*. It is your **only** proof that you submitted your application and paid the application fee. You will only receive a trace number if you complete the electronic application process. The trace number, which will begin with the numbers 537, is the only way for EMS Certification to retrieve your electronic application. If you do not save or write down your trace number, you have no proof that you ever submitted an electronic application or paid the fee. Despite this small extra step, electronic application submission is favorable for many reasons: It cuts out mail time so applications reach the EMS office faster, you can pay with either an electronic check or credit card, it's safe and secure and it's available to you 24 hours a day.

Can a friend of a friend of a friend's happiness brighten your day? In a study published in the British Journal BMJ in December, researchers Nicholas A. Christakis and James H. Fowler found that a person's happiness is affected by not only his or her choices and actions, but also by the choices and actions of people outside their immediate contact. According to Christakis, "Emotions have a collective existence—they are not just an individual phenomenon." The researchers

**"Emotions have a collective existence—they are not just an individual phenomenon."**

analyzed information on the happiness of 4,739 people and their connections with several thousand others, including spouses, relatives, close friends, neighbors and coworkers from 1983 to 2003.

According to Christakis and Fowler, the likely explanation of the contagious effect of happiness lies in the subtle transmission of emotion—the happiness effect was seen to be much greater among friends, siblings or neighbors who lived nearby. There may also be a stronger emotional cue between people of the same gender. Body language and emotional signals must be equally important—you have to see the other person and be in physical and temporal proximity for the greatest effect, according to Christakis.

The happiness study used data gathered by the federal Framingham Heart Study, which began following people in Framingham, Massachusetts, after World War II and ultimately followed their children and grandchildren. Beginning in 1983, participants periodically completed questionnaires on their emotional well-being. They listed family members, close friends and workplaces so that researchers also could track those people over time. From this interconnected source, Christakis and Fowler analyzed about 50,000 social ties. They found that when people changed from unhappy to happy in self-reported responses on a widely

used measure of well-being, other people in their social network became happy too. The report also indicates that one person's happiness can affect others for about a year, and an individual can get a happiness boost from others that lasts about a year.

It might not be that easy, though. In a different study published in the same journal at the same time, Ethan Cohen-Cole and Jason M. Fletcher criticize the methods of Christakis and Fowler, saying that social contagion effects can also be seen in conditions such as acne or headaches, but those effects go away when researchers factor in environmental factors that friends or neighbors have in common.

From *The New York Times*, Strangers may cheer you up, study says, Pam Belluck, December 5, 2008.

Heart specialists have come up with one good reason to have the Bee Gees' song "Stayin' Alive" stuck in your head: It could save a life. The song has 103 beats per minute—the best rhythm to maintain when performing cardiopulmonary resuscitation. A small study by University of Illinois College of Medicine researchers found that 10 doctors and five medical students who had listened to the tune while practicing CPR not only performed perfectly, they remembered the technique five

**Ten doctors and five medical students who listened to "Stayin' Alive" while practicing CPR not only performed perfectly, they remembered the technique.**

weeks later. These results were presented at the annual meeting of the American College of Emergency Physicians. The CPR-music concept did not originate with this study—credit for that goes to Dr. Alson Inaba at the University of Hawaii—but this song in particular seems to resonate both in rhythm and in message, as noted by Mary Fran Hazinski, a nurse and



**Did you read?**



# Did you read?

senior science editor for the American Heart Association. One of the ultimate goals of encouraging the connection is to increase confidence in lay people trained in CPR. Individuals worried about performing it correctly may be bolstered by remembering the music.

From MSNBC.com, Keeping the beat for CPR? Hum 'Stayin' Alive', JoNel Aleccia, October 16, 2008.

UCLA scientists suggest that performing Internet searches can influence brain activity in older Americans. The study, reported in American Journal of Geriatric Psychiatry, included 24 participants aged 55 to 76. Half had Internet searching experience and the other half did not. All were asked to perform web searches and book-reading tasks while undergoing functional MRI scans, which

## Performing Internet searches can influence brain activity in older Americans.

recorded the brain-circuitry changes they were experiencing. During the reading task, all of the volunteers showed similar brain activity, but during the Internet searches, major differences appeared. Only those who had previous web search experience registered extensive activity in decision-making and complex-reasoning portions of the brain. Gary Small, a professor at the Semel Institute for Neuroscience and Human Behavior at UCLA, believes that "Internet searching appears to engage a greater extent of neural circuitry that is not activated during reading." Harvard neuroscientist Randy Buckner is interested in the influence of the modern world on the brain that the study demonstrates, but he wonders also whether the completely new activities were what influenced the change in brain activity. Although the study brings up other interesting questions, such as how much surfing is needed to keep the mind sharp (before it becomes detrimental), it is an excuse to keep your Internet connection.

From USA Today.com, Internet search results: Increased brain activity, Mary Brophy Marcus, October 16, 2008.

The American Academy of Pediatrics recently doubled its recommended intake of vitamin D for babies, children and adolescents. The increase over recommendations last set in 2003 are a

## Extra doses of vitamin D are intended to reduce the rates of bone softening diseases and improve long-term bone health.

big leap. The extra dose of vitamin D is intended to reduce the rates of bone softening diseases and improve long-term bone health. Supplementation is recommended because it would be difficult to get the higher recommended intake from diet alone. Foods rich in vitamin D include fortified milk and cereals, oily fish and sunlight (although sunlight presents other health risks). The recommendation of 400 IU per day is for healthy infants in the first few days of life through adolescence; children with certain chronic diseases or on specific medications may need even higher doses of vitamin D.

From USA Today.com, Pediatricians say kids need more vitamin D, Mary Brophy Marcus, October 13, 2008.

Dr. Mark Gendreau, a senior staff physician at the Lahey Clinic in

## Staying healthy while flying can be easily summed up: hand hygiene, hand hygiene, hand hygiene.

Burlington, Massachusetts, makes his career studying germs, and he is most interested in

those encountered while traveling. Studies show that enclosed spaces, such as airplanes, allow for easy transportation of germs. The airplane is not the only place to be wary, however. The following tips from Gendreau and other germ fighters might include some surprises.

- Sit toward the front of the airplane. Ventilation at the front of commercial airplanes is usually better. If you can, splurge on first class, where passengers are not as crowded together.
- Don't drink coffee or tea served on the airplane. Studies show that water from airplane water tanks is not always clean, and coffee and tea are usually made from that water. Although boiling the water would eliminate any risk, water used for coffee or tea is not usually brought to that temperature.
- Sanitize your hands *after* leaving an airplane bathroom. Most airlines allow for 50 to 75 people per toilet on an airplane. Washing inside the bathroom may use the previously mentioned water supply, and touching the door on the way out would put you in contact with all those who went before you.
- Sanitize your hands after getting off an escalator. All you have to do is count how many people get on an escalator in a five minute time period the next time you are waiting at the airport. Multiply that number by 12 to get the number of people per hour, and so on. The number might surprise you.
- Sanitize your hands after using an ATM. An ATM in an airport is likely to be one of the busiest you encounter.

Staying healthy while flying can be easily summed up, according to Gendreau: hand hygiene, hand hygiene, hand hygiene.

From CNN.com, Five ways to avoid germs while traveling, Elizabeth Cohen, December 5, 2008.

Osteoporosis affects 10 million Americans over age 50. Loss of bone density, which leads to fragile, easily broken bones, is the primary symptom. Currently, all but one of the treatment methods operate by slowing further bone loss, rather than increasing bone formation. A recent groundbreaking study demonstrates that bone formation appears to be controlled in part by



## Excitement is growing for the development of a drug therapy that could encourage bone growth in patients with osteoporosis.

serotonin, a chemical previously known for its role in the brain.

In a paper published online in the journal *Cell*, a team led by Dr. Gerard Karseny at the Columbia University College of Physicians and Surgeons demonstrates that when gut serotonin, released directly into the blood, reaches bone, more bone is lost. Conversely, with less serotonin in the blood, bones become denser and stronger. Although the experiments involved mice engineered to have human genes, the basic science behind them is groundbreaking.

Osteoporosis researchers had already honed in on a gene called  $LRP_5$  as a leading influence on bone density. Knowledge gained from mutations in the gene causing both extreme bone loss and extreme bone density led researchers to focus on the gene as a way to understand osteoporosis. Previous hypotheses focused on  $LRP_5$ 's effect on the bone itself. However, the current study found that  $LRP_5$  instead acts on serotonin-producing cells in the gut. It blocks an enzyme that converts tryptophan to serotonin. The more the enzyme is blocked, the less gut serotonin is made. Reduction of gut serotonin in the bloodstream resulted in continued growth of bone cells. Excitement is growing for the future development of a drug therapy that controls gut serotonin, which could then encourage bone growth in patients with osteoporosis.

From *The New York Times*, Bone finding may point to hope for osteoporosis, Gina Kolata, November 27, 2008.

Did you read?

## FYI

Final enforcement actions and court orders shall continue to be posted in Texas EMS Magazine for a minimum of one year or until the end of any probationary term or period of deferment, whichever is longer. This policy mirrors TAC, Title 1, Part 1, Chapter 1, Subchapter X, §1.552, Posting Final Enforcement Actions.

If a complaint has been self-reported, i.e., an individual or organization reported the violation to DSHS before DSHS became aware of it and that act was taken into consideration by the Enforcement Review Committee, then the magazine shall denote that the violation was self-reported by printing the phrase 'self-reported' at the end of the entry.

DSHS encourages individuals and organizations to self-report rule violations to DSHS. When the case is reviewed by the Enforcement Review Committee, the fact that an individual or organization self-reported a violation can be seen as a mitigating circumstance.

**Access Ambulance**, Houston, TX. January 21, 2008, assessed a \$3,000.00 administrative penalty, for violating HSC §773.041(b) and HSC §773.050(a) and department Rules §157.11(l)(1), 157.11(l)(3), and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Air-Evac Lifeteam EMS**, West Plains, MO, June 2, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Alvarado, William D.**, Houston, TX. November 21, 2008, reprimand for

violating EMS Rules §157.36(b)(1), 157.36(b)(7), 157.36(b)(28) and §HSC 773.041(b) related to performing advanced level care and/or skills.

**American Medical Response**, San Antonio, TX. August 3, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and supplied at all times.

**Armstead, Evelyn S.**, Blanco, TX. May 19, 2008, placed on a eighteen (18) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Arnold, Stacy L.**, Friendswood, TX. August 14, 2008, placed on a twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Berniard, Tina**, Brownwood, TX. July 2, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(22), 157.36(b)(28) and 157.36(b)(29) related to failing to notify the department within 30 days of final sentencing of any criminal offense which resulted in a final conviction and failing to disclose complete criminal history on a department application.

**Big Spring Fire Department**, Big Spring, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

**Bishop, James T.**, Stephenville, TX. November 20, 2008, placed on a twelve (12) month probated suspension for violating EMS Rules §157.36(b)(1),

157.36(b)(26), and 157.36(b)(28) related to failing appropriate protocols for a patient in cardiac arrest.

**Blackwell VFD**, Blackwell, TX. January 21, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Borden County EMS, Inc.**, Fluvanna, TX. August 4, 2008, assessed a \$750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**Boswell, David A.**, Round Rock, TX. April 29, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Bullock, William J.**, San Antonio, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

**Calk, Christopher B.**, Utopia, TX. October 13, 2008, reprimand for violating EMS Rules §157.36(b)(3), 157.36(b)(4), 157.36(b)(26), and 157.36(b)(28) related to falsifying a patient care report.

**Carols Ambulance, Inc.**, Odessa, TX. April 24, 2008, assessed a \$3,000.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and the EMS Rules §157.11(b)(1), 157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A),

## DISCIPLINARY ACTIONS

157.11(l)(1), 157.11(l)(3), 157.11(l)(5) and 157.11(l)(15)(B) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls and failure to have an EMS vehicle adequately equipped and supplied at all times.

**Carr, Sally**, Conroe, TX. November 6, 2008, reprimand for violating EMS Rules §157.36(b)(1), 157.36(b)(23), 157.36(b)(21), 157.36(b)(28) and §HSC 773.041(b) related to responding to EMS calls and/or transports with an expired certification.

**Caruthers, Sean E.**, Houston, TX. August 4, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to inappropriate sexual contact with a child younger than eighteen (18) years of age.

**Cedillos, Daniel**, El Paso, TX. November 6, 2008, reprimand for violating EMS Rules §157.43(m)(3)(S) related to failing to maintain EMS course records as an EMS Coordinator.

**City of Beaumont**, Beaumont, TX. March 31, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**City of Presidio EMS**, Presidio, TX. August 14, 2008, assessed a \$1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**Coleman, Rick E.**, West, TX. May 31, 2007, twenty-four (24) month probated suspension pursuant to EMS Rule §157.36.

**Criswell, John S.**, Forney, TX. May 5, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23) and 157.36(b)(26) related to failure to notify the department within 30 days of a misdemeanor conviction.

**Currington, Rodney D.**, The Woodlands, TX. August 22, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to inappropriate sexual contact with a child younger than eighteen (18) years of age.

**Davis, Jessie J.**, San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension through April 16, 2011, for violating EMS Rule §157.36.

**Drager, Nicole A.**, Santa Fe, TX. November 17, 2008, reprimand for violating EMS Rules §157.36(b)(19), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to failing to notify the department within 10 days of a drug and/or alcohol arrest.

**East Texas Medical Center EMS**, Tyler, TX. August 1, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(l)(2), 157.11(l)(3), 157.11(l)(5), 157.11(l)(13) and 157.16(d)(14) related to failure to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

**Encisco, Martiniano**, Baytown, TX. June 23, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

**Experts EMS, Inc.**, Houston, TX. April 24, 2008, assessed a \$750.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and EMS Rules §157.11(d)(1), 157.11(f), 157.11(i)(1)(D) and (K), 157.11(l)(1), 157.11(l)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Express EMS Services, Inc.**, Houston, TX. August 8, 2008, assessed a

\$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**Gardner, Mike C.**, Converse, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

**Gonzales, Mark A.**, San Antonio, TX. April 17, 2007, six (6) month suspension followed by a forty-two (42) month probated suspension for violating EMS Rule §157.36.

**Gonzalez, Fernando**, Zapata, TX. December 22, 2005, forty-eight (48) months suspension with forty-five (45) months probated suspension for violating EMS Rule §157.36.

**Grabs, Teresa**, Valley Mills, TX. One hundred-eight (108) months probated suspension of LP through September 26, 2010. EMS Rule §157.37(c)(2)(3)(G).

**Graford Volunteer EMS**, Graford, TX. August 6, 2008, assessed a \$2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A), 157.11(l)(i)(4)(A), and 157.11(l)(9) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**Grand Saline Fire Department**, Grand Saline, TX. July 14, 2008, assessed a \$500.00 administrative penalty for violating the EMS Rules §157.11(c), 157.11(d)(1), 157.11(l)(i), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Hudgens, Bruce K.**, Brackettville, TX. November 17, 2008, reprimand for violating EMS Rules §157.36(b)(4),

## DISCIPLINARY ACTIONS

157.36(b)(9), 157.36(b)(26) and 157.36(b)(28) related to turning over advanced patient care patients to a lower level EMT that lacked the appropriate skill level to continue appropriate care.

**Holub, Clinton M.**, Palo Pinto, TX. May 8, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(4), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Hughes, Julie A.**, Mabank, TX. May 9, 2008, denial of application for EMT-Basic certification pursuant to EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(5) and 157.37(a), the denial is based on felony and misdemeanor convictions that directly relate to the profession of EMS personnel as described in §157.37 of this title.

**Huntsman, Jeremy J.**, San Antonio, TX. September 12, 2008, placed on a twelve (12) month suspension with the initial six (6) months being an actual fully imposed suspension followed by a six (6) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), and 157.36(b)(28) related to failing to properly assess and/or provide appropriate medical care to a patient.

**Hyde, Susan N.**, Cleburne, TX. April 17, 2008, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(7), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Jackson, Jeremy**, Farmersville, TX. August 22, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Kellems, David B.**, Forney, TX. October 13, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), and 157.36(b)(28)

related to failure to disclose criminal history on a department application.

**Kiessling, Joshua**, Friendswood, TX. April 29, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(26) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Knox County EMS**, Knox City, TX. July 24, 2008, assessed a \$1,500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(1)(A), 157.11(i)(1)(D), 157.11(i)(1)(L) and 157.11(i)(3)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Leon Valley Fire Department**, Leon Valley, TX. August 4, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.16(c), 157.16(d)(14), 157.11(l)(3), and 157.11(l)(13) related to failure to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

**Loftin, Sharon K.**, Santo, TX. October 24, 2007, EMT-Paramedic certification placed on a forty-eight (48) month probated suspension for violating EMS Rule §157.36.

**Lone Star Ambulance**, Eagle Pass, TX. September 19, 2008, assessed a \$5,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(3)(A) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**Long, Rhiannon**, Highlands, TX. July 7, 2008, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(3) and 157.36(b)(26) related to failing to properly assess a patient and accurately documenting a patient's condition.

**Maxxim Care EMS**, Spring, TX. January 21, 2008, reprimanded for violating EMS Rules §157.11(d)(1),

157.11(g), 157.11(i)(1)(A), 157.11(i)(1)(C), 157.11(i)(1)(F), 157.11(i)(1)(L), 157.11(i)(1)(M) and 157.11(i)(4)(A) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**McMain, Mark**, Blanco, TX. September 24, 2008, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(7), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(19), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to failure to disclose criminal history on a department application and misappropriation of a controlled substance from an employer.

**Medical Ambulance Service**, Laredo, TX. July 22, 2008, reprimanded for violating the EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Melton, Paul R.**, Angleton, TX. November 17, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15) and 157.36(b)(28) related to failing to disclose criminal history on a department application.

**Olney EMS**, Olney, TX. April 24, 2008, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Powell Professional Services, LLC**, dba Guardian EMS, Columbus, TX. June 30, 2008, assessed a \$500.00 administrative penalty for violating EMS Rules §157.11(l)(3), 157.11(l)(5), and 157.11(l)(13) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Ralls Volunteer Ambulance Service**, Ralls, TX. May 9, 2008, reprimanded for violating EMS Rules §157.11(c), 157.11(d)(1), 157.11(l)(i), and 157.11(l)(1) related to failure to have



All postings will remain on the website and in the *Texas EMS Magazine* listing:

- Until the suspension or probation expires; or,
- For one year after final action is taken (for decertifications, denials, revocations and administrative penalties).

an EMS vehicle adequately equipped and supplied at all times.

**Randle, Jason L.**, San Antonio, TX. November 21, 2008, reprimand for violating EMS Rules §157.36(b)(1), 157.36(b)(21), and 157.36(b)(28) related to failing to respond to department request for information.

**Rankin Volunteer Ambulance Service**, Rankin, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

**Roberts, Kevin**, Athens, TX. August 8, 2008, reprimand for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to failing to notify the department within ten (10) days of an arrest involving alcohol and failing to disclose criminal history on a department application.

**San Antonio Fire Department EMS**, San Antonio, TX. April 25, 2008, assessed a \$10,500.00 administrative penalty for violating HSC §773.041(b) and HSC §773.050(a) and EMS Rules §157.11(l)(1), 157.11(l)(3) and 157.11(l)(5) related to failure to staff an EMS vehicle with two EMS personnel that hold adequate state certification during EMS runs and/or calls.

**Sanders, Thomas J.**, Lubbock, TX. September 24, 2007, twenty-four (24) month probated suspension for violating EMS Rule §157.36.

**Seay, Jerry L.**, San Benito, TX. January 21, 2008, reprimanded for violating EMS Rules §157.36(b)(1), (2), (15), (23), (25) and (26) related to failure to disclose criminal history on a department application.

**Simonson, Robert D.**, Houston, TX. January 21, 2008, reprimanded for violating EMS Rules §157.36(b)(1), 157.36(b)(2) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Skiles, Billy**, Dallas, TX. A one (1) month suspension followed by a forty-seven (47) month probated suspension through March 28, 2009, for violating EMS Rules §157.36, and/or 157.37. (March 28, 2005)

**Southeast Texas EMS**, Beaumont, TX. August 6, 2008, assessed a \$5,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(l)(i)(1)(J), 157.11(l)(i)(1)(L), 157.11(l)(i)(2)(B), 157.11(l)(i)(2)(C), 157.11(i)(4)(D) and 157.11(l)(1) related to failure to have an EMS ambulance vehicle adequately equipped and/or supplied at all times.

**St. Anthony's Ambulance Service, Inc.**, Houston, TX. August 29, 2007, eighteen (18) month probated suspension and assessed an administrative penalty of \$10,000.00 for violating EMS Rules §157.11 and 157.16.

**Throckmorton Memorial Hospital EMS**, Throckmorton, TX. June 2, 2008, assessed a \$3,700.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(3)(B), 157.11(i)(3)(A), and 157.11(l)(1) related to failure to have EMS vehicles adequately equipped and supplied at all times.

**Wade, Matthew A.**, San Antonio, TX. March 27, 2006, thirty-six (36) month probated suspension for violating EMS

Rule §157.37.

**Walker, Paul E.**, Missouri City, TX. June 2, 2008, reprimanded for violating EMS Rules §157.36(b)(15), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(26) related to failing to notify the department within 10 days of an arrest involving alcohol and failing to notify the department within 30 days of final sentencing of any criminal offense which resulted in a final conviction.

**Watauga Department Of Public Safety-EMS**, Watauga, TX. October 13, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(3), and 157.11(l)(13) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

**Wills Point Fire Department/EMS**, Wills Point, TX. June 23, 2008, reprimanded for violating EMS Rules §157.16(c), 157.11(d)(1), 157.11(l)(i)(3)(A), and 157.11(l)(1) related to failure to have an EMS vehicle adequately equipped and supplied at all times.

**Wise, Henry J.**, Orange, TX. December 13, 2007, thirty-six (36) month probated suspension for violating EMS Rules §157.36(b)(2), (26), (27) and (28) related to engaging in any activity that betrays the public trust and confidence in EMS.

**Wright, Brent L.**, Hurst, TX. August 6, 2008, revocation for violating EMS Rules §157.36(b)(18), 157.36(b)(28) and 157.33(a)(3) related to falsifying clinical and/or internship reports during clinical rotations.

**Zajicek, Beverly J.**, Ganado, TX. May 9, 2008, placed on a forty-eight (48) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(28) related to engaging in any activity that betrays the public trust and confidence in EMS.

# Meetings & Notices

## Calendar

January 12-20, 2009. **DOT Paramedic Refresher Course.** Approved 48 hour refresher course for NREMT-P recertification, TDSHS paramedic recertification/relicensure. \$500, includes manual, ACLS, PALS, and CPR certification. Held at the Seguin Police Department Training Room, 350 N Guadalupe St., Seguin, TX 78155. For more information contact Chris Chomel at 512/618-7059 or email paramedic541@yahoo.com  
February 9-13, 2009. **Texas EMS Rodeo National Refresher and EMS Conference, Part II.** For more information visit [www.consurgo.org/rodeo.html](http://www.consurgo.org/rodeo.html).

June 4-5, 2009. **Austin Trauma & Critical Care Conference 2009.** Held at the Austin Convention Center, Austin, Texas. For more information visit [www.seton.net/traumaconf](http://www.seton.net/traumaconf).

## Jobs

**Paramedic:** Sweeny/West Brazos EMS is accepting applications for paramedics. Hospital-based 911 service with 24-hour shifts. Competitive pay and benefits. Contact Mike Nixon, Director at 979/548-1597 or email [mnixon@sweenyhospital.org](mailto:mnixon@sweenyhospital.org) or visit [www.sweenyhospital.org/employment.html](http://www.sweenyhospital.org/employment.html)

### Deadlines and information for meetings and advertisements

**Deadline:** Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (a 15-working-day process), then on to our mailing service (a four-day process), and then to the post office to get mailed out.

**Cost:** Calendar items are run at no charge. Calendar items run in the meeting and notices section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

**Fax or mail:** Calendar items can be faxed to 512/834-6736 or mailed to Texas EMS Magazine, Texas Department of State Health Services, MC1876, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

for more information. +

**Clinical Department Manager:** NorthStar EMS in the greater Houston metropolitan area is seeking a manager for the clinical department. Minimum of 5 years experience managing a busy clinical department. Fax your resume to 281/540-6669 or mail to PO Box 2526, Humble, TX 77347 or to complete an online application or to get more information visit [www.northstarems.com](http://www.northstarems.com) or call 281/548-7772. +

**EMS Quality Improvement Coordinator:** The Arlington Fire Department is seeking an EMS Quality Improvement Coordinator. This civilian position is part of a dynamic team that manages the Arlington Emergency Medical System. Responsible for developing and advancing the quality of practice through the provision of patient care, consultation, collaboration, education and research. Requires six years experience as a EMT-P or LP, with at least two years experience in EMS program management. DSHS instructor certification; bachelor's degree in business administration, public administration, computer science, or related field plus two years EMS experience preferred. Any equivalent combination of education and experience will be considered. Computer analysis experience strongly preferred. This system is a high performance partnership with the city of Arlington's accredited 911 communications center, fire-based advanced life support first responders, a private ambulance contractor, and local hospitals. For more information or to apply visit [www.ci.arlington.tx.us](http://www.ci.arlington.tx.us) and click on the employment link. \*

**Paramedic:** Moore County Hospital District is seeking a full-time paramedic. Must be DSHS certified, possess current ACLS and PEEP, or PALS, must be NR paramedic or working toward certification and must possess a valid Texas Class C drivers license. Competitive pay and benefits. Professionally stimulating practice environment. For more information, stop in for a visit, call to arrange a tour, or visit [www.MCHD.net](http://www.MCHD.net). Call 806/934-7852 or email [Careers@mchd.net](mailto:Careers@mchd.net) \*

**EMT-I/Paramedic:** City of Seminole EMS is accepting applications for EMT-I and paramedic positions. Must have Texas DSHS certification or license, recent graduates are welcome. The Seminole EMS response area covers 1100 sq miles of Gaines County, located on the South Plains of Western Texas. Medical direction is through South Plains EMS. Benefits, CE, and uniform allowance.

Applications available by contacting Bryan Taylor, Director, at [emsdir@mywdo.com](mailto:emsdir@mywdo.com) or submit resumes to Seminole EMS, 302 S. Main, Seminole, TX 79360 or call 432/758-8816. \*

**Paramedic:** Big Spring Fire Department is seeking paramedics to cross train as firefighters. Up to \$7,500 sign on bonus for EMT-P plus \$2,400 relocation incentive. Contact the human resource department at 432/264-2347. \*

**EMS Program Coordinator:** Weatherford College is seeking a full-time EMS program coordinator. Bachelors degree in teaching discipline preferred. Must have a minimum of an Associates degree in teaching discipline. Advanced Coordinator from DSHS, at least two years teaching experience preferred and must meet SACS academic, oral proficiency and written English criteria. For more information visit [www.wc.edu/](http://www.wc.edu/) for application or call 800/287-5471. \*

**EMT-I/Paramedic:** The city of Mont Belvieu is accepting applications for paramedics and/or EMT-I. Competitive salary and benefits, educational reimbursement assistance, CE expenses paid by the city, uniforms and equipment provided. We are a municipal third service 911-only provider with a moderate call volume. Visit [www.montbelvieu.net](http://www.montbelvieu.net) for more information. Mail resumes to: Director of Emergency Services, city of Mont Belvieu, PO Box 1048, Mont Belvieu, TX 77580. \*

**EMS Instructor:** Hill College has an opening for an EMS Instructor. Associate degree required. Must be certified as an advanced EMS course coordinator or be qualified to obtain advanced course coordinator certification. Should have knowledge of how to teach via new instructional formats (internet, 2-way video, etc.) or willing to train on new formats. Responsible for the planning of course materials, preparation of lectures, meeting all scheduled classes, informing students of course requirements, and grading students. Responsibilities also include scheduling, supervising, teaching, and evaluating students in a clinical setting. For more information or to apply contact Human Resources, Hill College, 112 Lamar Drive, Hillsboro, TX 76645, call 254/582-2555, ext. 229 or visit [www.hillcollege.edu/employment](http://www.hillcollege.edu/employment). \*

**Paramedic:** Dalhart EMS is seeking full-time paramedics. ACLS/PALS preferred but not required, new paramedics encouraged to apply. Contact human resources department 806/244-4571 or visit [www.dhchd.org](http://www.dhchd.org) for

# Meetings & Notices

more information. \*

**Paramedic:** Washington County EMS is seeking paramedics. 24/48 and PRN. For more information visit [http://www.co.washington.tx.us/ips/cms/WCEMS/Special\\_Events.html](http://www.co.washington.tx.us/ips/cms/WCEMS/Special_Events.html). \*

**EMS Director:** The City/County of San Saba, Texas is searching to hire an EMS Director for their Volunteer EMS. Call Charles Peeler at (325) 372-1240. +

**EMT, Paramedic, LVN or RN:** Washington County Jail Medical Program. Great benefits, salary dependent on experience. Contact Personnel and Benefits Dept at (979) 277-6200, ext. 135 or 137, or Courthouse, 100 E. Main, Ste 1, Brenham, TX. \*

**EMT/EMT-I/EMT-P:** Winkler County EMS has full time positions for all levels. 911 Response and inter-facility transfers, less than 1,000 calls per year, two 24 hour shifts / two 24 hour on call shifts / three OFF per week, overtime paid after 40 hours each week above base pay for call-outs while on call, contact Chief James Everett at 432/586-2055 or HR at 432/586-2526 for application and additional info. +

**EMT-B, EMT-I, and Paramedics:** Six Flags Fiesta Texas Theme Park, San Antonio, Texas, 78257. Apply online at <http://www.sixflagsjobs.com/>. \*

## For Sale

**For sale:** CPR manikins, disposable airways, pocket masks, manikin face shields, disposable BVMs, AhA textbooks and DVDs, AED trainers, disposable electrodes, stifneck collars, patient face shields, and many other products. Visit the website at [www.manikinrepaircenter.com](http://www.manikinrepaircenter.com) or call Ron Zaring at 281/484-8382. +

**For sale:** We closed our ambulance service last year and have equipment for sale. Bird Avian Ventilator \$2000, Autovent 3000 \$2000, LifePak 11 \$1850, Zoll M-Series monitors \$10,000, Stryker MX Pro R3 Stretchers \$2000. If you have any questions or are interested in purchasing any equipment, email [emsequipment4sale@gmail.com](mailto:emsequipment4sale@gmail.com). \*

## Miscellaneous

**Rope Rescue Training:** Training for fire, EMS, law enforcement and industry in technical rescue, rope rescue, fire rescue, cave rescue, vehicle rescue and wilderness first aid. Call John Green at 361/938-7080 or

visit [www.texasroperescue.com](http://www.texasroperescue.com). +

**Online Degree:** St. Edward's University in Austin, Texas, now has an online option for its BA degree in Public Safety Management. The program is accelerated, taking half the time of a traditional program. There is also an optional BAAS degree for those with an associate's degree. For more information visit [www.stedwards.edu/newc/pacepsm.htm](http://www.stedwards.edu/newc/pacepsm.htm) or call 877/738-4723 or 512/428-1050. +

**CE Solutions:** [www.ems-ce.com](http://www.ems-ce.com) offers online EMS continuing education that is convenient, cost effective and interesting. Visit [www.ems-ce.com](http://www.ems-ce.com) for a free test-drive or call 1-888-447-1993. +

**Firefighter Continuing Education:** Now available online at [www.FirefighterCE.com](http://www.FirefighterCE.com). FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit [www.FirefighterCE.com](http://www.FirefighterCE.com) for a free test-drive or call 1-888-447-1993. +

**Healthwebe:** Healthwebe EMS Education Programs offer online EMS courses and CE. Courses are affordable and convenient. We offer online first responder, EMT-B, EMS instructor, online CE, IV therapy courses and more. Visit [www.healthwebe.com](http://www.healthwebe.com) and [healthwebe.jbcourse.com](http://healthwebe.jbcourse.com) for more information or call Joshua Alvarado NREMTLP/RN at 956/639-1503 or 956/398-8226 or email [jalvarado@healthwebe.com](mailto:jalvarado@healthwebe.com). \*

**National College of Technical Instruction:** The nation's largest private college of Emergency Medical Services training offers paramedic, EMT-B, EMT-I, and CEU courses in Dallas, San Antonio, and Houston. Visit [www.Be-A-Medic.com](http://www.Be-A-Medic.com) or call 1-888-609-6284, ext 103, ask for Karin Gasch. \*

**CE Solutions:** [www.ems-ce.com](http://www.ems-ce.com) offers

online EMS continuing education that is convenient, cost effective and interesting. Visit [www.ems-ce.com](http://www.ems-ce.com) for a free test-drive or call 1-888-447-1993. \*

**Firefighter Continuing Education:** Now available online at [www.FirefighterCE.com](http://www.FirefighterCE.com). FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit [www.FirefighterCE.com](http://www.FirefighterCE.com) for a free test-drive or call 1-888-447-1993. \*

**Paramedic, Intermediate-85, and EMT-B Courses:** Houston Community College EMS Department is currently accepting applications for all levels of EMS courses to meet your educational requirements. Academy style (full-time) and traditional semester course format are designed to meet your schedule. For more information contact HCC EMS Program at 713/718-7694, visit [www.hccs.edu](http://www.hccs.edu) or contact Vickie May at [Vicki.may@hccs.edu](mailto:Vicki.may@hccs.edu) for details on upcoming courses. \*

**Online Education:** Earn college credit. No classroom attendance. Start anytime. Paramedics can get their RN from Excelsior College or Bachelor's in Emergency Health Science from the University of Texas Health Science Center at San Antonio. Call 800/737-2222 or visit [www.iStudySmart.com](http://www.iStudySmart.com), click on Emergency Services for more information. \*

**EmergencyResponder.com:** Free web based service for all certification levels of EMT and fire personnel. We have videos, an event calendar, online materials and more. Visit [www.EmergencyResponder.com](http://www.EmergencyResponder.com). \*

+ This listing is new to the issue.

\* Last issue to run ( If you want your ad to run again please call 512/834-6748).

## Placing an ad? Renewing your subscription?

**Placing an ad?** To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC1876, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

**Moving?** Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

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# EMS Profile: Bulverde-Spring Branch EMS



Standing, left to right: Leslie Madden-Hernandez, Mechelle Salmon, Chief Scott Wilkinson, Carlos Laurel, Greg Eckert, Bob Tennis, Kathleen Karczewski, Lee Bailey, Stephanie Anderson, David Powell, Duane Hannasch, Stephen Rahm, Veronica Fried, Michelle King and Michelle Ruiz. Kneeling, left to right: Candice Thompson, David Duguid, Miguel Gandara, Jacob Riegelsberger, Captain Andy Fox and Shelly Gass. Photo Courtesy of MarVelez; Veronica Fried, Photographer

**Number of personnel:** Bulverde-Spring Branch EMS (BSBEMS) has a staff of 50 full time, part time and volunteer personnel. BSBEMS focuses on primary training, continuing education, staff training and quality assurance to help its staff provide prehospital care for residents in the Bulverde / Spring Branch area, north of San Antonio. BSBEMS hosts basic and advanced training every month, and their quality improvement division performs regular audits of personnel skills.

**Years of service, number of units and number of calls:** Bulverde-Spring Branch EMS reached 30 years of service in September of 2008. Operating five ALS ambulance units, BSBEMS now takes as many as 1,850 calls per year. Of course, BSBEMS started out as a much smaller operation. Prior to 1978, the citizens were dependent on EMS services provided by New Braunfels Fire/EMS located 21 miles east of the area. After the death of a 42-year-old resident suffering chest pain, the EMS volunteers for BSBEMS took out a personal loan to purchase the first ambulance. Volunteers took turns taking it home in order to respond to local emergency calls. In 1980, the ambulance service received a gift of just over two acres of land from the Otto Fromme family. By March of 1982, Bulverde-Spring Branch had a base for EMS operations that included a building to house three ambulances, a training center and sleeping quarters for volunteers on duty.

**Current activities:** In addition to prehospital care and transport, Bulverde-Spring Branch EMS focuses on area-wide EMS training and community-based programs. Training programs include EMS initial education classes six days per week at three different sites, semi-annual National Registry refresher programs at three sites, beta testing for new EMS education projects, developing protocols for multiple EMS agencies and designation as a National Registry advanced practical site. Community activities include monthly CPR programs, standby service at sports events, support for local projects that help the underserved, participation in heart and stroke alert programs with San Antonio-area hospitals, transportation of injured soldiers, emergency response for local disasters, organization of high school EMT programs at two sites and mentoring programs for young people interested in the medical profession.



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